Dr Baguant and Partners

Quality 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 service	Good
Are services safe?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Baguant and Partners on 7 December 2016. The overall rating for the practice was good. However, we identified a breach of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. Consequently the practice was rated as requires improvement for providing safe services. The full comprehensive report from the 7 December 2016 inspection can be found by selecting the 'all reports' link for Dr Baguant and Partners on our website at www.cqc.org.uk.

After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

- Safe care and treatment.

The area identified as requiring improvement during our inspection in December 2016 was as follows:

- Ensure a sufficient process is in place and adhered to for the appropriate management of clinical notifications, for example pathology test results.

In addition, we told the provider they should:

- Ensure that notices around the practice advising patients that chaperones are available are clearly visible.
- Take steps to ensure that hot water temperatures at the practice are kept within the required levels and a comprehensive water temperature checking process is in place.
- Ensure that the fire risk assessment document is located and available.
- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal and are completing the essential training relevant to their roles, including safeguarding and infection prevention and control training.
- Continue to identify and support carers in its patient population.
- Ensure the practice's area of below average Quality and Outcomes Framework (QOF) performance for diabetes related indicators is improved.

We carried out an announced focused inspection on 2 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach of regulation that we identified in our previous inspection on 7 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Summary of findings

Our key finding on this focused inspection was that the practice had made improvements since our previous inspection and were now meeting the regulation that had previously been breached.

The practice is now rated as good for providing safe services.

On this inspection we found:

- A sufficient process was in place and adhered to for the management and review of clinical notifications received from secondary care services, specifically pathology test results.

Additionally where we previously told the practice they should make improvements our key findings were as follows:

- Notices around the practice advising patients that chaperones were available were clearly visible.
- All staff had completed adult and child safeguarding and infection prevention and control training within the required timescales.
- An up to date and fully completed fire risk assessment was available.
- Water temperature checks were completed and recorded. Although many recorded water temperatures were above or below the required levels the appropriate investigations as to the causes of this had been completed and work was planned to rectify the situation in the near future.
- A programme was in place to ensure all staff received an appraisal on an annual basis and this was on schedule. We found that all non-clinical and nursing staff, including those previously overdue their annual appraisals had received a fully documented appraisal between November 2016 and July 2017.
- Through implementing a new protocol and coordinated practice wide approach, the practice had improved its Quality and Outcomes Framework (QOF) performance for diabetes related indicators. (QOF is a system intended to improve the quality of general practice and reward good practice). Figures provided by the practice showed that from April 2017 to August 2017 the practice had achieved 68% of the total number of points available with seven full months of the year remaining. The senior staff we spoke with said the forecast was for the practice to considerably improve on its full year achievement of 81% in the 2015/2016 year and 83% in the 2016/2017 year.
- The practice had identified inaccuracies in the way it recorded (coded) the services it provided to carers. We saw the practice had completed a piece of work to investigate and resolve the issues which included updating its policy and developing a carers toolkit as a process guide for staff to follow. Several staff members completed a full review of the practice's carers register (those patients on the practice list identified as carers) to ensure the coding for each individual adequately reflected the services offered to them. As of 2 August 2017 the practice had identified 204 patients on the practice list as carers. This was approximately 2.6% of the practice's patient list. Of those, 186 (91%) had been invited for a health review in the past 12 months. This was a considerable improvement on the 32% invited for a health review in the 12 months up to our inspection in December 2016.

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?

Good

At our comprehensive inspection on 7 December 2016, we identified a breach of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. During our focused inspection on 2 August 2017 we found the provider had taken action to improve and the practice is rated as good for providing safe services.

- A sufficient process was in place and adhered to for the management and review of clinical notifications received from secondary care services, specifically pathology test results.
- Notices around the practice advising patients that chaperones were available were clearly visible.
- All staff had completed adult and child safeguarding and infection prevention and control training within the required timescales.
- An up to date and fully completed fire risk assessment was available.
- Water temperature checks were completed and recorded. However, many of the hot water temperatures recorded were below the required level and cold water temperatures were above the required level. Following investigation of the causes of this, work was planned to rectify the situation in the near future.

Dr Baguant and Partners

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 GP acting as a specialist adviser.

Background to Dr Baguant and Partners

Dr Baguant and Partners (also known as Redbourn Health Centre) provides a range of primary medical services from its premises at The Health Centre, 1 Hawkes Drive, Redbourn, St Albans, Hertfordshire, AL3 7BL. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice serves a population of approximately 7,714. The area served is less deprived compared to England as a whole. The practice population is mostly white British. The practice serves an above average population of those aged from 0 to 14 years, 40 to 49 years and 65 to 69 years. There is a lower than average population of those aged from 15 to 39 years.

The clinical team includes one male and two female GP partners, one male and three female salaried GPs, two practice nurses and one healthcare assistant. The team is supported by a practice manager, an assistant practice manager and 10 other secretarial, administration and reception staff. There is one directly employed cleaner. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The practice is fully open (phones and doors) from 8am to 1pm and 2pm to 6.30pm Monday to Friday. Between 1pm and 2pm daily the doors are closed but the phone lines remain open. There is routinely (usually) extended opening from 7.30am to 8am on Tuesdays and Thursdays and from 6.30pm to 7.30pm every second Monday and Tuesday. The practice also opens one Saturday each month from 9am to midday for GP pre-bookable appointments. Appointments are available from 8.30am to 11.30am and 2.30pm to 6.30pm daily, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Baguant and Partners on 7 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Overall the practice was rated as good. However, we identified a breach of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. Consequently the practice was rated as requires improvement for providing safe services.

The full comprehensive report following the inspection on 7 December 2016 can be found by selecting the 'all reports' link for Dr Baguant and Partners on our website at www.cqc.org.uk.

We undertook an announced follow up focused inspection of Dr Baguant and Partners on 2 August 2017. This

Detailed findings

inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before our inspection, we reviewed information sent to us by the provider. This told us how they had addressed the breach of legal requirements we identified during our comprehensive inspection on 7 December 2016. We carried out an announced focused inspection on 2 August 2017.

During our inspection we spoke with a range of staff including one GP partner, the assistant practice manager and members of the reception and administration team.

Good

Are services safe?

Our findings

Overview of safety systems and process

At our inspection on 7 December 2016 we found that one of the practice's systems and processes designed to keep patients safe was lacking. The process for managing pathology test results was insufficient. We told the provider they must make improvements.

At our inspection on 7 December 2016 we also identified areas where we told the practice they should make improvements. We found that due to their location notices advising patients that chaperones were available may not be seen by patients. Some staff were overdue completing adult and child safeguarding and infection prevention and control training. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities.

During our inspection on 2 August 2017 and from our conversations with staff, our observations and our review of documentation we found the practice had taken action to improve in these areas.

We saw there was a sufficient process in place for the management and review of clinical notifications, specifically pathology test results. We saw that the revised practice protocol for managing pathology test results implemented following our December 2016 inspection was being adhered to by all the GPs. This ensured that results were viewed and managed appropriately by GPs within 24 hours of receipt. In the absence of any GP an appropriate cover system was in place which included the duty doctor having dedicated time every morning and afternoon to view and manage results. Our review of the practice's pathology results system showed that for all the examples we looked at the results were viewed and managed appropriately.

We saw that notices around the practice advised patients that chaperones were available if required. These were conspicuously displayed next to examination couches in treatment and consultation rooms and along the corridor leading to the rooms.

We looked at the training records of all staff members. We found they had all completed training in adult and child safeguarding and infection prevention and control within the required timescales.

Monitoring risks to patients

At our inspection on 7 December 2016 we identified areas where we told the practice they should make improvements. Although a plan of action to control and resolve the risks identified from the fire risk assessment was available and completed, staff at the practice could not locate the fire risk assessment document. Hot water temperatures were below required levels and the temperature checking process used was limited in scope.

During our inspection on 2 August 2017 and from our conversations with staff, our observations and our review of documentation we found the practice had taken action to improve in these areas.

Since our last inspection another fire risk assessment had been completed in January 2017. We saw that this detailed all the fire safety arrangements in place at the practice to reduce the risks to patients and staff and no further action was required. We looked at the practice's fire safety logs and records and saw these were appropriately maintained. They contained records of maintenance and weekly tests among other things.

We saw that a comprehensive water temperature checking process was in place and adhered to at the practice. We looked at the records from January to June 2017 and saw they were well completed. The staff member we spoke with who completed the checks was knowledgeable about the process. However, we saw that many of the hot water temperatures recorded were below the required level and cold water temperatures were above the required level. Senior staff we spoke with said that since our inspection in December 2016, several plumbing services had inspected the practice's water systems and a number of issues had been identified. They said the practice's own monitoring system had been useful in confirming this. The work involved would be considerable, but the practice was planning to have this completed in the near future. In the meantime, we saw the practice had measures in place to assist in reducing any risks to staff and patients.