

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Roodlane Medical Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Roodlane Medical Limited
Registered Manager	Dr. Robyn Cohen
Overview of the service	Roodlane Medical Limited is located at Canary Wharf. It is a private clinic, providing GP services, occupational health services and health screenings. It also offers treatments by other healthcare professionals, including physiotherapists, psychologists and podiatrists.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with one person who had recently used the service and also looked at the clinic's most recent patient satisfaction survey results. We found people were pleased with the information they received, the quality of their care and the conduct of the medical and healthcare professionals.

The treatment areas were clean, well equipped and ensured people maintained their privacy. One person using the service said "it has been great coming here to see the private GP. It is so convenient and easy to arrange". The staff team were trained in life support and knew what to do in the event of a medical emergency.

Staff members were appropriately qualified, had regular training and opportunities for professional development. Staff had regular supervision and managerial support. The service made people aware of how to make complaints and had appropriate systems to respond and make improvements if necessary.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care and treatment. They were greeted at the reception area and spoken with in a polite and discrete manner. The waiting room was comfortable with refreshments, newspapers and magazines. The clinic's website provided a 'patient guide' which gave people essential information about the available services. There was also guidance regarding how to prepare for appointments, such as whether it was necessary to fast before blood tests. Doctors and other healthcare staff gave people leaflets to explain conditions and treatments.

The manager told us the clinic employed different healthcare professionals, including podiatrists, physiotherapists, osteopaths and chiropractors. They told us people were given information about the role of each professional so they could make choices about treatments.

The patient we spoke with told us it was their first visit to the clinic and they were impressed with the respectful, informative and friendly manner of their doctor and the helpful approach of the receptionist. They did not have a preference to be seen by a same gender doctor but knew they could have requested this.

All consultations were conducted in treatment rooms in private. The treatment rooms had obscured windows and a curtained area if a person needed to undress. The service's chaperone policy was displayed in each treatment room and on the website, and gowns were provided. Some of the staff at the clinic could offer interpreting services if required, although we were told by the manager that most people spoke English. Staff received equality and diversity training. We were shown the systems for ensuring that confidential information was kept secure.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The patient we spoke with said they were happy with their care. They told us, "I think it's great here. The doctor was lovely and my consultation was carried out well. I would come here again."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We spoke with a doctor, a physiotherapist and a psychologist regarding how they conducted consultations and treatments. We were told people's verbal consent was always sought and staff checked people understood the information given to them. The treatment rooms were clean and well organised. The manager told us about the daily and weekly checks which took place to ensure that areas used by patients were appropriately equipped and maintained. These checks were documented.

We were shown the emergency medications and equipment, which were regularly monitored. Staff received annual training in basic life support, which was documented.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The patient we spoke with told us they felt safe at the service and felt staff had a professional approach.

We looked at the safeguarding policy and procedure at the clinic, which had contact details for the local authority safeguarding team. The provider had appointed a safeguarding lead covering the three services in London. The staff we spoke with confirmed they had received training regarding safeguarding adults and children, which was recorded on the training records, and they knew the procedures for reporting concerns to the local authority. We were told the vast majority of patients were adults although occasionally children were seen as part of a family consultation.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with staff about their training and development. They told us that in addition to mandatory training, they were allowed time to attend training relevant to their role. We were shown details of the courses available to different staff and the online system to monitor staff attendance at training organised by the provider.

A psychologist employed at the clinic told us they had recently provided a teaching session for colleagues within the multi-disciplinary team and other sessions were led by doctors or professionals practising in specialist areas such as sports injuries. A doctor told us they attended training by consultants at a London hospital, which is part of the same health care group.

Staff received appropriate professional development. The Human Resources Manager showed us how the provider supported staff development through team meetings, peer group discussions, supervision and appraisals. We were shown how the service supported new staff to meet the required competencies of their job during their probationary period.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. The person we spoke with told us they were made aware of how to make a complaint and had been asked by staff if they were satisfied with their consultation.

We asked for and received a summary of complaints people had made and the provider's response. The manager discussed each complaint with us and showed us the recorded actions taken to improve upon the service, where necessary.

The complaints policy was made available to people within the service's patient guide booklet.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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