

# The Portobello Clinic

## Inspection report

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London  
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Date of inspection visit: 20 May 2019  
Date of publication: 17/07/2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall. The previous inspection was conducted on 25 September 2018.**

The key questions are rated as:

Are services safe? – Requires improvement Are services effective? – Good Are services caring? – Good Are services responsive? – Good Are services well-led? – Good

We carried out an announced comprehensive inspection at The Portobello Clinic as part of our inspection programme to rate independent health providers.

During our previous inspection on 25 September 2018, we asked the provider to make improvements regarding monitoring prescribing activity to ensure prescribing was in line with recommended guidance and to review systems for monitoring the quality of medical records. At this inspection, we checked these areas as part of this comprehensive inspection and found this had been resolved with one exception. The provider had not assured themselves that three patients out of eight on high risk medicines had appropriate monitoring by secondary care prior to prescribing. This was addressed on the day of the inspection by the provider.

The service provided general medical consultations and treatment and dermatological and psychiatric consultations and treatment. This service was registered with CQC under the Health and Social Care Act 2008 in respect of all of the services it provided. The provider had a registered manager; a registered manager is 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.

## Our key findings were:

- Systems to ensure that patients were safeguarded from abuse were established and embedded. Other safety systems were in place but were not always working effectively. In particular relating to prescribing activity.
- Clinical systems to support services offered by the provider were generally well planned, effective and safe.
- We received positive patient feedback relating to how caring they felt care and treatment provided by the service was.
- We received positive patient feedback relating to access to care, treatment, services and appointments.
- The provider demonstrated comprehensive leadership and governance systems to support the delivery of services. These worked well in all non-clinical areas, but gaps were identified in clinical governance relating to prescribing activity.

The areas where the provider **Should** make improvements are:

- Continue to ensure that patients on high risk medicines have appropriate monitoring completed before issuing prescriptions.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a Primary Medical Service (PMS) CQC lead inspector. The team included a hospital CQC Inspector and a GP specialist adviser (SPA).

## Background to The Portobello Clinic

Notting Hill Private Medical Practice Limited is an independent provider of medical services and treats both adults and children. The address of the registered provider is: The Portobello Clinic, 12 Raddington Road, London W10 5TG.

Notting Hill Private Medical Practice Limited is registered with the Care Quality Commission to provide the regulated activity diagnostic and screening procedures, family planning services, and treatment of disease, disorder or injury. Regulated activities are provided at one location, The Portobello Clinic.

Provider website;

The organisation is run by two directors who are GPs. One of the directors is the registered manager and the second director is the nominated individual for the provider. The service is housed within a converted residential premise across four floors. There is a pharmacy store located within the clinic premises, which is not operated by the provider. The premises include a patient waiting area, five doctors' consultation rooms, one treatment room. There are six other rooms used for a range of other services including physiotherapy, psychological therapies, reflexology and osteopathy.

Out-of-hours services are provided by the contracted out of hours provider between 6.30pm and 8am Monday to Thursday, from 6pm on Friday, and at weekends. Home visits are offered to patients with restricted mobility who are unable to access the premises. These are offered at no extra cost to the patient and have been offered in recognition that the premises are not fully accessible to those with mobility impairments.

Regulated services offered at The Portobello Clinic include general medical consultations and treatment and dermatological and psychiatric consultations and treatment. The therapy services offered, including physiotherapy, osteopathy, podiatry and a nutritionist service are exempt from CQC regulation and as such were not inspected or reported on.

The clinic has been established for 30 years. The clinic has approximately 2100 registered patients. There are approximately 630 GP appointments; 35 dermatology appointments; six psychiatrist appointments and nine ultrasound appointments per month.

The clinic staff consists of six GPs, three who are full-time and three who are part-time; a business manager, two personal assistants, four receptionists, two who are full-time and two who are part-time; two billing administrators and a housekeeper. The clinic also employs a physiotherapist. The clinic employs a psychiatrist, dermatologist and two consultant radiologists via practising privilege contracts and other therapy staff, who are self-employed and work on an occasional basis.

### How we inspected the service:

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with two doctors.
- Spoke with the business manager.
- Spoke with a reception staff member.

Looked at the systems in place for the running of the service.

- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Made observations of the environment.

- Reviewed feedback from 31 patients including CQC comment cards.

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?

**We rated safe as Requires improvement  because:**

Safety systems and those designed to keep patients safeguarded from abuse were established and working with the exception of those designed to assure the provider of the safety of patients taking high risk medicines, being monitored by secondary care, before issuing repeat prescriptions, which was not always working effectively. The provider addressed this immediately to ensure patients were safe.

## **Safety systems and processes**

**The provider had clear non-clinical systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff through meetings. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse.
- The provider had systems in place to assure that an adult accompanying a child had parental authority.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. Staff we spoke with demonstrated they knew how to take steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff, whose files we viewed, had received up-to-date safeguarding and safety training appropriate to their role. They knew, when asked, how to identify and report concerns. Staff we spoke with who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

The provider demonstrated that they had considered and taken action to reduce the risk of Legionella infections. For example, they contracted a company to test the water and provide a certificate to evidence that the water was uncontaminated.

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

**There were systems to assess, monitor and manage risks to patient safety.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff we spoke with understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the provider assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities, which included comprehensive clinical indemnity cover.

## **Information to deliver safe care and treatment**

**Staff had the information they needed to deliver safe care and treatment to patients.**

# Are services safe?

- Individual care records we viewed, were written in a way that allowed patients to be kept safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way but was not always used effectively. For example, results of monitoring by secondary care providers for patients taking high risk medicines were not always considered before repeat prescriptions were issued. This was addressed immediately by the provider.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The provider had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinical staff we spoke with made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service did not always have reliable systems for appropriate and safe handling of medicines.

- The provider could not demonstrate that systems and arrangements for managing medicines always minimised risks. For example, patients on certain high-risk medicines require monitoring. For all three patients, the blood monitoring had been conducted by secondary care, but the provider had not assured themselves of the results prior to issuing prescriptions. The provider responded immediately to ensure that their policy was updated and that all patients received effective monitoring going forward.
- The provider carried out regular medicines audit and monitoring to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Emergency medicines and equipment, including vaccines were managed appropriately.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to non-clinical safety issues.
- The service monitored and reviewed activity. This helped it to understand environmental risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers comprehensively supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. There were also systems to enable the provider to learn and share lessons, identified themes and take action to improve safety in the service when necessary.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. They had systems in place for knowing about notifiable safety incidents.
- The provider acted on and learned from external safety events as well as patient and medicine safety alerts. They had an effective mechanism in place to disseminate alerts to all members of the team.

## Are services safe?

- The provider kept written records of verbal interactions as well as written correspondence.

# Are services effective?

**We rated effective as Good  because:**

The provider demonstrated that the majority areas of clinical performance were in line with guidance and legislation.

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation and guidance, with the exception of when issuing repeat prescriptions to patients on high risk medicines.**

- Patients' immediate and ongoing needs were assessed including their clinical needs and their mental and physical well-being. However, three patients on high risk medicines had not had their needs fully assessed. This was addressed immediately by the provider.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The provider used information about care and treatment to make improvements. For example, they made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients.
- Audits included urinary tract infections and the first line antibiotics that should be given. This audit demonstrated that 77% of patients were given the recommended first line antibiotics as opposed to 44% from the previous audit. Other audits included cervical smear sample quality, adequate follow-up of diabetic patients, bowel cancer and prostate cancer screening.

## **Effective staffing**

**Staff, whose files we viewed had the skills, knowledge and experience to carry out their roles.**

- All staff, whose files we viewed, were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff we spoke with were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

## **Coordinating patient care and information sharing**

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients whose records we viewed, received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the patient's own GP.
- The provider could demonstrate adequate knowledge of patient medicine history and test results with the exception of test results for three patients whose high-risk medicines were being managed at the hospital. When the provider was made aware of this, they addressed this immediately.
- We saw records that all patients who were not registered with the provider were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.



## Are services effective?

- The provider had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services) and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

### **Supporting patients to live healthier lives**

#### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff we spoke with were knowledgeable about giving people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, those patients with pre-diabetes.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

### **Consent to care and treatment**

#### **The service obtained consent to care and treatment in line with legislation and guidance .**

- Staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## **We rated caring as Good because:**

Patients whose feedback we viewed was clear that the provider showed caring services and that they felt involved in their care and treatment.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider gave patients timely support and information.

### **Involvement in decisions about care and treatment**

#### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language, these were available upon request. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards and conversations, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff we spoke with recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

The provider was able to demonstrate that services they delivered were responsive to patient need and that access to services was bespoke.

### **Responding to and meeting people's needs**

#### **The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and provided bespoke services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider offered patients home visits at no extra cost if they were unable to access the building due to mobility issues.

### **Timely access to the service**

#### **Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. This was achieved through commercial and NHS contacts.

### **Listening and learning from concerns and complaints**

#### **The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The provider informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The provider had complaint policies and procedures in place. They learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care where appropriate.

# Are services well-led?

## We rated well-led as Good because:

The provider demonstrated the leadership to develop a culture of openness and a focus on continual improvement and innovation. Comprehensive governance systems were embedded to ensure the delivery of effective, caring and responsive services.

## Leadership capacity and capability;

### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The provider had a strategy and supporting business plans to achieve priorities.
- Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

## Culture

### The service had a culture of high-quality sustainable care.

- Staff we spoke with felt respected, supported and valued.
- The provider focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff, whose files we viewed had received regular annual appraisals.
- Staff were supported to meet the requirements of professional revalidation where necessary. All staff, including clinical staff, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff, whose files we viewed had received equality and diversity training. Staff felt they were treated equally.
- There appeared to be positive relationships between staff and teams.

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff we spoke with were clear on their roles and accountabilities
- Leaders had established proper and comprehensive policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. When a gap was identified the provider acted immediately to ensure that this was addressed going forward.

## Managing risks, issues and performance

### There were clear and effective clarity around processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future environmental

# Are services well-led?

risks including risks to patient safety. Assessment and mitigation of clinical risk was effective with one exception in relation to the prescribing of high-risk medicines.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality, sustainability and operational information was used and discussed in relevant meetings to ensure and improve performance. All staff had sufficient access to information. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

### The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and had systems to allow them to act upon them if necessary to shape services and culture.
- Staff, when asked, could describe to us the systems in place to give feedback. For example, complaints, directly from patients, comment cards placed in the waiting room and on the providers website. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a dedicated focus on continuous learning and improvement, with comprehensive systems in place to support this.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The provider responded immediately to concerns raised by the inspection team.