

Marylebone Medical Group Limited

Pimlico Health Centre

Inspection report






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London
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Ratings

Overall rating for this service

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Overall summary

This service is rated as Good overall. (Previous inspection 16 November 2017.)

The key questions are rated as:

Are services safe? – Good

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 Pimlico Health Centre on 25 June 2019 as part of our current inspection programme. We previously inspected this service on 16 November 2017 using our previous methodology, where we did not apply ratings.

Pimlico Health Centre is an independent GP service which provides private general medicine services. Services 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.

The lead doctor is the registered manager. A registered manager is a person who is registered with the Care

Summary of findings

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.

Due to the limited number of patients using the service near the time of the inspection we did not receive any completed CQC comment cards. We were not able to interview any patients on the day of the inspection as none attended the service.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- There was an open and transparent approach to safety and a system in place for recording, reporting and learning from significant events and incidents. The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents happened, the service learned from them and reviewed their processes to implement improvements.
- There were clearly defined and embedded systems, processes and practices to keep people safe and safeguarded from abuse, and for identifying and mitigating risks of health and safety.
- Patients received effective care and treatment that met their needs.
- The service organised and delivered services to meet patients' needs. Patients said that they could access care and treatment in a timely way.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines and best practice.
- Feedback made to the service indicated that patients felt they were treated with kindness and respect, and that they felt involved in discussions about their treatment options.
- Doctors had the appropriate skills, knowledge and experience to deliver effective care and treatment.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Pimlico Health Centre

Detailed findings

Background to this inspection

The registered provider of the service is Marylebone Medical Group Limited, which is an independent provider of general medicine services from its sole location at 44 Lupus Street, London SW1V 3EB. We visited this location as part of the inspection.

The service provides general practice services which are available to any fee-paying patient of any age, with the exception of patients who were registered with the NHS GP practice in the same building that the service operates from.

The service operates using an on-demand approach which is available by pre-arranged appointment or on a walk-in basis. The service is available from 8.30am to 8pm on weekdays, and from 10am to 2pm on Saturdays.

All services are provided at the service's address. Home, telephone consultations and online appointments are not currently available.

The service has seen a total of 163 patients from 2017 to 2019, and an average of six to seven patients a month. Only three of these patients have been children. The number of patients is not spread evenly throughout the year, with peak periods in line with increased numbers of tourists during certain months. The majority of patients are tourists or those working on a temporary basis in London.

The service's staff consists of a doctor (who is also the registered manager), a business manager and a pharmacist. No locums or agency staff are used.

The service is located in a purpose-built premises which also accommodates an NHS GP practice and a pharmacy. The building is fully accessible and a number of tube stations and bus stops are close by.

The service website address is:
<http://pimlicohealthcentre.com/>

How we inspected this service

We reviewed information about the service in advance of our inspection visit. This included:

- Data and other information we held about the service.
- Material we requested and received directly from the service ahead of the inspection.
- Information available on the service's website.
- Patient feedback and reviews accessible on various websites.

During the inspection visit we undertook a range of approaches. This included interviewing clinical staff, reviewing feedback from patients who had used the service, reviewing documents, examining electronic systems, and assessing the building and equipment.

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

We rated safe as Good because:

Pimlico Health Centre demonstrated they provided services in a way that consistently promoted and ensured patient safety.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service conducted safety risk assessments and had appropriate related safety policies. These were regularly reviewed and shared with staff. Staff received safety information as part of their ongoing training.
- The service had an appropriate process for receiving, managing and responding to alerts, including those received from the MHRA (Medicines and Healthcare products Regulatory Agency).
- The service had systems to safeguard children and vulnerable adults from abuse. There were detailed policies which had been reviewed in the last two years, and these were accessible to all staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with demonstrated they understood their responsibilities in relation to safeguarding, including reporting concerns to external agencies.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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).
- There was an effective system to manage infection prevention and control. There were detailed policies and documented processes including for training, cleaning schedules, waste, spillages, hazardous

substances and protective equipment. Daily and weekly cleaning schedules were being used. Arrangements to manage the risks associated with legionella were in place.

- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff demonstrated they knew how to identify and manage patients with severe infections, for example sepsis.
- Appropriate insurance schedules were in place to cover all potential liabilities, including professional indemnity arrangements.
- All staff had received basic life support training.
- Emergency medicines, a defibrillator and oxygen (with adults and children's masks) were situated on-site.
- The service had a suitable business continuity plan for major incidents such as power failure or building damage.

Information to deliver safe care and treatment

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

- The service identified patients by asking them to bring identification when they first attended. The service understood their responsibility to communicate with other health professionals, for example when referring patients over to secondary care.
- Individual care records were written and managed in a way that kept patients safe. We found that information needed to deliver safe care and treatment was appropriately available and accessible to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The doctor made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Are services safe?

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment, minimised risks. The service's prescription system was monitored appropriately.
- The doctor prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines there were accurate records maintained.
- There were appropriate measures for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The doctor and business manager worked closely with the neighbouring NHS GP practice and had a range of shared policies, processes and systems. There were service level agreements governing their use.

- The service monitored and reviewed activity. This helped it to understand 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 understood their duty to raise concerns and report incidents and near misses and were supported when doing so.
- There were adequate systems for reviewing and investigating when things went wrong. The service demonstrated they were able to learn and share lessons, identify themes and take appropriate action to improve safety in the service.
- The service was aware of and complied with the requirements of the Duty of Candour.
- The service encouraged a culture of openness and honesty and had systems for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a process to disseminate alerts to all staff.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Pimlico Health Centre provided effective care that met with current evidence-based guidance and standards. There was a system for completing audits, collecting feedback and evidence of accurate, safe recording of information.

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, standards and guidance which was relevant to their service.

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs, and their mental and physical wellbeing.
- We reviewed 11 care records and we saw evidence of appropriate use of care plans, care pathways and supporting processes.
- We saw evidence that clinicians had sufficient information to make or confirm diagnoses.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service completed audits to identify and make improvements to the service provided. Audits had a positive impact on quality of care and outcomes for patients. There was evidence of action to resolve concerns and improve quality.
- The doctor received annual peer review audits of practice from an external colleague who was also providing private GP services. This process had been implemented following the previous CQC inspection.
- In addition to clinical audits, health and safety, and infection control audits had been undertaken in the last 12 months.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The service was able to make use of an appropriate induction programme in the event of recruiting any additional staff.
- The doctor was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The service understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were sufficiently maintained and were up-to-date.
- The service could demonstrate that staff had undertaken role-specific training and relevant updates including basic life support, infection control, safeguarding and mental capacity act training. The doctor had completed safeguarding children level three training.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff communicated effectively with other services when appropriate, for example by sharing information with patients' NHS GPs in line with GMC guidance. There was a protocol to support this.
- Before providing treatment, the doctor ensured they had adequate knowledge of the patient's health and their medicines history.

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.

- We saw evidence that staff gave patients advice so they could self-care where this was appropriate.
- Where patients needs could not be met by the service, we saw evidence that 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.

Are services effective?

(for example, treatment is effective)

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service had a documented process for sharing information with patients' NHS GPs if required. All patients were asked for consent to share details of their consultation and any medicines prescribed with their NHS GPs, where applicable.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The doctor demonstrated understanding of the concept of Gillick competence in respect of the care and treatment of children under 16. The service appropriately monitored the process for seeking and recording consent.

Are services caring?

Our findings

We rated caring as Good because:

Pimlico Health Centre demonstrated that they ensured patients were involved in decisions about their treatment, that their needs were respected, and that services were provided in ways that were caring and supportive.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service had gathered feedback from patients in the form of emails and verbal comments which they had recorded. This was consistently positive about the way staff treated them.
- Staff demonstrated they understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Services were available to any fee-paying person and did not discriminate against any client group.
- The service 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.

- Feedback provided to the service indicated that patients 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.
- Doctors helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given).

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wished 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 a chaperone where requested and had a process to facilitate this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Pimlico Health Centre ensured they responded to patients' needs for treatment and that they were able to deliver those services.

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 service understood the needs of their patients and improved services in response to those needs. This included for example engaging with local businesses and nearby accommodation to identify and respond to service demand.
- The service 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.

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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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.
- There was a complaints policy which had been regularly reviewed and updated.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had not received any complaints from any patient since the service was initiated. However, the existing systems and processes were in line with recognised guidance.
- The service had systems to ensure learning could be identified, shared and implemented.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

Pimlico Health Centre provided services which were well led and well organised, within a culture that was keen to promote high quality care in keeping with their systems and procedures.

Leadership capacity and capability

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

- The lead doctor demonstrated they were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The lead doctor worked closely with the other staff to make sure they prioritised the effective running 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 service had a realistic strategy and supporting plans to achieve priorities.
- All staff were involved in the development of the strategy and plans.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff were able to raise concerns and were encouraged to do so.

- There were processes for providing the staff with the development they needed. This included formal annual appraisal and supervision arrangements. All staff had received appraisals in the last 12 months.
- There was a strong emphasis on the safety and well-being of staff.
- There were positive relationships between staff.

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.
- There was oversight for emergency medicines and equipment, and there was consideration for how to deal with medical emergencies.
- Staff were clear on their roles and accountabilities.
- There were proper policies, procedures and activities to ensure safety, and staff were assured that these were operating as intended.

Managing risks, issues and performance

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

- There were effective processes to identify, understand, monitor and address current and future risks which included risks to patient safety.
- The service had processes to manage current and future performance. Performance of the lead doctor could be evidenced through peer review oversight of consultations, prescribing and referral decisions.
- The lead doctor had oversight of safety alerts, incidents, and complaints.
- Clinical and other audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The service had plans for managing major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

Good 

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

- Information was used appropriately to monitor and improve performance. This included some examples of patient views.
- Quality and sustainability were discussed in meetings where attendees had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were processes to address any identified weaknesses.
- There were sufficient 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 had systems 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 received some positive feedback from patients and had not received any complaints since its initiation.
- The service was transparent, collaborative and open about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Learning was shared between staff and with the neighbouring NHS GP practice.
- The service was able to make use of internal reviews of incidents and any complaints.