

# Roodlane Medical Limited – New Broad Street, part of HCA Healthcare UK Primary Care Services

## Inspection report

60 New Broad Street  
London  
EC2M 1JJ

Tel: 020 8131 5184

[https://www.hcahealthcare.co.uk/facilities/  
roodlane-medical](https://www.hcahealthcare.co.uk/facilities/roodlane-medical)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection 24 May 2018.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Roodlane Medical – New Broad Street on 8 October 2019 as part of our current inspection programme. We previously inspected this service on 12 June 2018 using our previous methodology, where we did not apply ratings.

Roodlane Medical – New Broad Street is an independent provider of private GP services which are regulated by the CQC, and are provided on a fee-paying basis from its site in London.

The service also provides certain corporate healthcare services which are not regulated by CQC; this service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Roodlane Medical – New Broad Street services are provided to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, at this service, we were only able to inspect the services which are not arranged for patients by their employers.

The lead GP based at the site is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received 37 completed CQC comment cards, which were all positive about the service. Patients commented that the staff were professional and caring, the environment was clean and comfortable, and that clear, detailed information was provided.

## Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- There was an open and transparent approach to safety and a system in place for recording, reporting and learning from significant events and incidents. The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents happened, the service learned from them and reviewed their processes to implement improvements.
- There were clearly defined and embedded systems, processes and practices to keep people safe and safeguarded from abuse, and for identifying and mitigating risks of health and safety.
- Patients received effective care and treatment that met their needs.
- The service organised and delivered services to meet patients' needs. Patients said that they could access care and treatment in a timely way.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines and best practice.
- Patients told us that all staff treated them with kindness and respect and that they felt involved in discussions about their treatment options.
- Patient satisfaction with the service was consistently high.
- Clinical staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

## We saw examples of outstanding practice:

- The service had a comprehensive and proactive approach for those experiencing domestic abuse and

# Overall summary

violence. Services were prioritised at a service and organisational level. There was a national domestic abuse helpline available for patients and staff. The service used an innovative and creative system to provide support contact details for survivors of domestic abuse and violence, whereby these details could be retained discreetly.

- The service had developed and implemented advanced risk-based screening models which used new technology to support holistic and comprehensive care delivery.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector, accompanied by a GP Specialist Advisor.

## Background to Roodlane Medical Limited – New Broad Street, part of HCA Healthcare UK Primary Care Services

Roodlane Medical – New Broad Street is an independent provider of private GP services. It is run by Roodlane Medical Limited, which is part of HCA Healthcare UK. HCA Healthcare UK provides services including hospitals, clinics, diagnostics centres and GPs at a range of locations in England. HCA Healthcare UK acquired Roodlane in 2011.

Roodlane Medical – New Broad Street is based at a multidisciplinary primary care site at 60 New Broad Street in the City of London district of the capital. We visited this site as part of this inspection. Services offered at this site include GP appointments, health screening, occupational health, psychology services, physiotherapy, and vaccination services.

Information from the service provider indicates that the New Broad Street site provides approximately 34,000 GP appointments, 9,000 GP health screening appointments and 5,000 occupational health appointments during a 12-month period. This equates to approximately 17,000 individual patients per year.

Most patients have their services arranged through their employers. Additionally, individual patients have the facility to pay directly for their care and treatment. Services are available to any fee-paying patient, including adults and children. Most patients using the site are adults.

Clinical services are provided by 18 doctors, three psychologists/therapists, and two health care assistants. A range of additional staff work at the site providing management, governance, quality assurance, administrative, and support functions. This includes a chief nursing officer, a clinical governance manager, two front of house team leaders, three reception staff (one senior), three technicians, five personal assistant/administration staff, three IT support staff, nine accountants, 11 client relationship managers, four operations team members, a health and wellbeing manager, three marketing staff, and a human resources professional.

The service is open from 8am until 6pm on Mondays to Fridays. The service is not open at weekends, as the

service has identified there is currently no patient need. Appointments are available within 24 hours and can be provided at shorter notice for urgent concerns. Patients can book appointments by telephone, or on-line (approximately 30% of patients use this facility). Home visits are not available.

The service is accessible to wheelchair users. Most facilities are situated on the ground floor, and a lift is available if access to other floors is needed. A tube station is approximately 300 metres away.

The service website address is:  
<https://www.hcahealthcare.co.uk/facilities/roodlane-medical>.

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### **How we inspected this service**

We reviewed information about the service in advance of our inspection visit. This included:

- Data and other information we held about the service.
- Material we requested and received directly from the service ahead of the inspection.
- Information available on the service's website.
- Patient feedback and reviews accessible on various websites.

During the inspection visit we undertook a range of approaches. This included interviewing clinical and non-clinical staff, reviewing feedback from patients who had used the service, speaking with patients, reviewing documents, examining electronic systems, and assessing the building and equipment.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## We rated safe as Good because:

Roodlane Medical – New Broad Street demonstrated they provided services in a way that consistently promoted and ensured patient safety.

### Safety systems and processes

#### The service had clear systems to keep people safe and safeguarded from abuse.

- The service carried out safety risk assessments and had appropriate related safety policies. These were regularly reviewed and updated with appropriate version control and governance. All policies and supporting documents were electronic only to reduce the risk of using out-of-date versions. All documentation was accessible to all staff using the service's intranet. All staff received safety information and updates as part of their ongoing training and development.
- The service used a mix of organisational and site-specific safety documents (including policies and standard operating procedures) and this was managed appropriately. For example, site-specific safeguarding material included details of local contacts and partner agencies. Information was also provided regarding safeguarding contacts for other geographical areas, as patients may work close by in central London but could live elsewhere.
- The service had an appropriate process for receiving, managing and responding to alerts, including those received from the MHRA (Medicines and Healthcare products Regulatory Agency) and Public Health England (PHE). Alerts were received, managed and actioned appropriately with evidence of effective oversight and management.
- The service had systems to safeguard children and vulnerable adults from abuse. There were detailed policies and supporting operating procedures which had been regularly reviewed, and these were accessible to all staff. Safeguarding incidents – including lessons learnt and actions – were discussed at local and a wider organisational level.
- The service had a comprehensive and proactive approach for those experiencing domestic abuse and violence. Services were prioritised at a service and organisational level. There was a national domestic abuse helpline available for patients and staff. The service used an innovative and creative system to provide support contact details for survivors of domestic abuse and violence, whereby these details could be retained discreetly.
- All staff received up-to-date safeguarding and safety training appropriate to their role. All GPs had children's safeguarding level three training, and safeguarding leads were trained to level four. Staff were appropriately trained in adult safeguarding. Staff we spoke with demonstrated they understood their responsibilities in relation to safeguarding, including reporting concerns to external agencies.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took appropriate steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff guidance for vulnerable adults included sections relating to domestic violence, vulnerability to extremism, self-neglect and hoarding, modern slavery and people trafficking, and female genital mutilation (FGM). For children and young people, guidance included additional information on abuse and neglect, witchcraft and those not brought to an appointment.
- The lead safeguarding GP received regular bi-monthly supervision from the corporate safeguarding lead and this was appropriately documented.
- The service had systems for managing child appointments, including identity verification and checking for parental authority.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- A chaperone service was available for all patients and this was promoted in all clinical rooms. All staff received chaperone training.
- There was an effective system to manage infection prevention and control (IPC). There was a detailed policy, and associated cleaning schedules and checklists were being used with actions documented.

## Are services safe?

The Chief Nursing Officer was responsible for oversight of IPC. There was an organisational infection prevention committee in operation which included key staff from the New Broad Street site.

- Arrangements to manage the risks associated with legionella were in place (legionella is a term for a particular bacterium which can contaminate water systems in buildings). There were sufficient systems for safely managing healthcare waste.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

#### There were systems to assess, monitor and manage risks to patient safety.

- Although the service did not offer a dedicated emergency walk-in facility, staff demonstrated they had the knowledge and capability to deal with an emergency of this nature. Emergency flowcharts were available in all rooms which set out processes for identifying concerns, assessments, emergency equipment, patient management, and handover to other health professionals.
- All staff had received basic life support training. Certain emergency medicines and oxygen were situated on-site, and there was a working defibrillator available. The service had completed risk assessments where specific emergency drugs were not held, for example where treatments were not performed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention, and had received appropriate training to assist them in doing so. Staff demonstrated they knew how to identify and manage patients with severe infections, including sepsis. All relevant staff had received sepsis training and had access to an appropriate sepsis decision/action tool.
- There were appropriate arrangements for planning and monitoring the number and mix of staff needed. Effective diaries and rota systems were being used. Staff from other HCA Primary Care sites would be used in the event of any shortfalls.
- There was an effective approval and induction system for agency staff which was appropriate for the specific

role. This included locally-tailored components depending on the role and individual staff member need. The service only used pre-approved staffing agencies.

- Appropriate insurance schedules were in place to cover potential liabilities, including professional indemnity arrangements.

### Information to deliver safe care and treatment

#### Staff had the information they needed to deliver safe care and treatment to patients.

- The service understood their responsibility to communicate with other health professionals, including when referring patients to secondary care.
- Individual care records were written and managed in a way that helped to keep patients safe. The service used a fully-electronic patient records system which included functions such as risk flags and prescription information.
- The care records we reviewed indicated that information needed to deliver safe care and treatment was appropriately available and accessible for staff.
- The service offered video conferencing appointments but this was only for existing patients who had been seen in person at least once before. This facility was offered to suit patient requirements, for example support and guidance for regular patients who were overseas. There were suitable IT systems, IT security and supporting processes for this to be managed appropriately.
- The service had effective systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Service staff told us they would share patient information in certain circumstances (such as high risk prescribing information shared with patients' NHS GPs), and patient consent would always be sought before this. There were appropriate guidelines and operating procedures to support this.
- There was a comprehensive programme of regular meetings for staff to promote patient safety. This included dedicated weekly and monthly meetings for key functions (for example operations and governance) and for staff groups (for example practitioners and reception/administrative staff).

# Are services safe?

- There was a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines – including vaccines, controlled drugs, emergency medicines and associated equipment – minimised risks to patients. The service kept prescription stationery securely and monitored its use.
- The service prescribed controlled drugs, including those classified as schedules 2 and 3. The service had appropriate measures for their safe custody, prescribing, and record keeping (including maintaining an appropriate controlled drugs register). The service had carried out dedicated audits to review their arrangements for management and recording of controlled drugs.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Since our last inspection the service had implemented a programme of risk assessments for when certain medicines (for example benzylpenicillin – an antibiotic used to treat a number of bacterial infections) were not held on-site. These risk assessments were reviewed every 12 months.
- The service used a dedicated courier service to transfer medicines between sites and to deliver specimens to central laboratories.
- The service was engaged in analysis and planning of risks and proposed actions relating to the UK's exit from the European Union. This included allocating resources to manage risks to daily medicine delivery.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There were sufficient processes in place for checking medicines, and staff kept accurate records of these.
- There were appropriate measures for verifying the identity of patients, including children and accompanying adults.

## Track record on safety and incidents

### The service had a good safety record.

- The service had devised and was using comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity, for example using a programme of detailed patient safety reviews and audits. This helped with the identification and management of risks, and provision of a clear, accurate and current assessment leading to safety improvements.
- The service used appropriate governance and oversight to promote effective safety management. This included a dedicated health and safety committee.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Information was shared with other sites from across HCA Primary Care to share learning and make improvements to patient care.
- Staff understood their duty to raise concerns and report incidents and near misses and were supported by managers when doing so.
- There were appropriate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. We reviewed examples of learning which were addressed appropriately, including for example where security procedures were improved following a reported theft of property.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty, and had systems for appropriately managing notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism to share alerts with all members of the team including agency staff.



# Are services effective?

## We rated effective as good because:

Roodlane Medical – New Broad Street provided effective care that met with current evidence-based guidance and standards. There was a system for completing audits, collecting feedback and evidence of accurate, safe recording of information.

## Effective needs assessment, care and treatment

**The service had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance which was relevant to their service.**

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. Information and required actions relating to NICE guidelines was collated, categorised and distributed to the service by HCA Healthcare UK, and the service was required to provide information relating to completed actions.
- The service received and appropriately made use of guidance from other agencies including the General Medical Council (GMC) and the NHS Business Services Authority (NHSBA) relating to the provision of safe practice.
- Patients' immediate and ongoing needs were fully assessed using a holistic and integrated approach to health and care. This included clinical needs, and mental and physical wellbeing.
- Staff had sufficient information to make and/or confirm diagnoses.
- We saw evidence of appropriate use of care plans, care pathways, and associated supporting processes.
- We saw no evidence of discrimination when making care and treatment decisions. The service used a range of measures to support non-discriminatory practice, including providing dedicated training and having an ethics/diversity lead member of staff.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service completed audits to identify and make improvements to the service provided. Audits had a positive impact on quality of care and outcomes for patients. There was evidence of action to resolve concerns and improve quality.
- The service had carried out clinical audits which we reviewed. This included comprehensive and detailed two- or three- cycle audits of high risk medicines prescribing; schedule two and three controlled drugs prescribing; antimicrobial prescribing; and management of patients with increased cardiovascular risk. This led to evidenced improvements in prescribing practice.
- Patient satisfaction, documentation/record keeping and infection control audits had been undertaken in addition to clinical audits in the last 12 months.
- The service was subject to International Organisation for Standardisation (ISO) 9001/27001 quality management accreditation, which it used to support effective governance, risk management and performance improvement. The service also used Safe, Effective, Quality Occupational Health Service (SEQOHS) accreditation to support service improvement.

## Effective staffing

**Staff had the skills, knowledge and experience to carry out their roles.**

- Records indicated that all staff were appropriately qualified. The service had a comprehensive induction programme for all newly appointed staff.
- All doctors were registered with the General Medical Council (GMC) and were up to date with revalidation. The service had a system which alerted managers to upcoming revalidation dates three months in advance.
- The service understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were sufficiently maintained and were up-to-date. The service was able to monitor training needs and completed training for all staff using an electronic system. The service adhered to HCA Healthcare UK central targets for staff training completion. The service could demonstrate that staff had undertaken role-specific training and relevant updates.
- The service used HCA Healthcare UK's dedicated learning academy to provide training for staff. The learning academy was recognised by the Learning and

## Are services effective?

Performance Institute (an organisation promoting workforce learning and development) as one of its 15 best performing accredited learning departments in the UK.

- Staff were encouraged and given opportunities to develop. The service allocated protected learning time for staff, and staff members were able to use dedicated workstations for computer-based training on-site.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training, and the service was able to demonstrate that this was up to date.

### **Coordinating patient care and information sharing**

#### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff communicated effectively with other services when appropriate, for example by sharing information with patients' NHS GPs in line with GMC guidance.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- We saw examples of patients being signposted to alternative, more suitable sources of treatment where this was judged to be appropriate.

- The service was developing a 'digital pathway' to enable efficient and secure information sharing with NHS GPs.

### **Supporting patients to live healthier lives**

#### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- The service carried out health screening on an employee-provided or individual basis, and provided dedicated associated coaching and support. HCA Primary Care had developed and implemented advanced risk-based screening models which used new technology to support holistic and comprehensive care delivery.
- We saw evidence that staff gave patients advice so they could self-care where this was appropriate.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service(s) for their needs.

### **Consent to care and treatment**

#### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making, and followed a checklist to ensure requirements were met.
- The service carried out consent audits every six months and we saw records of these. Where areas for improvement were identified, the service took appropriate measures to address these (for example staff training).
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Staff demonstrated understanding of the concept of Gillick competence in respect of the care and treatment of children under 16.

# Are services caring?

## **We rated caring as Good because:**

Roodlane Medical – New Broad Street demonstrated that they ensured patients were involved in decisions about their treatment, that their needs were respected, and that services were provided in ways that were caring and supportive.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was consistently positive about the way staff treated them. The service conducted its own surveys of patient satisfaction, and from September 2018 to August 2019 96% of a cohort of 1,294 patients stated they would recommend the service to others. 93% of the same cohort rated the service as 'good' or 'very good'.
- Staff demonstrated they understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely, comprehensive support and information.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language.
- The service had a fully-functioning hearing loop which was used when needed. Staff we spoke with were aware of how to access and use it.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given).
- The service provided clear and transparent pricing and fees information to those patients not referred by employers and paying for their own care.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff could demonstrate they recognised the importance of people's dignity and respect.
- Patients commented that all staff were respectful and ensured their dignity was maintained at all times.
- Staff knew that if patients wished to discuss sensitive issues or appeared distressed they could offer them the use of a private room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

Roodlane Medical – New Broad Street ensured they responded to patients' needs for treatment and that they were able to deliver those services.

### Responding to and meeting people's needs

#### The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The service offered appointments which were at least 15 minutes long, and provided longer appointments where these were requested or needed. Screening appointments were between 20 and 45 minutes depending on need.
- The service understood the needs of their patients and improved services in response to those needs. For example, the service recognised that many of their patients had limited time available due to work commitments, and would see patients at an earlier time than the allocated appointment time if they arrived early. The service provided evidence indicating that 42% of patients were seen in this way.
- The service provided individualised treatment and care plans which were designed in consultation with each patient in accordance with their needs.
- The service facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

### Timely access to the service

#### Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment. Patient feedback was consistently positive in relation to access and timeliness of service provision. The service reported that 92% of patients were seen within 10 minutes of their appointment time (78% within five minutes) from September 2018 to August 2019.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment and booking system was convenient, comprehensive and easy to use.

- The service provided information relating to telephone answering targets for September 2018 to August 2019 which indicated that approximately 80% were answered within 30 seconds.
- The service prioritised patient access to services and information. Patients could access a secure electronic patient portal and associated mobile phone/tablet application, which provided access to their medical information, appointment booking and calendars, online health questionnaires, patient information library, and invoicing/payment facilities.
- Patients could be offered appointments at neighbouring Roodlane sites in central London to suit their needs.

### Listening and learning from concerns and complaints

#### The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in the form of leaflets, information on the provider's website and on TV screens in the patient waiting areas.
- Staff treated patients who made complaints with concern and compassion.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The service had received 27 complaints in the last 12 months. The majority of these related to corporate clients/service users. The service conducted ongoing analysis of complaints, discussed them in site and organisational meetings, and implemented measures to address any learning points. This included for example improving communication processes for follow-up tests and appointments and carrying out targeted staff training.
- In addition to managing formal/written complaints, the service collected, collated and analysed verbal complaints and other feedback in order to help drive improvement.
- The service collated, analysed and shared findings with other HCA Primary Care sites and corporately via HCA Healthcare UK to improve practice.

## Are services responsive to people's needs?

- Service staff were able to describe in detail the processes they would follow in the event of receiving a formal complaint or informal feedback. This aligned with the service's complaints policy and procedures which had been regularly reviewed and updated.

# Are services well-led?

## We rated well-led as Good because:

Roodlane Medical – New Broad Street provided services which were well led and well organised, within a culture that was keen to promote high quality care in keeping with their systems and procedures.

### Leadership capacity and capability

#### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders and managers demonstrated they were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders and managers were visible and approachable. They worked closely with other staff to deliver effective, inclusive and compassionate leadership.
- Members of the senior management team including the chief executive and executive director of Primary Care used regular newsletter to engage with staff, keep staff up to date with changes and celebrate achievements.
- The provider had effective processes to develop leadership capacity and skills, including succession planning for the future leadership of the service. The provider demonstrated that they offered opportunities for career planning and structured career development, including for staff highlighted as future leaders. The service was working to and was integrated with a wider organisational three-year training and development plan.
- The service offered provision of postgraduate qualifications to support career development, for example master's degrees in medical leadership and Master of Business Administration (MBA) qualifications.

### Vision and strategy

#### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The service had a written mission statement which highlighted a commitment to care and improvement.
- The service developed its vision, values and strategy by including staff and external partners, including corporate clients. Staff demonstrated they were aware

of and understood the vision, values and strategy and their role in achieving these. The service held dedicated meetings to discuss and agree the organisation's direction and priorities.

### Culture

#### The service had a culture of high-quality sustainable care.

- Staff we spoke with felt respected, supported and valued and told us they were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers had a system that allowed them to act upon behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were values demonstrated by staff and leadership at the practice.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed suitably and with confidentiality where appropriate. The service had a corporate 'speaking up' policy and staff could access a dedicated HCA Healthcare UK 'freedom to speak up guardian'.
- There were processes for providing all staff with appropriate development. This included dedicated annual appraisal meetings and career development conversations. Staff were supported to meet the requirements of professional revalidation where required. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- HCA Healthcare UK had a dedicated learning academy which ensured delivery of the training programme for staff. The learning academy was recognised by the Learning and Performance Institute (an organisation promoting workforce learning and development) as one of its 15 best performing accredited learning departments in the UK.
- There was a strong emphasis on the safety and well-being of all staff. Staff had access to a dedicated employee assistance programme to promote wellbeing

## Are services well-led?

and provide staff with support where needed. Staff could access an online forum to receive instant advice and support. A telephone support facility was also available for all staff.

- Staff were able to 'buy' and 'sell' annual leave to help meet their own individual requirements.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- We saw evidence of positive relationships between all staff at all levels.

### Governance arrangements

#### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- There were structures, processes and systems to support effective governance and management.
- The service used information such as key performance indicators and outcome data to effectively support good governance.
- There was suitable oversight for emergency medicines and equipment.
- There was appropriate consideration for how to deal with medical emergencies.
- Staff demonstrated awareness of their own and others' roles, accountabilities and responsibilities.
- There were proper policies, procedures and activities to ensure safety, and staff were assured that these were operating as intended. Policies were appropriately site-specific.

### Managing risks, issues and performance

#### **There were clear and effective processes for managing risks, issues and performance.**

- There were effective processes to identify, understand, monitor and address current and future risks which included risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through oversight and consideration of consultations, prescribing, referral decisions and patient feedback.
- Leaders and managers had oversight of safety alerts, incidents, and complaints.

- Clinical and other audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The service had appropriate plans for managing major incidents.
- The service was engaged in analysis and planning of risks and proposed actions relating to the UK's exit from the European Union. This included managing the risks to staffing levels and supporting existing staff who were EU nationals.

### Appropriate and accurate information

#### **The service acted on appropriate and accurate information.**

- Relevant information was used appropriately to monitor and improve performance. This included the views of patients, data, and key performance indicator attainment.
- The service had a comprehensive programme of regular meetings to share information and to promote quality care and patient safety.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and sufficiently detailed.
- There were sufficient arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

#### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients and staff, and acted on them to shape services and culture.
- Patients could provide feedback by completing an online survey which was issued after each appointment. We saw that the feedback was positive about the service and staff. Feedback was shared with staff through newsletters and staff meetings.

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- There was a high level of staff involvement and engagement. For example, staff could engage in meetings, by using an online staff discussion forum, and during one-to-one meetings with managers.
- Staff could describe how they could provide feedback about the service and wider organisation. This included holding open meetings for staff with the executive leadership team, which staff could attend in person or remotely. The service was conducting a staff survey every six months focused on what was being done well and what could be improved.
- The service was transparent, collaborative and open about performance.

### **Continuous improvement and innovation**

#### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement. Learning was shared between staff

through one-to-one feedback, in staff meetings, and through regular communications and correspondence. The service made use of internal and external reviews of incidents and complaints and shared learning to help make improvements.

- We saw examples of innovation. This included the provision of a secure electronic patient portal and associated mobile phone/tablet application, which enabled patients to access information and appointment booking facilities.
- The service was subject to International Organisation for Standardisation (ISO) 9001/27001 and Safe, Effective, Quality Occupational Health Service (SEQOHS) accreditations to support continuous improvement.
- The service was using findings and outcomes from CQC reports across the wider organisation to support learning and improvement.