

The Palace Gate Practice

Quality Report

2A Pennant Mews
Kensington
London
W8 5JN

Tel: 02072445800

Website: www.palacegatepractice.com

Date of inspection visit: 23 March 2016

Date of publication: 12/07/2016

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 23 March 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Summary of findings

Are services responsive?

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

Are services well-led?

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

Background

Palace Gate Practice is located in the London Borough of Kensington, and provides private GP services to around 5794 patients from a purpose built building.

One of the GPs/ director 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.

The practice has two female and two male GPs. Two of the GPs work full time hours and the rest work part time. The rest of the practice staff consist of two medical secretaries/ receptionist, one typist ,one financial administrator, and one human resources and training manager.

Palace Gate Practice is open Monday to Friday from 08:30hrs to 18:00hrs. The practice also offers 24hour care to patients who are registered as members of the practice. An out of hours service is provided by the practice and they also have an external company that delivers out of hours service.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients reported that they had received an excellent service and the GPs were caring and helpful. Many comments expressed

satisfaction at being listened to and found the reception staff friendly, efficient and helpful. We spoke with three people on the day of inspection who also provided positive feedback about the service.

Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were always assessed and well managed, including those relating to recruitment checks.
- The practice had a number of policies and procedures to govern activity.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named healthcare professional and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were areas where the provider could make improvements and should:

- Ensure they review arrangements for dealing with medical emergencies.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal apology and are told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

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

- Staff assessed needs and delivered care in line with current evidence based guidance
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with external partners to understand and meet the range and complexity of people's needs.

Are services caring?

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

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

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

- Appointments with the GP were always available and there was continuity of care, with urgent appointments available when requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

Summary of findings

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on.

The Palace Gate Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a CQC bank inspector.

Background to The Palace Gate Practice

The inspection was carried out on 23 March 2016. Our inspection team was led by a CQC Lead Inspector. The team included a CQC bank inspector.

During our visit we:

- Spoke with a range of staff including, GPs, administration and reception staff and spoke with patients who used the service.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

Why we carried out this inspection

We carried out this inspection as part of our pilot of independent health providers.

How we carried out this inspection

We carried out an announced comprehensive inspection on 23 March 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the named GP of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had reviewed their process of checking and administering vaccines after an expired vaccine had been administered to a patient.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- 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:

Reliable safety systems and processes (including safeguarding)

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they

understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 and all other administrative staff to level 2.

- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medical emergencies

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen with adult and children's masks. A first aid kit and accident book were available. The practice did not have AED for use in emergencies. However they had risk assessed that they were located less than 100 metres from the emergency department of a fully equipped hospital whom they worked closely with. The practice was confident that any medical emergencies would receive assistance from the hospital.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Staffing

Are services safe?

- The practice had a recruitment policy that set out the standards it followed when recruiting staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service.
- Staff told us there were usually enough personnel to maintain the smooth running of the practice, and there were always enough staff on duty to ensure patients were kept safe.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice.

- These included a health and safety risk assessments of the building and the environment that were undertaken by the hospital property services. The practice had a health and safety policy. Health and safety information was available for staff. The practice had identified health and safety representatives who were responsible for ensuring adequate safety measures were being followed.
- Practical risk assessments were also completed annually by the practice. Areas assessed included patient access, medicines management, referrals, infection control, records management and incident reporting. Each risk was assessed, rated and mitigating actions recorded to reduce and manage the risk. The risk assessment was reviewed annually to ensure actions were followed up.
- We checked and found that for all medical practitioners, indemnity arrangements were in place to cover potential liabilities that may arise. There was also appropriate employer's liability and indemnity insurance.

Infection control

- We observed the premises to be clean and tidy and there were cleaning schedules in place. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

- The practice had an infection prevention and control policy that was in line with the Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance. The lead for infection control was one of the GPs who had undertaken further training to enable them to provide advice on the practice infection control policy. All staff received induction training on infection control specific to their role and annual updates thereafter which the practice manager monitored to ensure they were in date. Audits had been carried out for the last two years and any improvements identified were completed on time. Practice meeting minutes showed the findings of the audits were discussed. Hand washing sinks with soap, hand gel and towel dispensers were available in treatment rooms.
- The practice had a policy for the management, testing and investigation of Legionella (a germ found in the environment which can contaminate water systems in buildings). This was carried out by the private hospital that provided cleaning and waste management for the hospital. We saw records that confirmed these checks had been carried out.

Premises and equipment

- The practice's premises and equipment checks were carried out by the hospital whom they rented the premises from. Staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date of March 2016. A schedule of testing was in place. We saw evidence of calibration of equipment such as weighing scales and the fridge thermometer. This had been completed in March 2016.

Safe and effective use of medicines

- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. We saw records that confirmed the fridge temperatures were checked

Are services safe?

and recorded. All recordings for the past 12 months were within the required range. Action to take in the event of a potential failure was available and staff were able to confirm this to us.

- Systems were in place to check medicines were within their expiry date and suitable for use. A check list was available and the practice staff used this to ensure all

checks were accurate. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

- The practice used blank prescription sheets and these were only completed and authorised by the GPs. The prescription pads were stored securely in lockable rooms.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from a variety of sources and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. This included an up-to-date medical history and recording of consent to treatment.

Clinical audits

There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, action taken as a result included effective monitoring of referrals.

Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those administering vaccines.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the

scope of their work. This included on-going support during sessions, one-to-one meetings, and appraisals, coaching and mentoring. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Working with other services

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice sought the consent of patients if they wanted their GP to be contacted with the relevant treatment that was provided to them.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through patient records and we saw these were complete and contained all necessary information.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients on the day. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Involvement in decisions about care and treatment

- Patients told us that they felt involved in decision making about the care and treatment they received. They also told us 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. Patient feedback on the comment cards we received was also positive and aligned with these views.
- Staff told us that translation services were available for patients who did not have English as a first language.

Are services responsive to people's needs? (for example, to feedback?)

Our findings

Responding to and meeting patients' needs.

All patients attending the practice referred themselves for treatment; none were referred from NHS services.

- There were longer appointments available for all patients and if required double appointments were offered.
- All practice staff worked beyond the expected hours if a patient required extra time.
- Same day appointments were available if required and the practice was flexible in offering alternative times if required.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities and the practice had arrangements for patients who could not use stairs to be seen in consultation rooms downstairs.

Tackling inequity and promoting equality.

- The practice offered appointments to anyone who requested one (and had viable finance available) and did not discriminate against any client group.
- The practice took account of individual patient circumstances when charging some patients whose circumstances had changed.

- Staff told us that translation services were available for patients who did not have English as a first language.

Access to the service.

- The practice was open between 8.30am and 6pm Monday to Friday. Appointments were available daily.
- The practice offered its own out of hour's provision and this included access to a help line or home visits if required.
- Patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them

Concerns & complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for independent doctors.
- There was a designated responsible person who handled all complaints in the practice.
- A complaints form was available to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. The practice demonstrated an open and transparent approach in dealing with complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

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

Our findings

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff

Leadership, openness and transparency

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- There was a patient feedback questionnaire circulated to all patients, the results from this survey were used to guide future performance. All complaints received were also analysed to identify re-occurring themes and action was taken to implement changes where necessary.
- The practice had also gathered feedback from staff through staff appraisals, meetings and regular supervision. All staff we spoke with told us that the practice directors welcomed feedback and they felt listened to.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and researched patient treatment options. All GPs kept themselves up to date with some of them working in a variety of areas to increase their knowledge.