

Roodlane Medical Limited

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Inspection report

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Date of inspection visit: 19 June 2018
Date of publication: 23/07/2018

Overall summary

We carried out an announced comprehensive inspection on 19 June 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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 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 services are provided to patients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Roodlane Medical, we were only able to inspect the services which are not arranged for patients by their employers with whom the patient holds a policy (other than a standard health insurance policy).

Dr Cohen is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

As part of our inspection, we reviewed 22 CQC comment cards completed by patients, where patients made extremely positive comments about the staff and the service. For example, patients described the reception staff as always smiling and having a warm welcome and the doctors had treated them with dignity and respect in a questionnaire asking for their feedback.

Our key findings were:

- The clinic had clear systems to keep patients safe and safeguarded from abuse.
- There were arrangements in place for responding to medical emergencies.

There were comprehensive risk assessments in relation to safety issues.

- Staff had appropriate training for their role.
- Patients had access to their medical results online via a secure website.

- Referrals were prompt and could take place the same day as the assessment.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Staff recognised the importance of patients' dignity and respect.
- The practice responded to the needs of patients that wanted a same day doctor appointment at a convenient time.
- Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication.
- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider took steps to engage with their patient population and adapted the service in response to feedback.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- The clinic had clear systems to keep patients safe and safeguarded from abuse.
- There were arrangements in place for responding to medical emergencies.
- The provider had undertaken appropriate recruitment and monitoring checks for staff.
- There were effective systems for the management and prevention of infections.
- There were comprehensive risk assessments in relation to safety issues.

Are services effective?

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

- Staff had appropriate training for their role.
- Patients could access their medical records using an application on their mobile devices.
- Referrals were prompt and could take place the same day as the assessment.
- Staff encouraged patients to undergo regular health screening such as smear tests, liver function and advanced cardiac screening tests.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

Are services caring?

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

- As part of our inspection, we reviewed 22 CQC comment cards completed by patients, where patients made positive comments about the service.
- For patients whose first language was not English, the clinic offered an interpretation service.
- Staff recognised the importance of patients' dignity and respect.

Are services responsive to people's needs?

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

- The practice responded to the needs of patients that wanted a same day doctor appointment at a convenient time.
- Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services well-led?

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Summary of findings

- There were clear responsibilities, roles and systems of accountability to support good governance and management.
 - The provider took steps to engage with their patient population and adapted the service in response to feedback.
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Roodlane Medical Limited

Detailed findings

Background to this inspection

Roodlane Medical is located at Canary Wharf, London and part of the Roodlane Medical Limited Group, which has eight other sites. One in Birmingham and seven in Central London at: -

- Baker Street, Fleet Street, Tower Hill, Bank, New Broad Street, Tooley Street and Victoria.

Roodlane Medical Limited is part HCAHealthcare Uk. The senior management team at Roodlane Medical Limited provide the governance, management, and support systems to Roodlane Medical service at Canary Wharf. Staff employed by the provider can work between the different sites.

Roodlane Medical service at Canary Wharf, is a multidisciplinary primary care service, equipped to carry out GP appointments, health screening, occupational health, psychology service, physiotherapy and vaccination services. In the past 12 months the service had carried out 13,545 GP consultations, 2841 health screens and 212 occupational health appointments.

The staff at Roodlane Medical service at Canary Wharf, comprised of eight GPs, two psychologists, four physiotherapists, and a technician who were supported by reception staff and administration staff.

The service is open Monday, Tuesday, Wednesday, and Friday 8am to 6pm, Thursday 8am to 7pm and occasionally on Saturdays between 8am and 6pm.

When the service is closed patients are directed to NHS services or private out of hours services and HCA UK Urgent Care Centres.

How we carried out this inspection

This inspection was led by a CQC inspector, with support from a second inspector and a GP specialist advisor.

During our visit we:

- Spoke with the doctors, the management team and administration staff. We were unable to speak with physiotherapists or psychologists during the inspection, as they were not on the premises due to a maintenance issue with their consulting rooms.
- Reviewed documents.
- Reviewed 22 CQC comment cards where patients shared their views and experiences of the service.

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

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The service had a safeguarding policy covering both adults and children. The policy was accessible to all staff and contained the names of the appointed safeguarding leads within the service and the process for reporting and acting in response to concerns. In addition, the provider had developed a user-friendly safeguarding booklet for staff that contained information to follow should they identify abuse. This included information about the Mental Capacity Act and Deprivation of Liberty, what to do if they had concerns and the community safeguarding contact information. Most staff interviewed demonstrated they understood their responsibilities regarding safeguarding. The doctors had completed level three safeguarding training. Other non-clinical staff had completed an awareness course to level one or level two.
- The service had a new software system in place to ensure that safeguarding issues were recorded and reviewed that enabled oversight at a corporate level. Lessons and outcomes were discussed at clinical governance meetings and shared amongst staff at service level meetings. In response to a safeguarding issue the service had developed a sticker to enable patients to have quick access to a national telephone helpline number should they feel in danger or need support.
- There were arrangements in place to check the identity of patients, and the parental authority of adults accompanying children.
- The provider had human resource staff that carried out staff checks. These included checks, when a new member of staff commenced work, ongoing checks of professional registration, medical health and Disclosure and Barring Service (DBS). (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). We were told DBS checks were renewed three yearly.

- The practice had a chaperone policy in place and patients were informed of this service by notices in the waiting room and the consulting rooms. Staff who acted as chaperones were trained for the role and had received a standard DBS check.
- There was an effective system to manage infection prevention and control.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The registered manager explained staff could be utilised from the other locations.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- The provider held emergency medicines, and had carried out a risk assessment for the emergency medicines they had decided to not keep on the premises.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- **Information to deliver safe care and treatment**
- Staff wrote and managed individual care records in a way that kept patients safe. The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Information needed to deliver safe care and treatment was available to relevant staff in a timely and accessible way. (This included test and imaging results, care and risk assessments, care plans and case notes.) The

Are services safe?

practice's patient record system was used at all Roodlane Medical Limited sites and clinicians could access the records of patients at any of these sites. The system automatically diverted pathology results and other test results to another clinical member of staff when clinicians were not working at the service.

- The provider obtained patients NHS GPs' details, but would not routinely contact the GP unless the patient consented or in urgent circumstances.
- Patients could access their medical records using an application on their mobile devices.
- Staff provided patients with information about the cost of the services.

Safe and appropriate use of medicines

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Following concerns regarding the checking of the fridge temperatures to maintain a safe temperature for vaccines at another of the providers locations, the provider had implemented new system to ensure that staff maintained vaccine fridges at the correct temperatures.
- The doctors prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Patients were provided with appropriate written and verbal information which included patient information leaflets and travel advice. The doctors had access to appropriate and up-to-date information sources to ensure evidence-based prescribing.
- There were effective protocols for verifying the identity of patients during remote consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. The doctors explained that the practice did not have many patients on high risk medication. The practice had carried out a review of a high-risk medication in May 2018. Any improvements needed were followed up by an action plan and re-audit to check compliance.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- The provider had medical indemnity arrangements and public liability insurance in place to cover any potential liabilities that may occur.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Lessons learned and improvements made

- Staff understood their duty to raise concerns and report incidents and near misses.
- The practice had recently commenced using a new computer software programme to record significant events and incidents. This provided a clear audit trail and provided the managers with oversight of the incidents.
- The management team discussed events at the clinical governance meeting and staff discussed any incidents at practice team meetings. For example, staff ensuring the prompt testing of urine samples.
- The management team explained that any clinical significant events were also discussed at peer group clinical meetings held twice a month.
- 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 practice acted on and learned from external safety events as well as patient and medicine safety alerts. Alerts were cascaded to staff by e-mail, during meetings and as part of a newsletter. The managers explained they were looking to introduce a system to record when staff read the alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

- The clinic had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice's data management system enabled GPs to have peer to peer discussions in real time. This enabled GPs to seek advice from colleagues during patient consultations.

Monitoring care and treatment

- The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- The provider reviewed a sample of patient consultation notes six monthly and during a probationary period and as part of the doctor's annual appraisal with the medical director.
- The provider had carried out a two-cycle audit across all the locations, in August 2017 and May 2018 to review the assessment and diagnosis of chest pain inpatients with recent onset. This was to establish that doctors had followed NICE guidance. The second audit showed an improvement to 100% for the investigations and management to relevant assessment and made recommendations to improve recording of patients' lifestyle choices. The provider planned to review the audit in six months.

Effective staffing

- Staff had appropriate training for their role, for example, to carry out reviews patient health assessments and cervical screening.
- The practice 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 practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision, and revalidation.

Coordinating patient care and information sharing

- When a patient contacted the practice, staff confirmed whether they were registered with an NHS GP, and if details of their consultation could be shared with their NHS GP. Clinical staff were aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk) and we were told that correspondence from consultants at private hospitals would be sent to GPs unless the patient withheld consent.
- The provider explained that many patients at the practice were covered by health insurance and would remain in the private sector and would be referred into private secondary care if needed. In addition, many had either not registered with a NHS GP or not attended for a long time or were from abroad.
- Patients could access their medical records using an application on their mobile devices.
- Referrals were prompt and could take place the same day as the assessment.
- The manager explained due to the location of the service most of the patients were working adults, which meant that they did not see children often. However, parent and guardian information was sought for children.

Supporting patients to live healthier lives

- The practice offered a private GP service, occupational health assessments, screening, physiotherapy, travel vaccines and psychological services.

Are services effective?

(for example, treatment is effective)

- Staff encouraged patients to undergo regular health screening such as smear tests, liver function and advanced cardiac screening tests.
- Patients had access to their medical notes, so they could review their diagnosis and seek further treatments to enable a healthier lifestyle.
- The practice has engaged with their corporate clients to provide employees with health promotion advice by providing seminars on managing stress, the importance of sleep and menopause management.

Consent to care and treatment

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

- As part of our inspection, we reviewed 22 CQC comment cards completed by patients, where patients made extremely positive comments about the staff and the service. For example, patients described the reception staff as always smiling and having a warm welcome and the doctors had treated them with dignity and respect in a questionnaire asking for their feedback.
- Following the appointment patients were sent a patient survey. The provider collated the survey annually, from June 2017 to May 2018 when patients were asked how welcoming and helpful would you rate the reception staff when you came in. Two hundred and twenty out of 270 responses rated it as good. When asked how professional was the doctor during their GP appointment 580 stated they were highly professional, and a further 56 stated they were good out of 675 responses.
- We saw the reception staff treated patients with dignity and respect when they attended their appointments

Involvement in decisions about care and treatment

- Interpretation services were available for patients who did not have English as a first language.
- Patients had access to their medical records.
- As part of the questionnaire when asked were questions and concerns addressed during the consultation, 581 out of 624 responses stated yes. All the findings in the questionnaire were reviewed by the management team.

Privacy and Dignity

- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- The practice had procedures they had in place to ensure patient's confidentiality was maintained.
- The practice had policies and procedures in place that ensured the service complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice understood the needs of its population and tailored services in response to those needs. The practice responded to the needs of patients that wanted a same day doctor appointment at a convenient time and near their work. The practice also offered a service to patients who were visiting London from the UK or abroad.
- Web face to face GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. The practice had a hearing loop system.
- The practice made reasonable adjustments when patients found it hard to access services. For example, opening on a Saturday.
- The practice offered health screening, referrals to secondary care, blood tests, and occupational health assessments.
- The providers website informed patients of the services offered by the practice and the cost of appointments.

Timely access to the service

- The practice was open Monday, Tuesday, Wednesday, and Friday 8am to 6pm, Thursday 8am to 7pm and occasionally on Saturdays between 8am and 6pm.
- Staff offered appointments within 24 hours for a routine appointment or sooner if it was urgent.
- When the practice was closed patients were directed to NHS services or private out of hours services. In addition, to respond to patient test results that needed urgent attention, a senior doctor was contactable by mobile phone.

- The provider had service level agreements to ensure that patients who worked for corporate organisations could access care and treatment either on the same or next day.
- Patients had timely access to initial assessment, test results, diagnosis and treatment, some were available on the same day as their appointment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The provider monitored the response time for staff answering patient telephone calls. This showed that 93% of calls to the service were answered in April 2018 and 75% of these were responded to within 30 seconds.
- A measure of the times length the patient had to wait in reception to be seen by the doctor demonstrated 71% were seen within five minutes of their appointment time and 27% of patients were seen before their scheduled appointment time.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The provider had recently reviewed the complaints letter to include details of where the complainant could go to if they were unhappy with the providers response.
- The complaint policy and procedures were in line with recognised guidance.
- The management team had oversight of the complaints, which were discussed at the appropriate meeting so that improvements could be made and recommendations implemented.

Are services well-led?

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

Our findings

Leadership capacity and capability

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and their role in achieving them.

Culture

- Staff stated they felt respected, supported, and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty, and transparency were demonstrated when responding to incidents and complaints. 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

- The Roodlane Medical service at Canary Wharf was operated by Roodlane Medical Limited, which was part

of the HCAVHealthcare Group. Roodlane Medical Limited provided the centralised systems of governance to Roodlane Medical at Canary Wharf and the other eight sites.

- The management team of Roodlane Medical Ltd consisted of seven senior managers including a Chief Nursing Officer and Medical Officer who reported to the Chief Executive, who reported to HCA Healthcare UK. The management team provided governance systems, supervision and support to the registered manager of Roodlane Medical Centre at Canary Wharf.
- The management structure, provided processes and systems to support good and effective governance and management. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended.
- The practice held monthly practice meetings that fed into the senior management team meetings, such as clinical governance, registered managers, and GP forum meetings. The senior management team meetings fed into the primary care monthly operations reporting and primary care board meeting and finally into the HCA Healthcare UK quality, governance, and safety structure meetings.

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 provider had processes to manage current and future performance. Senior managers had oversight of safety alerts, incidents, and complaints. The provider had an overall risk register in place for all the locations, that monitored risk and contained actions and dates for improvements.
- The practice considered and understood the impact on the quality of care of service changes or developments.
- The practice had recently commenced using a computer software programme to record incidents and

Are services well-led?

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

significant events. This enabled senior managers to have an overview of issues at Roodlane Medical and the providers other sites. The managers told us clinical significant events were discussed and lessons learnt.

Appropriate and accurate information

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice 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

- The practice took on board the views of patients and staff and used feedback to improve the quality of services.
- Patients could feedback by completing an online survey which was issued after each appointment. The staff

collated the results of the satisfaction survey and implemented a action plan. The action plan included staff told about the positive comments made by patients, facilities improved and staff training.

- The provider 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 provider had carried out an employee opinion survey in 2017. Where 81% of employees at reacted favourably to working at the practice.
- The provider also explained how the practice carried out free medical assessments to athletes participating in charitable events.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement. For example, the provider had learnt from the recent vaccine fridge cold chain breach and implemented new procedures.
- The provider had completed the accreditations for the International Organization for Standardization (ISO) and Safe, Effective, Quality Occupational Health Service (SEQOHS).
- Staff knew about improvement methods and had the skills to use them.