

Marylebone Medical Group Limited

Pimlico Health Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 16 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Marylebone Medical Group Limited provides private GP services from its location, Marylebone Medical Group Limited, operating as Pimlico Health Centre, based at Paxall Pharmacy, 44 Lupus Street, London, SW1V 3EB. The purpose built premises also accommodates a NHS GP Practice and a Pharmacy.

Marylebone Medical Group Limited provides private GP services which are available to any fee paying patient of any age with the exception of patients registered with the NHS GP practice the service operates from.

Patients using services provided by Marylebone Medical Group Limited contact the pharmacist based at Paxall Pharmacy and contracted to provide services on behalf of Marylebone Medical Group Limited. Patients requiring or requesting a private GP appointment book through the pharmacy. Patients are seen by the GP from a clinical consulting room within the adjacent NHS GP Practice.

The service is operated by one GP supported by a service manager and a pharmacist. Those staff who are required to register with a professional body were registered with a licence to practice.

Summary of findings

The service is open Monday to Friday from 9am until 7pm and on Saturdays from 10am until 2pm. The service does not offer out of hours services.

The service has a registered manager, a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service is registered with the Care Quality Commission (CQC) to provide the regulated activities surgical procedures and treatment of disease, disorder or injury.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection; however the service had not had any patients in the timeframe to provide any feedback. We were also unable to interview patients as none were booked to attend the service during the inspection. The provider had not received any positive or negative feedback, suggestions or complaints from the six patients the service had seen since January 2017 when the service began.

Our key findings were:

- The provider had a clear vision to deliver high quality care for patients.
- There were systems and processes in place for reporting and recording significant events and sharing lessons to make sure action could be taken to improve safety in the practice.
- The service had clearly defined systems, processes and practices to minimise risks to patient safety.
- The service had adequate arrangements to respond to emergencies and major incidents.
- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The service had systems in place to collect and analyse feedback from patients.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- We found there was an effective system for reporting and recording significant events and sharing lessons to make sure action could be taken to improve safety.
- There were systems in place to ensure that when things went wrong, patients would be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

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

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain and provide feedback was available and there was evidence systems were in place to respond appropriately and in a timely way to patient complaints and feedback.
- Treatment costs were clearly laid out and explained in detail.

Are services well-led?

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

Summary of findings

- The service had a clear vision to deliver high quality care for patients.
 - There was a clear leadership structure and staff felt supported.
 - The service had policies and procedures to govern activity and held regular governance meetings.
 - An overarching governance framework supported the delivery of high quality care. This included arrangements to monitor and improve quality and identify risk.
 - Staff had received inductions, performance reviews and up to date training.
 - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
 - There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - The service had systems and processes in place to collect and analyse feedback from staff and patients.
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Pimlico Health Centre

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a second CQC inspector.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with staff including the service director and the pharmacist.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system for reporting and recording significant events and incidents.

- Staff told us they would inform the service lead of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour; however the service had not had any of these incidents. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff demonstrated an understanding of their responsibilities under the duty of candour including informing patients of the incident as soon as reasonably practicable, providing reasonable support, truthful information, a written apology and information about any actions to improve processes to prevent the same thing happening again.
- We reviewed significant event and incident policies and procedures and saw that there were appropriate systems in place to identify, investigate, monitor and learn from significant events and incident analysis; however the service had not had any of these incidents.

Reliable safety systems and processes (including safeguarding)

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and the service had processes in place to access relevant information for patient's local safeguarding teams where necessary. Policies were accessible to all staff and policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The service lead was the lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. All staff had received training on safeguarding children and vulnerable adults relevant to their role. The service GP and the service manager was trained to child safeguarding level three, the pharmacist was trained to child safeguarding level two.

- Notices advised patients that chaperones were available if required. The service had a written agreement to have the nurse or healthcare assistant from the NHS GP practice they operated within to provide chaperone services, however these services had not been required to the time of inspection. The service was assured that staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Medical emergencies

The practice had adequate arrangements to respond to emergencies and major incidents.

- The service used a computer based system to alert staff to any emergency.
- Staff had received basic life support training in the last 12 months and there was a defibrillator and oxygen with adult and children's masks available on the premises.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible, kept securely and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had comprehensive business continuity arrangements for major incidents such as power failure or building damage which included supplier and staff contact details.

Staffing

We reviewed personnel files for all three staff which demonstrated appropriate checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, appropriate professional indemnity arrangements, and the appropriate checks through the DBS.

Monitoring health & safety and responding to risks

There were procedures for assessing, monitoring and managing risks to patient and staff safety. The service manager and clinical lead worked closely with the NHS GP practice located in the building and had a number of shared safety systems, with policies and service level agreements governing their use.

Are services safe?

- There was a health and safety policy available and there was a system in place to liaise with the building owner to conduct and review health and safety premises risk assessments.
- The service ensured there was an up to date fire risk assessment and were involved in the regular fire drills carried out on the premises. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The service were assured through a variety of other risk assessments monitoring safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- We observed the premises to be clean and tidy, including the specific areas used by the service. There were cleaning schedules and monitoring systems in place.
- There was an IPC protocol in place and staff had received up to date training. The service had an infection prevention and control (IPC) lead who monitored risks and issues, including the service level agreement with the NHS GP practice nurse to provide audits, monitoring and advice where required.

Safe and effective use of medicines

The arrangements for managing medicines, including emergency medicines, minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Infection control

The service maintained appropriate standards of cleanliness and hygiene.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The service GP was aware of and used relevant and current evidence based guidance and standards, best practice and current legislation, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Guidelines were accessed through the service computer system and used to deliver care and treatment that met patients' needs.
- Compliance with guidelines was monitored through analysis of patient records.
- The service had a system for requesting and checking patient identity on registration. The service also had a process for checking the identification of an adult accompanying a child patient and that they had legal authority to do so.

Staff training and experience

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Learning and development needs were identified through a system of appraisals, meetings and reviews of service development needs.
- Staff had access to appropriate training to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching, mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.

- The service had a contract in place with an external independent clinician to provide annual service provision reviews and ad hoc advice when requested from the service clinical lead.
- Registered professionals were up-to-date with their Continuing Professional Development (CPD).
- Staff training included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, external learning and in-house training. Training was shared and supported by the NHS GP practice.

Working with other services

The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including the patients NHS GP and where cancer was suspected.

Where patients consent was provided, all necessary information needed to deliver their ongoing care was appropriately shared in a timely way and patients received copies of referral letters.

Consent to care and treatment

Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff demonstrated they understood and would carry out assessments of capacity to consent in line with relevant guidance, including for children and young people.
- The process for seeking consent was monitored through patient records audits.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During our inspection we observed that there were systems, equipment and processes in place to treat patients with dignity and respect.

- Screens were provided to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We were told that consultation room doors would be closed during consultations.

- Staff receiving patients knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients requesting treatment by a female clinician were referred to other services. The service offered and had arrangements in place to provide chaperones where required or requested.

There were no completed Care Quality Commission comment cards and no patients were in attendance during the inspection to be interviewed. The service encouraged feedback from patients and had systems in place to receive comments and complaints including independent review websites. None of the services six patients had provided positive or negative feedback or ratings for the service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

- The service regularly reviewed their business plans in order to develop and expand services. This included the development of the service website and search engine optimisation scheduled for early 2018 and continued engagement with local businesses such as hotels to advertise their services.
- Access to the premises was suitable for wheelchair users, those with poor mobility and pushchairs and there were accessible facilities available. The service had provision for other patients with additional needs such as those with hearing impairment.
- The reception desk height did not provide a barrier to communication.
- The service had translation services available and these were advertised.
- There was information on the service website which included arrangements for dealing with complaints. Service payment receipts signposted patients to provide feedback via independent rating websites.
- All patients attending the service referred themselves for treatment. There were processes in place to refer patients for onward treatment or to NHS GP services where required.

Tackling inequity and promoting equality

Services were available to any fee paying person and did not discriminate against any client group.

Treatment costs were clearly laid out and explained in detail.

Access to the service

The service was open Monday to Friday between 9am and 7pm and on a Saturday between 10am and 2pm. Services were not provided outside of these times.

Concerns & complaints

The service had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for independent doctors in England.
- There was a designated responsible person who handled all complaints.
- A complaints leaflet was available to help patients understand the complaints system.
- The service had not received any complaints; however the systems and processes in place were in line with guidelines and the service had other systems to ensure learning could be identified, shared and implemented.

Are services well-led?

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

Our findings

Governance arrangements

The service had a clear vision to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high quality care. This outlined service structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff. There was a programme in place for the regular update and review of policies.
- The service held regular meetings which provided an opportunity for staff to learn, share experiences and knowledge and discuss improvements in service provision.
- A programme of continuous internal and external audit was designed to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw that there were structures in place which allowed for lessons to be learned and shared following significant events and complaints.

Leadership, openness and transparency

On the day of inspection the service leader demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the service manager was approachable and always took the time to listen to all members of staff.

There was a clear leadership structure and staff felt supported by management.

- Staff told us regular informal team meetings and discussions were held and we saw evidence that important issues were noted in meeting records.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at any time and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the service manager and that they were involved in discussions about how to run and develop the service.

Learning and improvement

There was a focus on continuous learning and improvement.

- The service had in place a programme of internal audit and audits of the service provision from an external party to ensure safe, high quality care was provided.
- Staff training and learning was actively encouraged with protected learning time and staff demonstrating their continuing professional development.

Provider seeks and acts on feedback from its patients, the public and staff

The service had systems in place to collect and evaluate feedback from staff and patients through meetings, appraisals and discussion, online feedback collection services and the service complaints process. The service had not received any patient feedback or complaints at the time of this inspection.