

Pall Mall Medical Pall Mall Liverpool

Inspection report

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

Pall Mall Medical Pall Mall Liverpool is an independent health care facility under the management of Pall Mall Medical (Manchester) Limited. The service provides private GP services including GP consultations, health checks and blood tests.

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 aesthetic treatments 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:

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

Overall summary

- 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:

- Review the lone working risk assessment for the healthcare assistant (HCA) for duties they carry out.
- Consider introducing a process to review a sample of clinicians documented patient consultations.

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 and a GP specialist adviser.

Background to Pall Mall Medical Pall Mall Liverpool

Pall Mall Medical Pall Mall Liverpool is located at 5 St Pauls Square, Liverpool, L3 9SL. The clinic operates out of a commercial property which had been converted to provide clinical services. The clinic currently operated from the ground floor only.

Pall Mall Medical Pall Mall Liverpool provides a general practice service to fee paying patients. The service is provided by a team of part-time GPs, supported by a clinic manager, deputy clinic manager and reception staff who also work at the providers other location in Manchester. The clinic is open 8.00am to 7pm Monday to Friday, but we were told GP consultations were carried out most Tuesdays and some Fridays. The service provides a wide range of services from private GP appointments, 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. 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.

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. We were told no children were seen on site.
- 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 who worked at the providers other sites as well as at Liverpool.
- 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 available for remote advice and onsite once a fortnight.
- There was an effective system to manage infection prevention and control. Records of routine cleaning undertaken by private cleaning agency were documented and under review at the time of the inspection. We reviewed three infection prevention and control audits, the last dated 31/08/22.
- 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 considered 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.
- 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

Are services safe?

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

- We reviewed five individual care records and found four had a clear structured documentation process. The other patient record lacked clinical details and the review had been completed by a GP unfamiliar with the case. Further review by the original consulting GP was advised. The provider explained this patient had been referred to a consultant for further investigation.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. 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.
- Staff 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 and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

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.

- 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. 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.

Are services safe?

- Written records of verbal interactions and written correspondence were reviewed annually. Two incidents were recorded for the last 12 months (one clinical and one non-clinical).
- 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) and the Nursing and Midwifery Council (NMC). Nurses 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. We were told of support provided to a patient where other services were used.
- 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. 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.

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.
- 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, they were involved in campaign offering free electrocardiograms (ECG's) to local school children in support of a charity organisation for children who have suffered terminal heart failure. This resulted in a referral for further investigation.
- The service was offered on a private fee-paying basis or through private health insurance. 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.

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 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. Informal and formal complaints were documented.
- We were told the service had received two complaints in the last 12 months.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints, analysis of trends and acted on results to improve the quality of care. For example, staff were reminded of the importance to check patient details were correct and accurate.

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. The day to day clinical operations were overseen by non-clinical leaders.
- 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 services.
- 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 mission statement was on display on the staff notice board and stated, “The delivery of excellence in high quality private healthcare and aesthetic treatments”. We were told aesthetic treatments were no longer provided since the pandemic.
- The service vision was to offer first class private health care service responsive to the needs of patients and their lifestyle choices.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- The service values had been developed with staff in 2021 following the pandemic, **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 about different examples of raising concerns and said they felt listened to and supported by the service manager.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had 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, so 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.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. 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. However, performance of clinical staff could not be demonstrated through audit of their consultations. The provider had plans to do this following our inspection.
- The provider had plans in place and had trained staff for major incidents.
- The risk assessment completed for the healthcare assistant (HCA) lone working did not provide documented assurance the full range of duties had been fully considered, and associated risk had been mitigated.

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.

Are services well-led?

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 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, 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 staff employees were given the chance to feedback about the service during annual reviews. Staff explained the services 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.