Dr Baker & Partners Practice

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 effective?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Baker & Partners Practice on 18 May 2016 where the practice was rated as good overall. However the practice was found to be requires improvement for providing effective services. The full comprehensive report on the May 2016 inspections can be found by selecting the 'all reports' link for Dr Baker & Partners Practice on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 9 June 2017 to confirm that the practice had carried out their plan to make the improvements required identified in our previous inspection on 18 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is rated as good for providing effective services.

Our key findings were as follows:

- The practice had completed audits and had planned to conduct one audit per year to drive improvement in patient outcomes.
- The practice had implemented searches to assist in proactively identify patients in need of palliative care and provide them with appropriate care and treatment.
- The practice had a matrix for training in place and was looking at different ways to identify training needs.
- At the previous inspection the practice had identified 0.5% of their patients as carers; this had not increased at this review. The practice had ways to support carers in place.

Actions the practice SHOULD take to improve:

- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.

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 effective?

Good

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

- The practice had completed audits and had planned to conduct one audit per year to drive improvement in patient outcomes.
- The practice had implemented searches to assist in proactively identify patients in need of palliative care and provide them with appropriate care and treatment.
- The practice had implemented a matrix to monitor training in the practice and was looking at different ways to identify training needs.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.

Dr Baker & Partners Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Baker & Partners Practice

Dr Baker and Partners is located within purpose built premises which has been extended several times. The building is also shared with another practice. The practice is located in a residential area of Benfleet, Essex which has good public transport links. There is limited parking available for patients at the practice. The practice profile shows there is a larger than average population aged 60 years and over, and a smaller than average population aged 45 years and under.

At the time of our inspection the practice had a list size of 6349 patients. There are four GP partners, two male and two female. The nursing team consisted of two advance nurse practitioners, three practice nurses, one health care assistant and an associate practitioner. The nursing team also worked for the other practice within the same building.

There is also a joint practice management and non-clinical team who serve the two practices. This team includes two practice managers, an assistant practice manager, a reception manager and a number of administrative and reception staff.

The practice is a training practice for nurses and has recently been approved as a training practice for GP trainees. The practice had one GP trainee the time of our inspection.

The practice is open between 8am and 7pm on weekdays. Appointments are available between 8.30am and 12pm and again between 3.30pm and 6pm on weekdays. The practice is a member of the local GP Alliance which provides appointments to patients at two locations at weekends.

When the practice is closed, patients are directed to call 111 to access out of hour's services provided by Integrated Care 24.

Why we carried out this inspection

We undertook a comprehensive inspection Dr Baker & Partners Practice on 18 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall. However the practice was found to be requires improvement for providing effective services. The full comprehensive reports following the inspection on May 2016 can be found by selecting the 'all reports' link for Dr Baker & Partners Practice on our website at www.cqc.org.uk.

We undertook a follow up desk-based review of Dr Baker & Partners Practice on 9 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

We carried out a desk-based focused inspection of Dr Baker & Partners Practice on 9 June 2017. This involved reviewing evidence such as:

Detailed findings

- The Quality and Outcomes Framework data for 2015/16 and unverified data for 2016/17.
- Certificates of training.
- New procedures in place.
- Audits that had been completed.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 18 May 2016, we rated the practice as requires improvement for providing effective services as there was no evidence that a programme of clinical audit was driving improvement in patient outcomes. The practice management team needed to improve the system for monitoring staff training to ensure updates did not get missed. Palliative care patients were not proactively identified by the practice and identification relied on decisions made by the local hospital. This had resulted in a low number of palliative patients being identified.

These arrangements had significantly improved when we undertook a desk based review on 9 June 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

At the previous inspection the most recent published results were from 2014/2015. The practice had achieved 90% of the total number of points available; this was comparable to the CCG average of 90% and the national average of 95%. The practice recorded overall exception reporting of 5% which was below the CCG average of 7% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

QOF data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to local and national averages. For example, 77% of patients with diabetes, on the register had their last measured total cholesterol (measured in the preceding 12 months) as 5 mmol/l or less, this was comparable to the CCG average of 77% and the national average of 81%.
- Performance for mental health related indicators was comparable to local and national averages. For example, 77% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months; this was the same as the CCG average of 77% but below the national average of 88%.
- 96% of patients diagnosed with dementia had their care reviewed in a face to face review in the preceding 12 months; this was above the CCG average of 80% and the national average of 84%.

Results for 2015/16 showed an improvement of 4% with the practice achieving 94% of the total number of points available; this was comparable to the CCG average of 91% and the national average of 92%. The practice recorded overall exception reporting of 5% which was below the CCG average of 7% and the national average of 9%.

QOF data for 2015/16 also showed improvement:

- Performance for diabetes related indicators was comparable to local and national averages. For example, 80% of patients with diabetes, on the register had their last measured total cholesterol (measured in the preceding 12 months) as 5 mmol/l or less, this was comparable to the CCG average of 75% and the national average of 80%.
- Performance for mental health related indicators was comparable to local and national averages. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months; this was above the CCG average of 78% but below the national average of 89%.
- 78% of patients diagnosed with dementia had their care reviewed in a face to face review in the preceding 12 months; this was comparable with the CCG average of 76% and the national average of 84%.

The submitted QOF data (unverified) from the practice for 2016/17 showed that the practice had achieved 96% of the total points available, an increase of 4% from the previous year. Exception reporting for this data was 6.1%.

According to the unverified data from the practice, diabetes related indicators were 81%, mental health related indicators were 95% and dementia was 100% for 2016/17.

Good

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement such as clinical audit.

We were forwarded information on audits that had been completed in the practice. One of these audits was regarding Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and palliative care patients and to review the compliance of this within the practice. This would enable the practice to improve patients care. Whilst the two completed audits had shown improvement, recommendations from this audit were for these to be ongoing audits. The practice could then be assured that they were maintaining the desired standard. Another audit was related to safe prescribing of a medicine used for treating an overactive bladder. This was following guidance issued by the Medicines and Healthcare products Regulatory Agency (MHRA). The practice had completed the first cycle of the audit and planned to re audit in one year to check actions agreed had been followed and implemented. The practice plan going forward was to complete one audit per year and in 2017/18 the topic was atrial fibrillation and new anti-coagulants.

Effective staffing

Since the previous inspection the practice had developed a matrix for staff training. This showed the training for all staff that was required and the dates that these needed to be updated or completed. All staff had completed the training for basic life support and safeguarding that was required for their role. GPs that had safeguarding training that needed updating this year had been booked to attend courses in November and December 2017 provided by the CCG.

The practice had piloted a new programme to help them identify the training needs of the staff. Reception staff were asked to write down each aspect of their role, and identify areas that worked well and what they felt did not work well. Within this process a table of staff, duties and competencies was created. Staff then rated themselves on each area which highlighted the training needs of the individuals. For example, it identified that some reception staff required more training on prescriptions; such as where to look to see if a prescription has been processed, was it sent directly to a pharmacy and was there a query with it. This was then used to form the time to learn training sessions that were held each month.

Coordinating patient care and information sharing

The practice had audited the patients that they had in relation to the DNAR in place for palliative patients. They had continued to maintain the palliative care register and continued to screen patients with particularly long term conditions who may require palliative care.

The practice since our last inspection had used regular searches on the system to highlight any patients that may be suitable for the palliative care register and this was given to the GPs to see if there were any patients appropriate. This was to enable a more proactive identification rather than relying on a hospital decision. The search criteria included patients using for example, long term oxygen therapy, end stage heart failure, and end stage renal failure.

The palliative care list held 13 patients at the last inspection and information from the practice said that the register now held 16 patients. Since the previous inspection the practice had patients in care homes that were no longer under the care of this practice some of which had palliative patients.