Care Quality Commission

Roodlane Medical Limited

Roodlane Medical Limited – Tooley Street, part of HCA Healthcare UK Primary Care Services

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 6 November 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC inspected the service on 22 March 2018 and found the service was not providing safe and well-led care in accordance with regulations. We asked the provider to make improvements regarding providing care and treatment in a safe way to patients and maintaining effective systems and processes to ensure good governance in accordance with the fundamental

Summary of findings

standards of care. There was no evidence of significant events being formally cascaded. The service had not taken action in response to historic cold chain breaches. The service did not have processes in place to ensure that the expiry dates of all equipment were being monitored. We checked these areas as part of this comprehensive inspection and found these concerns had been resolved.

The provider supplies private general practitioner and occupational health services.

The lead doctor 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 reviewed 25 CQC patient comment cards, all of which were positive about the service provided. The comment cards stated that staff were caring, the quality of care provided was excellent and that appointments were easily accessible.

Our key findings were:

- At this inspection, we saw concerns about breaches of the vaccine cold chain and equipment checks had been addressed and that the actions submitted in the service's action plan following the inspection in March 2018, had been completed.
- Staff had received training on safeguarding children and vulnerable adults relevant to their role. They knew how to recognise the signs of abuse and how to report concerns.
- Service leaders had established policies and procedures to ensure safety; leaders had assured themselves that all policies and activities were operating as intended.
- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved.
- The service stocked medicines. Emergency equipment and medicines were available as described in recognised guidance. There was a documented system for recording and monitoring checks of emergency medicines and equipment.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.
- We found evidence of quality improvement measures including clinical audits and there was evidence of action taken to change practice.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Care Quality Commission

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection was led by a CQC inspector with a GP specialist advisor.

Roodlane Medical Limited provides private general practice services and is located at Magdalen House, 148 Tooley Street, London, SE1 2TU which is an office space. The practice rents the fourth floor of the building. The practice treats between 200 and 500 patients per month. The service predominantly provides general practitioner and occupational health services to the staff of corporate organisations but it also has a small number of individual private patients. The practice delivers private medical services, health assessments, occupational health advice and physiotherapy. Patients can be referred to other services for diagnostic imaging and specialist care.

Roodlane Medical Limited has eight other CQC registered locations in London providing private medical services and occupational health services, and one location in Birmingham. The practice team includes four doctors, a service manager, one physiotherapist, one medical technician and a reception administrator. The service employs doctors but no nurses.

The service is located in a converted residential and business use property with street level access into a reception and waiting area. The building is fully accessible to wheelchair users and has accessible facilities. There are patient toilets, shower room and baby changing facilities available. There are four clinical consultation and treatment rooms, storage areas and an administration office.

The service has a single patient record system meaning that clinicians have access to patient records at different locations.

Services are available by appointment only between 8.00am to 5.00pm Monday to Friday. They offer same day appointments. Appointments are available within 24 hours, and sooner for urgent medical problems. Patients can book by telephone or e-mail and on-line. Individual private patients can sign up to a comprehensive subscription private doctor and wellbeing service.

Detailed findings

The service has four doctors in the clinical team. The clinical team is supported by one administrative staff member. Those staff who are required to register with a professional body were registered with a licence to practice.

The service has a registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including doctors, service managers and administrative staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards and online forms completed by service users.

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?

Our findings

At our previous inspection we found there was no evidence of significant events being formally cascaded. The service had not taken action in response to historic cold chain breaches. The service did not have processes in place to ensure that the expiry dates of all medical equipment were being monitored.

At this inspection, we found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

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

- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff.
- Arrangements for the undertaking of safety risk assessments and checks for the premises kept people safe.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. We saw safeguarding protocol notices displayed in the treatment room, in the office area and staff coffee room. The notices detailed who to contact in the event of a safeguarding concern.
- 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. The service had requested a Disclosure and Barring Services (DBS) check for all staff working at the practice. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. We saw a safeguarding children escalation flowchart and a safeguarding adults flowchart displayed in the staff room. Staff who acted as chaperones were trained for the role.
- Staff received up-to-date safeguarding training for children and adults at a level appropriate to their role. Doctors received adult safeguarding training and children safeguarding to level 3. Staff knew how to identify and report concerns. The provider worked within the ethos of the Mental Capacity Act 2005 when working with people who lacked capacity.
- The service had a protocol for responding to domestic violence and abuse. The practice had barcode stickers to give to patients at risk which contained the number of the National Domestic Violence Helpline.
- All patients completed or updated a registration form on arrival at the clinic. This included all patient details and a signature. Patients attending for an ECG or health screening were also asked to bring photographic identification and this was verified at their appointment.
- The provider understood their responsibilities to record and investigate safety incidents, concerns and near misses and report them where appropriate.
- The provider had policies for managing the safety of the premises and equipment. There was evidence of monitoring safety and records of what precautions and practical steps had been taken to remove or minimise risks. For example, the service showed us fire safety checks had been undertaken for the premises to satisfy themselves that risks were properly managed.
- Arrangements were in place to receive and comply with patient safety alerts, for example, those issued through the Medicines and Healthcare products Regulatory Authority (MHRA). There was a record kept of the action taken in response to patient safety alerts, and the practice was able to demonstrate that they had an effective process to manage these.
- Records were written and managed in a way to keep people safe. This included ensuring records were accurate, complete, eligible, up to date and stored appropriately.
- The practice had ensured that medical equipment was safe and that equipment was maintained according to manufacturers' instructions. There were arrangements

Are services safe?

in place for checking the working status of the defibrillator. There was a record of equipment calibration. We saw clinical equipment which had been calibrated to give reliable readings, for example, a blood pressure machine, scales, pulse oximeter and a nebuliser. We saw that portable appliances had been tested for electrical safety within the last two years.

- There was an effective system to manage infection prevention and control. The building management company was responsible for cleaning the premises. The cleaning schedules we saw were signed by the cleaner. The provider confirmed that legionella assessments were undertaken by the premises management service, there was a record of regular audit arrangements to control the risk of legionella bacteria.
- Records of staff Hepatitis B immunity were kept for clinicians; there was a record of routine vaccinations in staff files as per the Department of Health 'Green Book' guidance.
- There was a waste disposal policy. The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. We saw a waste assessment flowchart poster to help staff ensure waste is properly segregated.

Risks to patients

The service had clear systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- The service had a medical emergency policy. Arrangements were in place to ensure the provider could take appropriate action in the event of a medical emergency. The service had a resuscitation trolley and resuscitation equipment such as oxygen were checked daily. Emergency medicines and clinical support were readily available. The service had a defibrillator.
- Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support annually. The service organises regular unannounced simulated emergency exercises to assess safety processes and staff knowledge of emergency and basic life support training.
- There was a record of risk assessment of emergency medicines stored at the service. We saw that emergency medicines were checked to make sure they were available and within the expiry date, and the service kept records of these checks.
- 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. The service displayed Red Flag Sepsis posters.
- There were systems for managing fire risk. Fire extinguishers were checked annually. We saw evidence of a fire risk assessment which had been carried out in March 2018. There were documented checks of the fire alarms and we saw evidence that the building management company had carried out regular fire drills. We saw a report for the last evacuation fire drill in September 2018.
- There was a record of fire safety training for clinical and administrative staff. There was a visible fire procedure in the areas of the premises used by patients.
- Portable appliance testing (PAT) and calibration of equipment was carried out annually.
- The premises were clean and tidy. The provider had undertaken an infection prevention and control (IPC) audit on 23 October 2018 and there was evidence that actions identified had been followed up. Clinical staff had undertaken basic infection prevention and control (IPC) training.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There was a documented business continuity plan for major incidents such as power failure, flood or building damage.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

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 practice's patient record system was used at all Roodlane sites and clinicians could access the records of patients at any of these sites or remotely.

Are services safe?

The service had a test result protocol. Incoming pathology results or tasks could be automatically diverted to another clinical member of staff when clinicians were not working at the service.

- Management of correspondence in the service including letters, referrals and results was safe.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service had a prescribing protocol.
- The service had a system in place to retain medical records in line with DHSC guidance
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- There were arrangements in place to check the identity of patients, and the parental authority of adults accompanying children.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines. The service had a policy on the management of medicines including vaccines and prescribing of medicines and staff followed procedures.

- 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.
- Vaccines were stored in a small refrigerator in the treatment room. The vaccine fridge had been calibrated regularly to provide reliable readings. The service had an external probe which provided a method of cross-checking the accuracy of the vaccine fridge temperature. The practice kept records of the daily refrigerator temperature checks. We saw a log of the fridge temperatures which were recorded daily by staff.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied 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.
- Appointments were available for travel immunisations and advice. The service was a Yellow fever vaccination centre and was registered with the National Travel Health Network and Centre (NaTHNac) as a Yellow Fever Vaccination Centre.
- Emergency medicines kept on the premises were readily available to clinical staff if required and were checked regularly to ensure they remained in date. The practice stocked adrenaline. The service monitored the expiry dates of all medical equipment.
- No controlled drugs were stored by the provider.

Track record on safety

The service monitored and reviewed activity to understand risks and provide a clear and current picture to identify safety improvements required.

- There was a system of comprehensive risk assessments in relation to safety issues including fire safety, infection control and legionella.
- The provider liaised with the premises owners to ensure that, in most cases, risk assessments were in place in relation to the provision of a safe environment.

Lessons learned and improvements made

The service had systems and processes in place to learn and make improvements if things went wrong with care and treatment. At our previous inspection in March 2018, there was no system in place for acting on significant events and learning was not being regularly discussed in meetings. At this inspection we found significant events being discussed formally within 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.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service had one significant event in the last 12 months which we reviewed and found the service had learned and shared lessons, identified themes and had taken action to improve safety in the service. The event was a cold chain breach identified during the CQC inspection on 22 March 2018. When the breach was

identified, immediate action was taken to destroy all vaccines at the site and an investigation team was set up to manage the incident. In addition, the incident was immediately reported to PHE, NHS England and CQC. Following the inspection in March 2018 we asked the provider to send us an action plan. At this inspection, we saw concerns about breaches of the vaccine cold chain had been addressed and that the service had taken action to mitigate the risk of reoccurrence ensuring lessons were learnt and cascaded.

- The service kept written records of verbal interactions as well as written correspondence.
- There was evidence that the service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had effective mechanism in place to share alerts with all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

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).

- Clinical guidance was cascaded to all staff including a monthly bulletin about travel health and weekly tips related to new clinical 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.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

There was evidence of quality improvement activity including clinical audit being undertaken.

- We were shown two completed clinical audits. For example, the service had carried out a two-cycle yellow fever vaccine administration audit in May and October 2018 to assess safe risk assessment and improve the quality of documenting consent and post vaccine advice. The service recorded 90% compliance in the first audit and introduced new consent forms. The service had 100% compliance at the second cycle in October 2018.
- The service had undertaken an audit of safe prescribing to improve levels of quality and safety of prescribing requests and to ensure that prescribing decisions followed national guidelines. The practice reviewed ten prescriptions at the first cycle in July 2017 and found that 90% of these followed current prescribing guidelines, including having a medicines review at recommended intervals. The service implemented annual face to face medication reviews for all patients prescribed medicines and emphasised guidelines for certain medications to clinical staff. The service had 100% compliance at the second cycle completed in February 2018.
- The service had also introduced a clinical strategy to implement NICE guidelines on best practice antibiotic prescribing.
- The audit findings were discussed during clinical meetings and follow up audits were scheduled to demonstrate learning and improvement.

Effective staffing

The provider ensured that staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The provider maintained up to date records of skills, qualifications and training. There were records to demonstrate that all staff had completed role appropriate training to cover the scope of their work. We reviewed staff files for a doctor and for a medical technician and for the administrator who had completed essential training including infection control, basic life support, health and safety, fire safety, confidentiality and data protection.
- Medical indemnity insurance records were held centrally and were not available for us to review at the location. The service sent us evidence of group medical indemnity after our inspection.
- Records of staff immunisation status were held centrally and we were not able to review the record of appropriate immunity status for Hep B for the doctor or the medical technician whose files we reviewed at the location. Following our inspection, the service supplied us with a record of immunisation status for the doctor and the medical technician which showed they were compliant and safe to work.
- The provider had an induction programme for all newly appointed staff.
- There was evidence of training in the Mental Capacity Act for clinical staff. We spoke to the doctors who told us they had undertaken this training.
- We saw evidence of staff training in emergency resuscitation and first aid.

Are services effective?

(for example, treatment is effective)

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- There was evidence that staff were encouraged and given opportunities to develop.
- All staff had received an appraisal or performance review in the last year. There was a structure of formal appraisal and the service maintained records of staff appraisals. The doctors underwent an annual appraisal with an internal appraiser or external independent appraiser. In addition, the practice had implemented internal appraisals for doctors with the Chief Medical Officer for Roodlane Medical Limited.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed 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 referred to, and communicated effectively with, other services when appropriate.
- The provider had an effective third-party arrangement with a private laboratory for blood test results. Results were received electronically which staff entered onto the electronic patient record system.
- When patients registered with the service they were asked to sign a form to give their consent to information about their care being shared with their NHS GP. 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 GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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 have been referred to other services

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. The doctor gave lifestyle advice during consultations.
- 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 the appropriate service for their needs.

Consent to care and treatment

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

- The service had a consent and capacity to consent to treatment policy. 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.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- 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.
- All of the 25 patient Care Quality Commission comment cards we received were wholly positive about the service experienced.
- The consultation room was clean and private.

Involvement in decisions about care and treatment

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

- The service's website and other sources provided patients with information about the range of services available including costs and consultation fees.
- A patient information leaflet was available in the waiting room and sent to all patients when their booking was confirmed. This included availability of a chaperone; the confidentiality agreement and details of the complaints procedure.
- Formal interpreter services were available for patients who did not have English as a first language.
- There were communication aids available, for example there was a hearing loop in the reception area.
- The service did not have a record of any patients with caring responsibilities. Staff told us that the service had not identified any patients who were carers. The service told us that should a carer attend and require support they would be signposted to relevant support and local carers networks.
- Staff told us that if families had experienced bereavement, support would be provided by the doctor and if required, patients could be referred to a psychologist at the service and to local support networks.
- The service told us there were no patients registered with learning disabilities or patients with dementia.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The layout of the reception and waiting area did not allow for high levels of privacy when reception staff were speaking with patients, however staff described how they would improve privacy by speaking quietly and having background music. Staff could also use available rooms to discuss private matters where necessary.
- The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.
- Patients' electronic care records were securely stored and accessed electronically.
- Curtains were provided in consultation rooms to maintain patients' privacy and dignity during investigations, as necessary.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

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 understood the needs of their patients and improved services in response to those needs. The service maintained a paperless record system and used email communication whenever possible. However, if a patient preferred to receive communication in paper format the service were able to provide this.
- The facilities and premises were appropriate for the services delivered.
- The provider made reasonable adjustments when patients found it hard to access services. The building was accessible to patients in a wheelchair. A lift and toilet facilities were available that were suitable for wheelchairs.

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, test results, diagnosis and treatment.
- There was a 24-hour online booking system for patients to book appointments. Appointments were available within 24 hours and the service prioritised patients with urgent medical problems. Patients could book by telephone or e-mail and on-line.
- The provider had a dedicated call centre to manage calls and had analysed how long patients had waited to be seen before their scheduled appointment time. Between October 2017 and September 2018, eighty-one per cent of patients were seen within five minutes of their appointment time.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The service did not provide emergency appointments; patients were advised to contact NHS emergency services for urgent medical needs.
- Referrals and transfers to other services were undertaken in a timely way.
- Results from the service's own patient feedback data showed that patients' satisfaction with how they could access care and treatment was high.

Listening and learning from concerns and complaints

The service had a procedure for managing complaints.

- Information about how to make a complaint or raise concerns was available on the service website and in the patient information leaflet which was sent to all patients when booking an appointment. Staff treated patients who made complaints, compassionately.
- The complaint policy and procedure were in line with recognised guidance.
- The provider informed us that they took complaints and concerns seriously and would respond to them immediately and make appropriate improvements as required.
- There had been one formal complaint made in the previous 12 months. We saw the complaint correspondence regarding the complaint and saw that it had been managed appropriately.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

At our previous inspection in March 2018, we found leadership and oversight had not been sufficient to ensure that medicines and equipment were consistently managed safely.

At this inspection, we found that this service was providing a well-led service in accordance with the relevant regulations.

Leadership capacity and capability

Leaders had the clinical capacity and skills to deliver the service and there was sufficient oversight of health and safety and risks.

- There was sufficient leadership focus on adequate systems of governance and management of risks. Safety aspects of the service were clearly known and prioritised to ensure high quality care was delivered.
- The directors were knowledgeable about issues and priorities relating to the quality of clinical care provided and future of the service. They understood the challenges in these areas and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision to deliver high-quality care and an overall positive patient experience.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The provider's strategy was focused on satisfying the needs of their corporate clients working in Central London. The practice also catered to a number of individual private patients.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service had a business plan. The service monitored progress against delivery of the strategy.

Culture

The provider demonstrated a positive culture. The practice 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were formal processes for providing all staff with the development they need. All staff received regular annual appraisals in the last year. There was a formal structure of formal appraisal and the service maintained records of appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. There was a structure of inductions for staff.
- There was a strong emphasis on the safety and well-being of all staff.
- 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.
- There were positive relationships between staff and teams.

Governance arrangements

At our previous inspection there was evidence of systems and processes to support good governance and management. However, oversight had not ensured that all systems were working effectively. At this inspection we found that the service's governance systems had improved and were working effectively.

- There was a governance meetings structure in place. There was evidence that governance was monitored and addressed.
- Service leaders had established policies and procedures to ensure safety and had assured themselves that all policies and activities were operating as intended.
- At our previous inspection in March 2018, we found that temperatures in the travel vaccine fridges had gone outside of temperature range on multiple occasions over a 12 months period and this had not been identified or acted on in line with the service's significant

event procedure before this was highlighted during our inspection. Following our inspection in March 2018, we were provided with a detailed action plan regarding the action the service would take to ensure patient safety. At this inspection, we saw actions identified had been completed and the service had improved their vaccine monitoring procedure to ensure more effective oversight of cold chain monitoring.

- At our previous inspection we found that significant events had not been formally discussed in practice meetings. At this inspection, we observed that learning from a significant event had been discussed with staff. Staff knew how to report significant events and were able to outline action taken in response to some recent events.
- There was evidence of minutes from monthly team meetings where all staff were involved in discussions about the management of the service.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

- There were some systems to identify, understand, monitor and address health and safety risks and risks related to the premises. The service had established a clear system of comprehensive procedural audits and regular safety checks. For example, we saw a completed infection control audit and evidence of ongoing checks to monitor infection risk.
- There were systems for monitoring training. The service had up to date records of completed role appropriate training for staff. For example, we found there was a record of fire safety training for all staff.
- The practice had a process to manage patient safety alerts. There was a record kept of the action taken in response to patient safety alerts, and the practice was able to demonstrate that they had an effective process to manage these.
- There was evidence of measures to improve and address quality. The provider had carried out clinical audits to identify areas to improve the quality of care and there was evidence of actions taken to change practice.
- 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; there was evidence that quality and sustainability were discussed and acted on.

- The service gathered information on the quality of the service from patients. The service had a process of review to assess what changes had been made following patient feedback and patient survey results.
- There was a record that quality and sustainability were discussed in relevant meetings and that all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The provider had systems in place which ensured patients' medical records remained confidential and secured at all times.
- Patient names and other identity information were handled by staff members who had signed confidentiality agreements in place.
- The service submitted data or notifications to external organisations as required.
- 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.

Engagement with patients, the public, staff and external partners

There were examples of the service involving patients in decisions about service provision.

- There were arrangements for obtaining and assessing patients' views on the service. There was an online patient feedback form. We saw a paper copy of the feedback form which was in the waiting area.
- The service had gathered and collated some feedback received by email from patients about the services provided and this had been reviewed and acted on to shape services. For example, the provider had developed an internal newsletter in order to ensure that feedback from patients was cascaded to staff on a monthly basis.
- The provider also had a primary care newsletter which was sent to patients and clients who could send this information out to their staff. The newsletter

encouraged patients to submit questions which a clinician would answer in the subsequent instalment. The Chief Executive Officer publishes a health and wellbeing blog in the primary care newsletter.

Continuous improvement and innovation

There were processes and opportunities for learning, continuous improvement and innovation.

- The practice was committed to providing a high level of service to its patients.
- There was a focus on continuous learning and improvement at all levels within the service. For example, the practice had achieved accreditation from an independent occupational health accreditation scheme.