

# Announced Inspection Report: Independent Healthcare

**Service:** Roodlane Medical, Glasgow

**Service Provider:** Roodlane Medical limited

17 January 2023

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## 1 Progress since our last inspection

### What the provider had done to meet the requirements we made at our last inspection on 29 January 2019.

#### Requirement

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

#### Action taken

The service had recently carried out refurbishments in the premises without informing or approval of Healthcare Improvement Scotland. **This requirement is not met** and reported in Quality Indicator 5.1 (see requirement 1).

#### Requirement

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

#### Action taken

A system was in place to obtain a Disclosure Scotland Protecting Vulnerable Group (PVG) and update for all staff working in the service. **This requirement is met.**

### What the service had done to meet the recommendations we made at our last inspection on 29 January 2019.

#### Recommendation

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

#### Action taken

Patients were asked to consent to sharing of information with other health professionals if required.

### **Recommendation**

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

### **Action taken**

Following attendance, patients were automatically emailed a survey link and a text message requesting feedback about the service.

### **Recommendation**

*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.*

### **Action taken**

A patient experience forum meeting had been implemented which reviewed patient feedback and identified strategies and service improvement actions. Feedback was also reviewed at the clinical operating report meetings and we saw action plans to address issues. Patient feedback was also a standing agenda item for the monthly service meeting.

### **Recommendation**

*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.*

### **Action taken**

A comprehensive programme of audits was in place and we saw appropriate documentation and actions plans implemented.

### **Recommendation**

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

### **Action taken**

The infection prevention and control policy had been reviewed and updated in line with Scottish guidance.

**Recommendation**

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

**Action taken**

A system was in place to record service and calibration of equipment used for patients.

**Recommendation**

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

**Action taken**

We were told that patients were advised of access restrictions to the premises before they booked an appointment, during a telephone call or in the online booking system.

**Recommendation**

*We recommend that the service should review the patient care records to ensure they are suitable to meet the needs of patients.*

**Action taken**

We were told patient care records had been reviewed to meet the needs of patients.

**Recommendation**

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

**Action taken**

We were told the service had reviewed required information fields in electronic patient care records. Staff were advised to complete all fields. All fields had been fully completed in patient care records we reviewed.

**Recommendation**

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

**Action taken**

Patient care records audits were carried out every month and this was included in the clinical audit schedule.

**Recommendation**

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

**Action taken**

All staff files were recorded on an electronic system, including recruitment and training records.

**Recommendation**

*We recommend that the service should ensure staff meetings are documented and actions recorded.*

**Action taken**

We saw minutes of team meetings and action plans were in place.

**Recommendation**

*We recommend that the service should develop an improvement plan.*

**Action taken**

The provider had developed an organisation-wide quality improvement plan.

## 2 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 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 17 January 2023. We spoke with a number of staff, including the service manager and the quality, effectiveness and risk manager during the inspection. We received feedback from four patients through our online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of one inspector

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

### What we found and inspection grades awarded

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

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients felt they were treated with dignity and respect, and were fully informed about their treatment. Patient feedback was reviewed regularly to help continually improve the quality of care provided.	Good



Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Thorough processes were in place to make sure the environment and equipment were clean, well maintained and medicines were managed safely. A good programme of clinical audits was in place and risks were documented and reviewed regularly. The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.	Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	A clear governance structure and clear lines of management and accountability was evident. Staff spoke positively about the leadership and told us they felt supported by their manager and colleagues.	Good

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	The service had a clear and thorough approach to assessing patients and managing their care appropriately. Patient information was well documented, including any safeguarding concerns, allergies and health alerts.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	A recruitment policy ensured the safe and effective recruitment of staff. Induction and training programmes were in place. Staff roles and responsibilities were clear.	

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)

Further information about the Quality Framework can also be found on our website at:

[https://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach/quality\\_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

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

This inspection resulted in one requirement and one recommendation. 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 the requirement and recommendation.

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 requirement 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.

## 3 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 felt they were treated with dignity and respect, and were fully informed about their treatment. Patient feedback was reviewed regularly to help continually improve the quality of care provided.**

The service provided health screenings, GP services and the majority of patients treated were employees from organisations. On-site physiotherapy and counselling staff were available and all costs were clearly explained when booking an appointment. We were also told that new patients who had not been booked into the service through their employers had attended after word-of-mouth recommendations.

Patients were sent an automated patient satisfaction survey questionnaire after their appointment. Patient feedback was reviewed at senior management meetings, such as the clinical governance meeting held every 3 months. Feedback was also reviewed at the patient experience forum meetings held every 3 months, as well as locally in the service. We were told the provider shared a monthly report with the service, which highlighted positive and negative patient feedback, as well as complaints and incidents. Patient feedback was a standing agenda item at staff team meetings and we saw appropriate action plans in place to address issues raised from them. This information was used to inform the service's quality improvement plan for service development and improve patient satisfaction.

We saw recent improvements had been made to the service after patient feedback. For example, the service had provided an online booking system

for patients, improving pre-appointment questionnaires and information provided to patients when booking appointments.

The service had an up-to-date participation policy and complaints policy in place with contact details for Healthcare Improvement Scotland. Information about how to make a complaint was available in the patient waiting area and on the service's website. The provider was also a member of Independent Sector Complaints Adjudication Service (ISCAS). We reviewed a recent complaint the service was investigating and saw it was managed effectively.

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. Staff told us they understood duty of candour and had access to a duty of candour policy on the staff intranet.

From the service's own patient feedback we reviewed and patients who responded to our online survey felt well informed about their care. Comments included:

- 'Options discussed and actions taken on the back of the discussions.'
- 'Fully informed of my results, what they mean and what I could do to improve my health.'
- 'Conversations were detailed and had plenty of time to think about the next steps available...'
- 'The GP made me feel very comfortable and asked some personal question and provided some very helpful information.'

### **What needs to improve**

The service had not produced and published a yearly duty of candour report. Even where no incidents have required the need to implement the duty of candour procedure, a report should still be published (recommendation a).

- No requirements.

### **Recommendation a**

- The service should produce and publish an annual duty of candour report.

## 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**

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**Thorough processes were in place to make sure the environment and equipment were clean, well maintained and medicines were managed safely. A good programme of clinical audits was in place and risks were documented and reviewed regularly. The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.**

Appropriate systems were in place to help make sure the clinic environment was kept clean, tidy and well maintained. All equipment was in good condition, regularly serviced and maintained. Appropriate fire safety equipment and signage was in place. External contractors regularly tested and maintained the heating systems and electrical appliances.

All policies and procedures were reviewed regularly to keep them up to date and in line with current legislation and best practice guidance. These policies helped to support the safe delivery of care, including:

- infection prevention and control
- information management, and
- safeguarding (public protection).

We saw the service followed its infection prevention and control policy. Cleaning schedules we reviewed were regularly completed and a cleaning regime was displayed in each consultation room. A good supply of disposable personal protective equipment was available, including:

- face masks
- gloves, and
- other items of single-use equipment used to prevent the risk of cross-infection.

A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles. We saw appropriate sharps bins were in place.

The service had a safe system for prescribing, storing and administering medicines. All medicines were obtained from suitably-approved suppliers. Temperature-sensitive medicines were stored in the pharmacy fridge and a daily log of temperatures was kept to make sure these medicines were stored at the correct temperature. All medicines, including medicine required in an emergency, and single-use patient equipment were in-date and we saw that stock checks were carried out.

We saw an extensive audit programme in place for clinical and non-clinical activity. Audits were clearly documented with appropriate action plans. Audits carried out included those for:

- hand hygiene
- infection prevention and control
- patient care records
- prescribing, and
- safe and secure storage of medication.

An incident-recording system was used to document any accidents or incidents that occurred. Staff we spoke with had a good understanding of their responsibilities for reporting accidents, incidents and adverse events.

The service followed the provider's risk recording and assessment policy and risk management strategy. The risk register covered organisational and clinical risks. This was reviewed regularly and risks on the register included legislation changes, data protection and transportation of blood sampling.

Staff were aware of the service's safeguarding policy, had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse. A named safeguarding lead was identified for the service.

Comments from patients who completed our online survey included:

- ‘Doctor appeared to have everything required for my medical and it was ready, the room seemed to be adequately equipped.’
- ‘Everything was immaculate as expected.’
- ‘Very clean, warm and welcoming.’

### **What needs to improve**

Healthcare Improvement Scotland’s notifications guidance is a list of specific events and circumstances which services are required to report to Healthcare Improvement Scotland, in specified timescales. Healthcare Improvement Scotland had received a late notification from the service for refurbishment works it had carried out in May 2022. The notification was not received until October 2022 (requirement 1).

### **Requirement 1 – Timescale: immediate**

- The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance and in the specified timeframes.
- No recommendations.

## **Our findings**

### **Quality indicator 5.2 - Assessment and management of people experiencing care**

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**The service had a clear and thorough approach to assessing patients and managing their care appropriately. Patient information was well documented, including any safeguarding concerns, allergies and health alerts.**

Patient care records were stored securely on password-protected electronic database. All entries were entered directly onto the electronic patient care record, allowing prompt recording of information needed to plan and deliver care.

We reviewed four patient care records and found all contained comprehensive information, including patients’:

- documentation for investigations and test results
- emergency contact details
- GP details
- past medical history, and
- regular medication.

We saw detailed, face-to-face consultation notes for each appointment, including discussion of treatments and medication reviews.

Patients had access to the provider’s patient portal system. This provided consultation letters about the appointment, including investigations and health screening results. Aftercare advice, such as information about medications and online links to support videos or websites were also available. We were told that GPs would telephone patients to discuss test results and information in consultation letters to make sure patients understood the information.

Patients were asked to consent to treatment, sharing of information with their GP and other health professionals, if required.

We saw the service carried out regular audits of patient care records. This included checking that all required information was documented and prescribing was in compliance with national guidance.

The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

Patients who completed our online survey told us they were satisfied with the service and care they had received. Comments included:

- ‘I always feel like I am being heard and that we are exploring all options.’
- ‘The practice provides outstanding service.’
- ‘The level of care is unmatched anywhere else.’

■ No requirements.



- No recommendations.

## 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

**A recruitment policy ensured the safe and effective recruitment of staff. Induction and training programmes were in place. Staff roles and responsibilities were clear.**

Policies were in place for recruitment, induction and staff training. We reviewed three staff files and saw a recruitment process was in place to make sure necessary background checks and identity checks were carried out, including:

- professional qualifications
- Protecting Vulnerable Groups (PVG)
- references, and
- registration with appropriate professional register.

A system was in place to highlight when professional registration, revalidation and PVG reviews were due.

All new staff received a corporate induction to familiarise themselves with the provider organisation as well as an induction to the service. This included completing mandatory training as well as gaining knowledge of the service's policies and procedures. Clinical staff received an extra 2 days of induction relevant to their role. New medical practitioners shadowed senior colleagues and were signed off as competent before starting in their role.

Good processes were in place to support staff with training and education. All staff could access the provider's learning academy on the staff intranet. Each staff member had a training record specific to their role and a system was in place to highlight when training was due to expire. Staff told us they

were made aware of training and opportunities for development in the service. For example, we saw medical staff had recently received training on peripheral vascular disease screening after new research had been made available.

Staff we spoke with were clear about their roles and told us they enjoyed working in the service. They told us they felt listened to and were encouraged to give feedback about how the service could continue to improve.

- No requirements.
- No recommendations.

## 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

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**A clear governance structure and clear lines of management and accountability was evident. Staff spoke positively about the leadership and told us they felt supported by their manager and colleagues.**

The service manager was registered with the General Medical Council as a general medical practitioner. As well as working in this service, they provided sessions in NHS GP practices and maintained their skills and knowledge through their NHS roles.

The provider's corporate 'quality clinical operating report meeting' monitored the quality of the services across the organisation. This included monitoring:

- clinical effectiveness
- patient safety
- review of risk register
- shared learning, and
- staff training.

The service had external accreditations with Safe Effective Quality Occupational Health Service (SEQOHS) and International Organisation for Standardisation (ISO). The accreditations helped make sure it provided best practice and standards for patients using the service.

We found well-defined systems and processes helped the service maintain a culture of continuous improvement. This included a comprehensive, ongoing programme of:

- audits
- patient feedback and complaints reviews
- policy and procedure reviews
- staff meetings, and
- surveys.

The provider's colleague council meeting were held every 3 months. This gave staff from all disciplines across the organisation the opportunity to share information and feedback about the services. Staff were also asked to complete an employee feedback survey twice a year. A staff newsletter shared feedback from the surveys and helped to keep staff engaged and included up-to-date information about the direction of the organisation.

Staff had regular one-to-one meetings and appraisals. We saw evidence of staff meetings with regular agenda items for:

- audits
- patient feedback
- staffing, and
- training.

Minutes of these meetings with action plans were shared with staff.

We were told a diversity inclusion group was being implemented to improve diversity and inclusion across the organisation. Staff were also asked to participate in world patient safety day, including quizzes and questionnaires for staff to complete. We were told this was well attended with staff from across the organisation and provided an opportunity for shared learning.

A quality improvement plan monitored and reviewed progress with the organisation's quality improvement work. A yearly corporate review of objectives provided a structured approach to continuous quality improvement. This included timescales and action plans from:

- complaints
- incidents
- patient satisfaction
- staff engagement, and
- staff training.

■ No requirements.

■ No recommendations.

## 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

#### Requirements

None

#### Recommendation

- a** The service should produce and publish an annual duty of candour report (see page 12).

Health and Social Care Standards; My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

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

### Requirement

- 1** The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance and in the specified timeframes (see page 15).

Timescale – immediate

*Regulation 5(1)(b)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

This was previously identified as a requirement in the January 2019 inspection report for Roodlane Medical.

### Recommendations

None

## 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.



Before

### 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.



During

### 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.



After

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:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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