Announced

Inspection Report: Independent Healthcare

Service: Roodlane Medical, Glasgow
Service Provider: Roodlane Medical Limited

29 January 2019
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Roodlane Medical on Tuesday 29 January 2019. We spoke with a number of staff, and we telephoned four patients after the inspection who had received treatment at the clinic. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Roodlane Medical, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
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control policies and procedures could be improved.

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
</tr>
<tr>
<td>Leadership is visible and open to new ideas. Staff are encouraged to identify areas for improvement. The service should record any meetings and actions taken. An improvement plan should be developed.</td>
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<tr>
<td>✔ Satisfactory</td>
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The following additional quality indicators were inspected against during this inspection.

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
<tr>
<td>Patient care records included consultation notes, health assessments and treatment plans. The electronic patient care record should be reviewed to make sure it is suitable to meet the needs of patients and ensure all areas in the patient care record are completed.</td>
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<table>
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<tr>
<th>Domain 7 – Workforce management and support</th>
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<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
</tr>
<tr>
<td>We saw compliance with mandatory training and recruitment of staff. Learning opportunities were encouraged in the service. The provider needs to ensure disclosure checks are carried in line with Scottish legislation.</td>
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</tbody>
</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Roodlane Medical Limited to take after our inspection**

This inspection resulted in two requirements and 13 recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a
condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Roodlane Medical Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Roodlane Medical for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families
High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients we spoke with felt the care was of a high quality, they were treated with dignity and fully involved in making decisions about their care. Patients were not always aware of how information is shared or given the opportunity to give feedback.

The service provided health screenings and GP services to organisations and patients with on-site physiotherapy and counselling staff available. Appointments were booked through the provider’s website and patients were sent an electronic feedback survey after their consultations. The provider collected this information and shared it with the service. Survey results showed that most patients were very satisfied with the service.

Most patients were directed to the service by their employer and received information about the service from other colleagues or from the website. Information about how to make a complaint was available in the waiting area. The patients we spoke with felt they had received enough information, were fully involved in making decisions about their care and rated their experience as very good. Patients we spoke with felt staff were knowledgeable, friendly, caring and attentive and felt they were treated with dignity and respect at all times.

For patients whose employer was not paying their costs, treatment costs were clearly laid out and explained in detail before treatment started.
**What needs to improve**

Consent to share information could be recorded on the electronic care record. However, it was not clear for patients that the service would share information with other medical staff in an emergency (recommendation a).

We spoke with two patients who had used the service more than once and both told us they had never been asked for any kind of feedback (recommendation b).

While patient feedback was collected, we saw no evidence that the service reviewed feedback from patients or partner organisations to help improve the service (recommendation c).

- No requirements.

**Recommendation a**

- We recommend that the service should ensure that patients are aware that information will be shared with other health professionals if required.

**Recommendation b**

- We recommend that the service reviews how it gathers feedback from patients to ensure all patients are given the opportunity to provide feedback.

**Recommendation c**

- We recommend that the service collate and analyse feedback from patients and partner organisations it works with. Any changes to the service made from this information should be recorded.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Systems were in place to manage a safe and supportive environment. Staff were aware of their roles and responsibilities and suitable training was in place. The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance. Audits were not regularly carried out and infection control policies and procedures could be improved.

The service was clean and well maintained in the areas we inspected. Systems and processes in place to maintain safety included a range of policies and procedures, cleaning contractors, maintenance arrangements and fire safety management. An electronic system was used to record accidents or incidents.

The service followed the provider’s corporate medicine management policy and kept minimal medicines, such as vaccines and emergency drugs.

All staff received up-to-date safeguarding and safety training appropriate to their role. They told us how to identify and report concerns.

The service completed some infection control audits and we saw a health and safety action plan had been developed. Most patients we asked told us they thought the design, layout and facilities were suitable for their needs.

What needs to improve

We saw one incident recorded on the service’s system which required to be reported to Healthcare Improvement Scotland and was not. (requirement 1).

While the service had carried out some audits, they were not always accurate or fully completed and we did not see evidence of medicine management audits or a regular audit plan (recommendation d).
The infection prevention and control policies and procedures were adequate. However, they did not reference Healthcare Improvement Scotland’s Healthcare Associated Infection (HAI) Standards (February 2015) or Health Protection Scotland’s National Infection Prevention and Control Manual. While we saw evidence of domestic cleaning schedules, we did not see clinical cleaning schedules in place (recommendation e).

The blood glucose monitor we checked had not been serviced or calibrated for accuracy (recommendation f).

One patient we spoke with commented on the access to the service as the stairs could prove difficult. While management staff told us that the service tried to make sure patients were aware of this before their appointment, we did not see this in any of the patient information. The service should look to provide this information to all patients prior to their visit and put it on their website (recommendation g).

Clinical rooms on the first floor had been upgraded. While we saw evidence that the service was developing a refurbishment plan for it, the clinical room on the second floor had not been upgraded at the time of our inspection. We will follow this up at future inspections.

**Requirement 1 – Timescale: Immediate**

- The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.

**Recommendation d**

- We recommend that the service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

**Recommendation e**

- We recommend that the service should update its infection prevention and control policies and procedures to reference current legislation and best practice guidance.

**Recommendation f**

- We recommend that the service should ensure all equipment used for patients is serviced and maintained.
Recommendation g

We recommend that the service should ensure patients are aware of the access restrictions before booking an appointment.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records included consultation notes, health assessments and treatment plans. The electronic patient care record should be reviewed to make sure it is suitable to meet the needs of patients and ensure all areas in the patient care record are completed.

Only patients attending for health screening completed a health questionnaire online before their appointment and assessment. The service’s GP carried out a consultation and assessment for all patients. Consultations and patient care notes were recorded electronically and appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access. Information needed to plan and deliver care and treatment could be recorded in a timely and accessible way. This included investigation and test results.

Patients we spoke with confirmed that staff always discussed their care with them and gave them the opportunity to ask questions. One patient told us the service took time to discuss and explain everything: ‘Doctor is very nice. Explained everything.’

What needs to improve

Some areas in the patient care records we reviewed were not used and others were duplicated in the health questionnaire used for health-screening patients. For example, we saw no information recorded under GP details, next of kin details and medical assessment questions. This made it difficult to know if these questions had been asked (recommendation h).

Patient care records should be fully completed and unused parts should be removed or marked as not applicable (recommendation i).

We saw no evidence that the patient care records were audited to check if they were fully completed or that the process was effective (recommendation j).

No requirements.
**Recommendation h**
- We recommend that the service should review the patient care records to ensure they are suitable to meet the needs of patients.

**Recommendation i**
- We recommend that the service should ensure all areas in the patient care record are completed.

**Recommendation j**
- We recommend that the service should carry out a regular audit of the patient care records.

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**Domain 7 – Workforce management and support**
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

We saw compliance with mandatory training and recruitment of staff. Learning opportunities were encouraged in the service. The provider must ensure disclosure checks are carried in line with Scottish legislation.

The three staff files we saw showed that appropriate checks had been carried out before they started working in the service. While the service had not recently employed new staff, it had a recruitment policy and induction programme in place.

We found that staff had the skills, knowledge and experience to carry out their roles and had ongoing support including appraisals and mentoring. The provider’s learning academy oversaw training and development, and staff training records we saw showed they were all up to date. Patients we spoke with felt staff were knowledgeable, friendly, caring and attentive.

A system was in place to make sure relevant professionals were registered with the professional regulators and were up to date with revalidation.
What needs to improve

While staff had Disclosure Barring Checks carried out in England, Disclosure Scotland checks had not been carried out. Disclosure checks and if required enrollment in the Protecting Vulnerable Groups (PVG) scheme must be carried out for all staff, including non-clinical staff. For example, some non-clinical staff working in the service had direct contact with patients, or could access sensitive and personal information about them (requirement 2).

Not all staff files were kept in the same place on the electronic system. Some files were stored separately and others, including recruitment correspondence and interview notes were not available (recommendation k).

Requirement 2 – Timescale: by 26 June 2019

- The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ and children’s list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Recommendation k

- We recommend that the service should retain full records of all staff recruited in line with Safer Recruitment (2016) guidance.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Leadership is visible and open to new ideas. Staff are encouraged to identify areas for improvement. The service should record any meetings and actions taken. An improvement plan should be developed.

While it is a small service, staff we spoke with said the leadership was supportive and open to new ideas. Staff were encouraged to bring up ideas to improve the existing service and patient experience at appraisals and one-to-one meetings and staff felt they had a culture of open and constructive discussion at their informal meetings.

The provider’s corporate governance systems monitored quality in the service and had not found any major issues. The provider was based in London and staff in Roodlane Medical told us they felt they were allowed to run the service locally. Information was normally fed back through emails, including clinical updates, audit results and any corporate messages from the provider. Staff one-to-ones were carried out over a telephone call and very few of the provider’s corporate leads had visited the service.

What needs to improve

While staff told us they regularly held informal meetings to discuss the service, these were not recorded (recommendation 1).

We were told that any staff-identified improvements to service delivery were implemented as soon as possible using a ‘plan and do’ model. However, we saw limited evidence of any improvements carried out in the service. A quality improvement plan would help to structure and record the service’s improvement processes and outcomes. This would allow the service to
demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation m).

We were told that the provider was developing new governance structures to help increase its input to the service. We will follow this up at future inspections.

■ No requirements.

Recommendation l
■ We recommend that the service should ensure staff meetings are documented and actions recorded.

Recommendation m
■ We recommend that the service should develop an improvement plan.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td>None</td>
<td></td>
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</table>

#### a
We recommend that the service should ensure that patients are aware that information will be shared with other health professionals if required (see page 8).

Health and Social Care Standards; My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

#### b
We recommend that the service reviews how it gathers feedback from patients to ensure all patients are given the opportunity to provide feedback (see page 8).

Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7

#### c
We recommend that the service collate and analyse feedback from patients and partner organisations it works with. Any changes to the service made from this information should be recorded (see page 8).

Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirements

<table>
<thead>
<tr>
<th>1</th>
<th>The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance (see page 10).</th>
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<tbody>
<tr>
<td></td>
<td>Timescale – immediate</td>
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<tr>
<td></td>
<td><em>Regulation 5(1)(b)</em></td>
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<tr>
<td></td>
<td><em>The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</em></td>
</tr>
</tbody>
</table>

#### Recommendations

<table>
<thead>
<tr>
<th>d</th>
<th>We recommend that the service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 10).</th>
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<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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</table>

<table>
<thead>
<tr>
<th>e</th>
<th>We recommend that the service should update its infection prevention and control policies and procedures to reference current legislation and best practice guidance (see page 10).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
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<table>
<thead>
<tr>
<th>f</th>
<th>We recommend that the service should ensure all equipment used for patients is serviced and maintained (see page 10).</th>
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<tr>
<td></td>
<td>Health and Social Care Standards; My support, my life. I have experience a high quality environment if the organisation provides the premises. Statement 5.22</td>
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<table>
<thead>
<tr>
<th>g</th>
<th>We recommend that the service should ensure patients are aware of the access restrictions before booking an appointment (see page 11).</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards; My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.11</td>
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</tbody>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

**h** We recommend that the service should review the patient care records to ensure they are suitable to meet the needs of patients (see page 12).

Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

**i** We recommend that the service should ensure all areas in the patient care record are completed (see page 12).

Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support Statement 4.27

**j** We recommend that the service should carry out a regular audit of the patient care records (see page 12).

Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

### Domain 7 – Workforce management and support

**Requirement**

<table>
<thead>
<tr>
<th>2</th>
<th>The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ and children’s list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 13).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timescale</strong> – by 26 June 2019</td>
<td></td>
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<tr>
<td><strong>Regulation 9(2)</strong></td>
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The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

**Recommendation**

**k** We recommend that the service should retain full records of all staff recruited in line with Safer Recruitment (2016) guidance (see page 13).

Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24
### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendations</th>
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</table>
| **l** | We recommend that the service should ensure staff meetings are documented and actions recorded (see page 15).  

Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.23 |
| **m** | We recommend that the service should develop an improvement plan (see page 15).  

Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: comments.his@nhs.net