Dr WJ Degun's and Dr OO Macaulay Practice

Quality Report

Dr WJ Degun's and Dr OO Macaulay Practice
The Knares Medical Practice
93 The Knares
Lee Chapel South
Basildon
Essex
SS16 5SB
Tel: 01268 542866
Website: knaresmedicalpractice.nhs.uk

Date of inspection visit: 14 November 2017
Date of publication: 08/12/2017

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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr WJ Degun's and Dr OO Macaulay Practice, also known as The Knares Medical Practice on 26 June 2017. The overall rating for the practice was requires improvement. Specifically the practice was rated as inadequate for providing well-led services, requires improvement for safe and effective and good for caring

Summary of findings

and responsive. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Dr WJ Degun's and Dr OO Macaulay Practice on our website at www.cqc.org.uk.

As a result of the issues identified on the day of the inspection we took enforcement action against the provider and issued them with a warning notice in relation to the governance at the practice. The practice was required to be compliant with the warning notice by 10 November 2017.

This inspection was an announced focused inspection carried out on 14 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the warning notice that we issued after our previous inspection on 26 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The provider had put in place an effective action plan to meet the requirements of the warning notice.
- There was now open and transparent leadership.
- Regular, minuted meetings took place which involved all staff.
- Staff were supported and trained. The infection control lead had received appropriate training.
- Areas of underperformance had been identified. Unverified data indicated improvement.
- All chaperones had received a Disclosure and Barring (DBS check) to assess their suitability for the role.

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 well-led?

The practice was not rated as part of this inspection. At our inspection of 26 June 2017 the practice were rated as inadequate for providing well-led services.

- The provider had put in place an effective action plan to meet the requirements of the warning notice.
- There was now open and transparent leadership.
- Regular, minuted meetings took place which involved all staff.
- Staff were supported and trained. The infection control lead had received appropriate training.
- Areas of underperformance had been identified. Unverified data indicated improvement.
- All chaperones had received a Disclosure and Barring (DBS check) to assess their suitability for the role.

Dr WJ Degun's and Dr OO Macaulay Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector and supported by a GP specialist adviser and a nurse practitioner specialist adviser.

Background to Dr WJ Degun's and Dr OO Macaulay Practice

Dr WJ Degun's Practice, also known as The Knares Medical Practice is situated in Basildon, Essex. The practice registers patients who live in Leigh Chapel South, Langdon Hills and surrounding areas of Basildon. The practice provides GP services to approximately 6,700 patients.

The practice is commissioned by the Basildon and Brentwood Commissioning Group and it holds a General Medical Services (GMS) contract with NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a comparable number of children aged five to18 years compared to the England average and fewer patients aged over 65 years. Economic deprivation levels affecting children and older people are higher than average, and unemployment levels are lower. The life expectancy of male patients is in line with the local average and the life expectancy of female patients is higher by one year. The number of patients on the practice's list that have long standing health conditions is comparable to average, as is the number of patients who are carers.

The practice is governed by a partnership that consists of one full-time male GP and a part-time female GP. The partnership is supported by two part-time locum GPs, two practice nurses, two part-time locum nurses and a healthcare assistant. Administrative support consists of a full-time practice manager, a head receptionist and a number of part-time reception and administrative staff.

The practice is open 7.30am until 6.30pm every weekday except on a Thursday, when it is open until 7pm. When the surgery is closed, urgent GP care is provided by Integrated Care 24, another healthcare provider. Morning surgery times start at 7.30am daily, finishing between 12.30pm to 1.40pm. Afternoon surgeries begin between 1.30pm and 4pm and continue until between 5pm and 6pm.

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had complied with a warning notice issued on 7th September 2017, in which we told the provider that improvements must be made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 14 November 2017. During our visit we:

Detailed findings

- Spoke with two GP partners, a GP locum, a nurse, a healthcare assistant and three members of the reception/administration team.
- Looked at audits, policies, procedures, patient records, documents and staff files.

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.

Are services well-led?

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

Our findings

What we found at the inspection of June 2017

Sufficient improvements had not been made since our earlier inspection in May 2016. We found that there was a lack of consistent improvement in relation to Quality and Outcome Framework (QOF) indicators and patient outcomes. The provider did not know why QOF indicators were low and so no plan had been implemented to improve these.

There was a lack of transparency and involvement between staff and the provider. Staff had raised concern about the practice's lack of recognition of their increased responsibilities, but there was no evidence of these issues being acknowledged or discussed during the reviewed appraisal process. It had not been identified that the infection control lead had not received appropriate training for this role.

We identified continued risks in relation to the lack of risk assessments or DBS checks of chaperones, despite this being detailed as completed in the provider's action plan of the 18 July 2016. Further, in this the provider stated that all staff files had been updated with identification. This was not the case.

Practice meetings occurred, although the minutes of these were inconsistent and lacked detail. There was no designated clinical meeting.

We found that more significant events had been recorded since our last inspection, although it was not always clear what learning had taken place or whether this had been shared and discussed.

What we found at the inspection of November 2017

Vision and strategy

Since our last inspection in June 2017, the practice had implemented an effective vision and strategy which was supported by a comprehensive business plan.

The business plan considered staffing, succession planning and information systems for example, and looked at what changes were needed for the practice to improve and develop. Measurable goals were set with clear timelines. This meant that achievements could be monitored.

Governance arrangements

Necessary improvements had been made to governance arrangements:

- At our previous inspection, we identified that the practice was not aware of their areas of underperformance in relation to the Quality and Outcomes Framework (QOF). 2015/16 data showed that the practice was below national and CCG averages in relation to some diabetes, hypertension and mental health indicators. (QOF is a system intended to improve the quality of general practice and reward good practice).

  At our recent inspection, we found that there had been improvements to the QOF achievement. The practice had reviewed their systems to ensure that patients were now being correctly coded and further, they had increased the number of home visits to housebound patients so they were effectively reviewed. Experienced locum nurses had been engaged to carry out health checks.

  A comprehensive understanding of the performance of the practice was being maintained. QOF performance was now a standing item at monthly clinical meetings, where performance was reviewed.

  We compared the annual QOF achievement data from November 2016 to that of the month of our most recent inspection, being November 2017. We found that as a result of the action taken, the practice had made improvements in relation to all identified areas of underperformance.

- Significant events were now being recorded and learning shared across the practice. Staff that we spoke with were aware of how to report significant events and told us about significant events that they had been involved in. Minutes of practice meetings evidenced that learning was being effectively shared.
- All staff, including those who acted as chaperone, had received a DBS check to assess their suitability for the role. There was identification present on all staff files.

Leadership and Culture

The leadership and culture at the practice had been effectively reviewed and improved. All staff spoke highly of the changes that had been implemented since our previous inspection.

Are services well-led?

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

- All staff had attended a face to face review with a senior member of staff. In this meeting, their job roles were considered and discussed. Job titles and salaries were reviewed to reflect each individual's current responsibilities.
- Training and development of staff was now a priority which was reflected in the business plans. Staff that we spoke with told us of the additional training courses they had attended with a view to ensuring that they were able to meet the requirements of their updated job descriptions.
- There had been a review of all infection control procedures, which included training for all staff, including the infection control lead.
- There was openness and transparency across the practice. A daily morning meeting had been introduced for all staff across the administrative and clinical team. Staff that we spoke with told us how this had been useful when making arrangements for the day ahead and handing over information. These meetings were minuted and any actions were recorded on the shared drive for all staff to review.
- We saw that there was openness and transparency between the GPs and nurses. Nurses were confident approaching GPs with any queries during the course of their day. All staff had attended training on openness and transparency.
- There were now monthly, minuted clinical meetings for nurses and GPs. These meetings were attended by external professionals when a need was identified.

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

The practice now encouraged and valued feedback from staff. A staff survey had been carried out in July 2017 and the results were collated and analysed. We saw evidence that action had been taken when issues were identified. A further staff survey was scheduled to take place in January 2018 to assess whether the actions taken had been effective.

We did not identify issues with acting on feedback from patients and the public in our warning notice.

Continuous improvement

The practice had taken decisive action to meet the requirements of the CQC warning notice and to secure improvements moving forward. They were actively engaging with other practices in the locality to look at new and effective ways of working. They had invested in technology and specialist support with a view to further and continuous improvement.