Roodlane Medical Limited - Baker Street, part of HCA Healthcare UK Primary Care Services

Inspection report

Unit 53, 55 Baker Street
London
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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 to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. (Previous inspection February 2018 – unrated)

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 Limited – Baker Street, part of HCA Healthcare UK Primary Care Services as part of our programme to inspect and rate all providers of independent health services.

The location provides private GP services for fee paying clients. The provider sees both children and adults and provides care for patients with acute illnesses. Though the service sees patients with long term conditions, the service does not provide long term condition management for patients.

The 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 exemptions from regulation by CQ which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Roodlane Medical Limited – Baker Street, part of HCA Healthcare UK Primary Care Services provides occupational health services and physiotherapy which do not fall within the scope of CQC regulation. Therefore, we did not inspect or report on these services.

The lead GP 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.

Our key findings were:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- Safeguarding systems enabled staff to report and act upon concerns
- Premises were clean and we saw good systems to manage risks associated with infection prevention and control
- There were arrangements to ensure that medicines were managed safely. Although there was a programme of audit in place to review prescribing across a number of areas, this did not include audits focused on the prescribing of antibiotics.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. There was an extensive programme of clinical audit across the provider organisation. However, data generated by centralised audits was not broken down by location.

Overall summary

- The service undertook their own feedback exercises. Data submitted by the provider showed a high level of satisfaction with the service provided.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Staff were well supported and had access to learning and development opportunities.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Undertake a review of antibiotic prescribing.
- Outline the data relevant to individual locations in centralised clinical audits.
- Have all staff complete safeguarding training in accordance with latest intercollegiate guidance.
- Clarify leadership roles within the service.
- Review systems to support and advise patients with caring responsibilities.

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**.** The team included a GP specialist advisor who reviewed records and spoke with the clinical team.

Background to Roodlane Medical Limited - Baker Street, part of HCA Healthcare UK Primary Care Services

Roodlane Medical Limited - Baker Street, part of HCA Healthcare UK Primary Care Services is based at Unit 53, 55 Baker Street, London, W1U 8EW. In addition to this location, Roodlane Medical Limited provides GP services from six further locations in London, one in Birmingham and one in Glasgow (which is outside of our regulatory remit).

Roodlane Medical Limited - Baker Street, part of HCA Healthcare UK Primary Care Services was visited for this inspection. The location is a multidisciplinary primary care site, equipped to carry out GP appointments, health screening and vaccination services. At this location most of the patients are private fee-paying patients. The service also provides healthcare to patients arranged through their employer who could be seen at this site, but we were told that this patient group comprised only a small proportion of this location's clientele.

Female and male doctors work at the practice supported by two nurses and two non-clinical staff. The service provides 21 GP sessions per week. The HCA Healthcare corporate team provide additional support to the whole team. Consulting hours are 8am to 6pm Monday to Friday.

A telephone line is available for consultations from 7.30am to 9pm Monday to Friday and 9am to 5pm at weekends. No service is provided on bank holidays.

Before the inspection we reviewed pre-inspection information submitted by the provider, requested by the CQC.

During our visit we spoke with the lead GP, a nurse, the compliance manager, practice receptionist (who comprise the practice team), reviewed personal care records of patients and also reviewed staff records after our site visit.

The provider is registered with the CQC to carry out the regulated activities of diagnostic and screening procedures; and the treatment of disease, disorder or injury.

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.

Good

Are services safe?

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. All electronic equipment had an up to date portable appliance test carried out, and all clinical equipment had recently been calibrated.
- The practice had carried out a legionella risk assessment and was able to evidence that actions recommended by the report were being regularly carried out, which included water temperature logging.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- There were appropriate systems for safely managing healthcare waste.
- The service had systems in place to assure that an adult accompanying a child had parental authority; with ID being checked and scanned onto the system at the time of appointment. If the accompanying person did not have authority then the service required parental or guardian approval prior to any consultation.
- The service had systems to safeguard children and vulnerable adults from abuse. For example, staff knew to report safeguarding incidents which would be fed to local leads. Reports would be fed into corporate wide dashboards and discussed at the corporate safeguarding committees. Lessons from safeguarding cases would be shared within the committee and any action points would be implemented at site level.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- One of the site's nurses had completed level two and not level three in accordance with the latest intercollegiate guidance. We were told that this staff member did not consult with children; though during our interview the nurse acknowledged that they would occasionally come into contact with children. In relation to non-clinical staff; the provider told us that level 1 a and 1b was the equivalent to level two training. All staff interviewed knew how to identify concerns though one person did not know who acted as lead for child safeguarding.
- All staff were trained in basic life support and first aid. Staff we interviewed were able to adequately explain what they would do in the case of an emergency.
- Staff who acted as chaperones were appropriately trained for the role.
- The practice was visibly clean and hygienic, there was an effective system to manage infection prevention and control, the policy and procedures had been enhanced and updated to reflect the ongoing COVID-19 pandemic. One member of staff was not aware who acted as the lead for infection prevention control.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services, these were assessed and the impact on safety monitored.
- There were appropriate indemnity arrangements in place

Good

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with NHS GPs and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The practice had an effective working relationship with a large network of specialist consultants. They 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 equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service prescribed Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence) and schedule 4 or 5 controlled drugs. The practice provided audits that reviewed prescribing of both of these types of medicines across the organisation. Prescribing of schedule 2 and 3 controlled drugs was very low and in all cases the patients regular GP were contacted. It was unclear from the audit of schedule 4 & 5 medicines if the patient's regular GP were contacted but staff we spoke with on inspection told us that this would happen.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The practice did not have any significant events recorded in the last 12 months as the practice had only recently re opened after the Covid-19 pandemic. However, we reviewed examples of significant events reported at other locations

Good

Are services safe?

the provider operated and were satisfied there was an effective system for recording and acting on significant events. This included a shared learning from an incident bulletin that was available for all staff to read and discuss in meetings. Events for the bulletin were provided from all Roodlane sites to aid in shared learning throughout the organisation. All events were inputted onto a shared computer system for central governance oversight. Staff fully understood their duty to raise concerns and report incidents and near misses.

- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about 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 in place to disseminate alerts to all members of the team including sessional and agency staff. For example, we saw a 2018 alert from the Medicines and Healthcare products Regulatory Agency (MHRA) regarding sodium valproate. We saw that this alert was recorded and acted upon organisation wide and was centrally audited at regular intervals to ensure that women of childbearing age had received counselling on risk and advice around pregnancy prevention.

Good

Are services effective?

Effective needs assessment, care and treatment

The provider 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 (relevant to their service)
- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity

The service had a programme of quality improvement activity across all of their locations which enabled them to routinely review the effectiveness and appropriateness of the care provided.

- The service was actively involved in quality improvement activity.
- Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- We saw evidence of both clinical and non-clinical audits.
- The practice undertook centralised audits covering all Roodlane locations including ones related to abnormal cervical screening results, controlled drug prescribing, contraceptive prescribing, warfarin, general prescribing and the effectiveness of telemedicine. We were told that audits were undertaken centrally due to the small numbers of patients captured by the audits at each location and to allow for an overview of quality across the Roodlane estates. We saw discussion of learning following audits which was cascaded to individual sites and used to improve clinical care. The audits did not breakdown the numbers of patients from individual locations and therefore it was unclear if the patients discussed in any of the audits provided were linked to this site.
- We reviewed an audit of hypnotic prescribing across all Roodlane sites. The service demonstrated good compliance against most standards in both cycles although the proportion of patients who were counselled on risks associated with taking these medicines, including risk of dependence, increased from 51% in the first cycle to 100% in the second cycle.
- We reviewed another audit which reviewed the quality of telemedicine consultation. The audit demonstrated quality improvement between the first and second cycle against a number of audit indicators. For example, the proportion of patients who were appropriately assessed increased from 82% to 96% and the number of patients who had appropriate treatment and advice increased from 90% to 96% between the first and second cycle.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- GP's were registered with the General Medical Council and were up to date with revalidation.

Good

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The provider's learning academy had received gold standard accreditation from an independent international learning provider.

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 referred to, and communicated effectively with, other specialist services and clinicians when appropriate.
- Before providing treatment, doctors at the service ensured they had appropriate 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 NHS GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their NHS GP, or they were not registered with an NHS GP. For example, medicines liable to abuse or misuse.
- 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.
- The service monitored the process for seeking consent appropriately.

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.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to their NHS GP or to an appropriate service or specialist consultant 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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care. Patients received a text message following a consultation which gave a link to a survey which allowed them to provide feedback. This service scored well; with indicators relating to health screening and GP consultation satisfaction being rated good or very good by between 93% and 100% of those surveyed.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely 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. Information leaflets were available in easy read formats to help patients be involved in decisions about their care.
- Feedback we reviewed showed patients felt they were 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.
- We were told that the due to the demographics of the service they did not have any patients with learning disabilities amongst their patient list. We reviewed one record of a patient who had caring responsibilities and asked the provider to explain the support provided to such patients. We were told that they did not provided any specific carer support.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available upon request.
- A patient portal had been implemented which allowed patients direct access to their medical records, allowed patients to book appointments and gave access to leaflets on a range of medical conditions.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

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 provider improved services where possible in response to patient feedback and unmet needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of any person using the service.
- The facilities and premises were suitable for the services delivered. The practice was located on the ground floor of the premises and was directly accessible from street level.

Timely access to the service

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

- The service was open five days a week for face to face consultations between 8am and 6pm. The practice did not open on a bank holiday. Remote consultations were available between 7.30am and 9pm Monday to Friday, and 9am and 5 pm on Saturday and Sunday.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The service monitored call wait times and the proportion of calls answered against those lost. In the last three months the provider answered an average of 93% of calls.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patient feedback demonstrated the appointment system was easy to use.
- The practice had a large network of private health care specialist consultants and services. We saw referrals to these consultants and services were undertaken in a timely way.

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. Staff treated patients who made complaints compassionately.
- 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 had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Complaints were handled at the practice and then uploaded to the complaint computer system for review by a senior GP. The corporate governance team would then disseminate learning to all locations to aid learning. If patients were not happy with the outcome of their complaint, they could take it to the HCA corporate complaints function and then ISCAS (Independent Sector Complaints Adjudication Service).

Good

Are services well-led?

Leadership capacity and capability;

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

- The senior management were knowledgeable about issues and priorities relating to the quality and future of services. There were clear lines of responsibility and accountability.
- The lead GP was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider's learning academy had developed a clinical leadership portfolio which was continually being built upon. Courses currently available to staff who were interested in developing their leadership skills included a masters in medical leadership and a clinical leadership training course accredited by The Royal College of Nursing.

Vision and strategy

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

- The provider had a mission to improve human life through delivery of high quality, cost effective healthcare. This mission was underpinned by a vision of having exceptional people providing exceptional care and values including recognition of their patients' unique and individual needs and treating people with compassion and kindness. The provider had supporting business plans to achieve their mission including providing patients with different routes to access care and developing partnerships with high quality secondary care services.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Clinicians acted on behaviour and performance inconsistent with the vision and values.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. A freedom to speak up guardian was available for advice and support. A colleague council was held on a quarterly basis to discuss any wider issues and regular staff surveys were carried out.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation, training and development where necessary.
- There was a strong emphasis on the safety and well-being of all staff. For example, the provider had established a psychological support scheme for staff to utilise during the pandemic. The service enabled staff to access eight sessions with a psychologist employed by the organisation who could support staff with concerns impacting their mental health. The scheme had been utilised by 275 employees across the organisation. The provider also held wellbeing webinars and had a hub which gave employees access to other mental wellbeing support tools including podcasts and videos. Staff were also supported throughout the Covid-19 pandemic through areas such as the option to work from home, free accommodation and parking if having to work away from home and emotional and finiancial support.

Good

Are services well-led?

- 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. The provider partnered with an established charity which paired organisations offering job opportunities with skilled refugees. The provider had run pilots of these services and was in the process of expanding the programme across their organisation. However, no staff in this programme currently worked at the Baker Street site.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Effective governance structures were in place for the location which fed into the Roodlane central governance structures. There were central leads for all areas of governance which were there to support local leads.
- Staff were clear on their roles and accountabilities
- Leaders had established effective policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through internal company audit and external audit of their consultations, prescribing and referral decisions. The lead GP had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Good

Are services well-led?

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 the public, patients, staff and external partners and acted on them to shape services and culture. For instance, the provider had a patient experience working group which aimed to improve the service, based on client and staff feedback. We saw that the provider had identified key actions to improve service provision including improving IT systems for both appointment booking and form completion.
- We saw evidence of feedback opportunities for staff.
- The staff had an organisation wide freedom to speak up guardian and two freedom to speak up champions who staff could contact to report any concerns relating to patient care.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews (through doctor's peer meetings, and central governance meetings) of incidents and complaints.
- Learning was shared and used to make improvements. Once assessed and outcomes developed, incidents were published and put on display in the practice for all staff learning.