

Pall Mall Medical Pall Mall Manchester

Inspection report

61a King Street
Manchester
M2 4PD
Tel: 01618322111
www.pallmallmedical.co.uk

Date of inspection visit: 13th September 2022
Date of publication: 27/10/2022

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?

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.

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 Pall Mall Medical as part of our inspection programme. The service had not previously been inspected.

Pall Mall Medical Diagnostic Treatment Centre is an independent health care facility under the management of Pall Mall Medical (Manchester) Limited. The centre is a private GP practice that offers a range of services including medical consultations, travel immunisations, a sexual health clinic, hay fever injections and laboratory analysis.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Pall Mall Medical provides a range of non-surgical cosmetic interventions, for example laboratory analysis which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. We were told aesthetic treatments were no longer provided following the pandemic.

The medical director for the service is the 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.

Comment cards were not distributed to the provider prior to the inspection in order to minimise the risks associated with the COVID -19 pandemic.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

Overall summary

We rated the practice as good for providing **safe** services because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.

We rated the practice as good for providing **effective** services because:

- Patients received effective care and treatment that met their needs.

We rated the practice as good for providing **caring** services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care

We rated the practice as good for providing **responsive** services because:

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

We rated the practice as good for providing **well led** services because:

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

- Consider introducing a process to review a sample of clinicians documented patient consultations.
- Improve on and review clinical consultation notes for patients recorded by clinicians.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Pall Mall Medical Pall Mall Manchester

Pall Mall Medical is located at 61 King street, Manchester, M2 4PD. The clinic operates out of a commercial property which had been converted to provide clinical services. The clinic operates across three floors.

Pall Mall Medical offers a range of private medical services to fee paying patients. The service is provided by a team of part-time GP's. The service is supported by a clinic manager, deputy clinic manager and reception staff who also work at the providers other location in Liverpool. Private consultations are available during working hours as well as at the weekend with a private GP. The service provides a wide range of services from private GP appointments, minor surgery, blood tests, scans and health screening.

Website: www.pallmallmedical.co.uk.

The service is registered with CQC to undertake the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Surgical procedures
- Family planning

How we inspected this service

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.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews
- Reviewing feedback received by the CQC regarding the service.
- Reviewing a sample of the practice's patient records onsite
- Requesting evidence from the provider.
- A site visit.

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 Good because:

There were systems to assess, monitor and manage risks to patient safety, however the clinical safeguarding lead had not identified a potential risk. Safeguarding policies and procedures had been established to safeguard people from abuse. Staff had the information they needed to deliver safe care and treatment to patients. The service had systems for appropriate and safe handling of medicines. The service had a good safety record and systems were in place to learn and make improvements should things go wrong for non-clinical issues. However, we identified a lack of clinical input on learning and improvements for the service.

Safety systems and processes

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

- The provider conducted safety risk assessments. For example, in relation to the environment, fire and legionella. It also had appropriate safety policies such as health and safety, incident management and infection control. Staff received safety information from the service as part of their induction and ongoing training. The service had systems to safeguard vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority. When a child had been seen in clinic there was a process to ensure clinical letters were shared with the relevant NHS GP service.
- 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 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). We reviewed the files of three staff members (the lead GP across both sites, consultant GPs and the practice quality assurance manager) who worked across both sites at Pall Mall Medical.
- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff who acted as chaperones were trained for the role and had received a DBS check. Staff received safety information from the service as part of their induction and ongoing training.
- The service had systems to safeguard vulnerable adults and children from abuse. The clinical safeguarding lead covered two sites and was based at Pall Mall Medical.
- There was an effective system to manage infection prevention and control. The provider had arranged for a legionella risk assessment and water testing to be completed. Records of routine cleaning undertaken by a private cleaning agency were documented. We reviewed three infection control audits, the last dated 31/08/22. A hand hygiene audit had also been completed on the 10/12/21.
- 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.
- The last fire safety check was carried out on 03/07/22.

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.

Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

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

- Individual care records we reviewed during our inspection, were not always written and managed in a way that kept patients safe. We reviewed one patient record who was being prescribed an off licence medicine, the patient record did not have any documented reviews or discussion of the potential risk of addiction recorded. We were advised after the inspection a review of the record had been undertaken.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, we reviewed records where the patient's GP had been copied into correspondence.
- The service 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out an annual medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The last audit undertaken by an independent pharmacist was in 2022, with no issues identified.
- Some of the medicines the service prescribed were unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional. As part of our inspection we reviewed ten patients' records which included children treated at the service. We identified one patient prescribed a high risk off-licence medicine. The risk of over prescribing the medicine had not been identified and the consultation notes lacked clinical detail. This was escalated during our inspection and the lead GP took action. Following our inspection we were informed this patient had been reviewed by the lead GP.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong, however there was limited documented clinical input and oversight from the senior clinical team. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- Written records of verbal interactions and written correspondence were reviewed annually by the service. For example, 44 incidents were recorded within the last 12 months, with 26 formal complaints related to clinical issues.
- The service acted on external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance. The service used consent forms, which tracked and collected all information in a safe and effective way. Staff were supported and encouraged to develop. Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

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 (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC), 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 whose role included immunisation and cervical screening reviews of patients had received specific training and could demonstrate 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 received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.

Are services effective?

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, we were told of support provided to an elderly patient where other services were used to help provide support.
- 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.
- The service monitored the process for seeking consent appropriately. For example, all patients were asked to sign a consent form prior to any treatment, which was inputted into the clinical system.

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 gave people advice so they could self-care.
- Where patients needs 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 understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Staff helped patients to be involved in decisions about their care and treatment. Staff understood the needs of patients and respected their privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service monitored feedback on the quality of clinical care patients received.
- 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 service gave patients timely support and information.
- The service recently donated a sum of money to a local charity, who offered practical and emotional support to bereaved families.

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. For example, staff were multi-national and we reviewed a patient review left online written in Polish. The service was able to respond in the patients' native language, whilst translating into English.
- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

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 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:

Procedures were in place to ensure an appropriate response should any complaints or concerns arise. Patients were able to access care and treatment from the service within a timescale suitable for their needs. The provider organised and delivered services in response to patients' needs.

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 improved services in response to those needs. For example, a campaign had been run by the service called 'Health Ignorance' to help educate the public on their gaps in knowledge about health and well-being. The service asked random people in Manchester City centre basic questions related to their health. The outcome of the campaign was covered in over 20 media outlets.
- The service introduced a genetic based bowel cancer detection service, which is more accurate than the standard test. This had resulted in one patient being positively diagnosed and supported, with over 150 tests having taken place during a year.
- The service was offered on a private fee-paying basis. It was accessible to people who chose to use it and who were assessed as suitable to receive treatment and procedures.
- The facilities and premises were appropriate for the services delivered. For example, consultations took place in a modern clinic environment which was equipped with a reception area and consulting rooms.

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. Booking slots to see a GP were available for 15, 30 or 60 minute appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way. For example, any child seen in the service, the provider would communicate any outcomes direct to their NHS service.

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 service reviewed complaints and patient feedback annually, with the last annual review taking place in August 2022.
- 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. For example, complaints and patient feedback had been reviewed and responded to. Informal and formal complaints were documented.

Are services responsive to people's needs?

- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, staff were provided with policies to review on the service's chaperone policy. We were also told how independent contractor GPs received peer to peer education sessions with regular GPs.

Are services well-led?

We rated well-led as Good because:

The service had developed a mission statement and a set of values which outlined the standards patients should expect to ensure the delivery of good quality care. The service had a culture of high-quality sustainable care and there were clear responsibilities, roles and systems of accountability to support governance and management. There were processes for managing risks, issues and performance. The service sought patient feedback and there was evidence of systems and processes for continuous improvement and innovation.

Leadership capacity and capability;

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

- The registered manager offered remote support and plans for a new registered manager were in progress.
- Senior leaders were supported by the registered manager who is also the medical advisor.
- Senior leaders were knowledgeable about plans and priorities relating to the future of service.
- The service manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- The service's mission statement read: 'By providing private healthcare that patients recommend to family and friends, businesses choose for their staff and our employees are proud of'.
- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service's vision and values read: 'To be recognised and respected as the most patient-centric private healthcare provider'.
- Staff 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. For example, in 2021 after the pandemic, the service asked all staff to contribute to a new set values based on how they felt as employees. The new values were: **P**ositive, **A**mbitious, **C**aring, **C**ommitted and **T**ogetherness.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service 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. For example, staff told us different examples of raising concerns and felt listened to and supported by the service manager.

Are services well-led?

- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were systems to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established policies, procedures and activities to ensure safety.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- 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.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, although there were some gaps.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had some processes to manage current and future performance. Performance of clinical staff could not be demonstrated through audit of their consultations. However, the service manager had oversight of safety alerts, incidents, and complaints.
- Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, a recent minor surgery consent audit showed 98% of forms were in line with best practice.
- 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 and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

Are services well-led?

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 acted on them to shape services and culture. For example, the service had a patient experience department who managed the services feedback programme. They shared learning and suggested service improvements to respond and resolve any patient concerns.
- The service used multiple independent patient review and patient feedback platforms. For example, the service had introduced their own patient surveys completed online after each appointment. These results were then shared with the wider team.
- Staff could describe to us the systems in place to give feedback. We were told employees were given the chance to feedback about the service during annual reviews. Staff explained the service's process for complaints and reporting incidents confidently.

Continuous improvement and innovation

There was evidence of systems and processes for learning and innovation.

- The service was using new technology to support the service. For example, using the latest bowel screening techniques.
- The service made use of internal reviews of 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.