

***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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19 June 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	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 19 June 2013 and 24 June 2013, 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 two people using the service during this inspection visit. They both told us they were pleased with their care and treatment, and they would recommend the service to their friends and families. One person said, "I thought the doctor was gentle and treated me with dignity. I choose to come here having tried other services, because the overall experience is so good." The other person said, "the doctors always give very clear explanations and make sure I have understood. I like this approach, particularly as English is not my first language."

There were systems in place to ensure people understood practices and procedures before they gave their consent, which meant people were able to make informed decisions about their care and treatment.

The two treatment areas we looked at were well maintained and clean. Staff had attended life support training and were aware of how to respond to emergencies.

There were sufficient staff present to meet the needs of people using the service. This meant people were seen promptly and could be seen by a doctor of their own gender, if they wished.

The two people we spoke with said the service had provided them with guidance about how to make a complaint, and they were confident that any complaints would be appropriately dealt with.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Both people we spoke with said they were given helpful explanations about their care and treatment, and asked for their consent. One person told us, "the doctors always give me very clear explanations and make sure I have understood."

We spoke with the manager, who was a doctor, about how they sought people's consent. The service had guidelines, including protocols for sharing information with people attending occupational health appointments. We were shown the forms used by the service to record where people had given their verbal consent and where people had signed their consent. The manager was able to explain their responsibilities in relation to the Mental Capacity Act (2005) but we were told that no issues regarding a person's capacity had ever arisen. The service did not provide care and treatment for children or young people under the age of eighteen.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Both people we spoke with said they were happy with their care and planned to continue using the service. One person said, "I thought the doctor was gentle and treated me with dignity. I choose to come here having tried other services, because the overall experience is so good." The other person told us, "I like the simplicity and ease of getting an appointment. The doctors are excellent and seem to know their stuff, and the facilities are incredibly clean."

We saw a copy of the medical questionnaire form sent to people before being seen by a doctor. The completed forms were made available to the doctors before appointments, which meant that doctors had current and relevant information including medical histories and any known allergies.

The premises were accessible for people using wheelchairs. The treatments rooms we looked at were clean, spacious and well equipped. There were hand washing facilities and properly labelled equipment for the disposal of sharps and clinical waste. Staff told us they had received training in regard to what actions to take in the event of a medical emergency. The service had a tannoy system to summon a doctor if a person became unwell in a non-clinical area. A technician showed us the emergency equipment and drugs, and records that confirmed they were regularly checked.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with people using this service but their comments did not relate to this outcome area. Medicines were kept safely. We looked at the lockable storage facilities for medication, which included a refrigerator for medications. We were shown the records for checking that the refrigerator temperature was within the necessary range. Medicines were prescribed for people by the doctors and were mainly travel vaccinations and anti-malaria treatments.

Appropriate arrangements were in place in relation to the recording of medication. We were shown the service's records for receiving and administering medications, which appeared thorough. Medicines were disposed of appropriately. The records demonstrated that expired medications were recorded and collected by an authorised pharmaceutical waste contractor.

The technician showed us copies of medication audits that they routinely carried out and a medication audit performed by an external quality assurance company.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. The two people we spoke with told us they had telephoned that morning and got same day appointments, and they had been seen on time. One person said their preference was to be seen by a female doctor, which the service could always meet. We saw there were male and female doctors on duty during the two days we visited for this inspection. Both people said they felt they had sufficient time during their appointment and were aware they could book a longer appointment, if required.

We saw there were sufficient staff at the reception area to speak with people arriving for their appointments and to attend to incoming telephone calls. The manager told us they were able to quickly arrange cover for any unexpected staff absences, as staff could be sent over from the nearby larger services operated by the provider. They also told us that the service operated an 'open door' policy, which meant all staff could seek advice and support from senior colleagues, which was confirmed by another staff member we spoke with.

We spoke with one of the technicians, who explained their role and responsibilities. This included regular checks that the trolleys in the treatment rooms were properly stocked with equipment and where applicable, clinical items were within their valid period for use. This meant doctors could focus upon the care and treatment of people using the service.

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, which was available in a prominent position in the reception area. The two people we spoke with both said they knew how to make a complaint. They told us they had used the service before and never had a reason to make a complaint, but thought the service would respond promptly and effectively. The complaints leaflet provided people with comprehensive information about how to make a complaint and how the service would deal with it.

We asked for and received a summary of complaints people had made and the providers response. People's complaints were fully investigated and resolved, where possible, to their satisfaction. We looked at the complaints received by the service within the past twelve months and saw that the service had responded within the agreed timescales. The manager explained the actions they had taken and how the provider used complaints for future learning and development. We saw records that showed complaints were discussed at regular clinical governance meetings.

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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