

# Blue Wing Family Doctor Unit

## 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 well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
Areas for improvement	5

### Detailed findings from this inspection

Our inspection team	6
Background to Blue Wing Family Doctor Unit	6
Why we carried out this inspection	6
How we carried out this inspection	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blue Wing Family Doctor Unit on 11 November 2014. The practice was rated as requires improvement for providing safe and caring services and good for providing effective, responsive and well led services. The overall rating for the practice was requires improvement.

We carried out a follow up announced comprehensive inspection on 20 October 2016. The overall rating for the practice was good but required improvement for providing well led services. The full comprehensive reports for 11 November 2014 and 20 October 2016 inspections can be found by selecting the 'all reports' link for Blue Wing Family Doctor Unit on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a follow up desk based focused inspection carried out on 1 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 20 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated good for providing well led services and the overall rating remains as good.

Our key findings were as follows:

- The practice had a clear strategy and business plan to deliver the practice vision and values.
- The practice had developed a systematic programme of quality improvement including audit to assess, monitor and drive improved outcomes for patients.

We also reviewed the actions taken since the last inspection to the areas where we identified the practice should make improvement, some of which we had been addressed.

Our findings were as follows;

- The practice had implemented a written schedule and log for the cleaning of medical equipment.
- Protected time was allocated for nurse administration duties.
- Since our last inspection some improvement had been made to the number of patients the practice had identified and included on the carer's register which had increased from 38 to 57 patients (0.5% to 0.7% of the practice list size). The practice had implemented additional processes to assist in the identification of patients who were carer's, including promotion of information about support services available and posters displayed in the waiting area.
- Patient feedback about telephone access to the practice remained an on-going issue. Results from the

# Summary of findings

national GP survey published July 2017 demonstrated that 33% of respondents found it easy to get through to the practice by telephone compared to the CCG average of 70%. This represented a 16% decrease in patient satisfaction of telephone access from the previous national GP survey results published in July 2016. The practice had remained dependent on the telephone hardware available in the building premises up until April 2017 when a new telephone system sourced by the practice had been installed. It was anticipated that the new system would improve patient telephone access experience. Patients were also encouraged to use on-line services to improve access to the practice and 22% of patients had registered for this.

- Notices informing patients that translation/ interpretation services were now displayed in the reception area.

- In addition the practice had considered and implemented the NHS England Accessible Information Standard to ensure that patients received information in formats that they can understand and receive appropriate support to help them to communicate.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to review how carers are identified to ensure information, advice and support is made available to them.
- Continue to monitor patient satisfaction with making appointments.

**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 is rated as good for providing well led services.

- The practice had a clear strategy and business plan to deliver the practice vision and values.
- The practice had developed a systematic programme of quality improvement including audit to assess, monitor and drive improved outcomes for patients.

**Good**



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to review how carers are identified to ensure information, advice and support is made available to them.
- Continue to monitor patient satisfaction with making appointments.

# Blue Wing Family Doctor Unit

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

This follow up desk based focused inspection was conducted by a CQC inspector.

## Background to Blue Wing Family Doctor Unit

Blue Wing Family Doctor Unit is a well-established GP practice situated within the London Borough of Hounslow. The practice lies within the administrative boundaries of NHS Hounslow Clinical Commissioning Group (CCG) and is a member of the Heart of Hounslow and Maswell Park GP locality.

The practice provides primary medical services to approximately 8,150 patients living in Hounslow within the practice boundary. The practice holds a core General Medical Services Contract (GMS) and Directed Enhanced Services Contracts. The practice is located at Heart of Hounslow Centre for Health, 92 Bath Road, Hounslow, TW3 3EL with good transport links by bus and rail services.

The practice operates from a purpose built building owned and managed by NHS Property Services. The building is set over four floors with lift and stair access, there is wheelchair access to the entrance of the building, toilet facilities for people with disabilities and on site pay and display car parking amenities. The practice has a total of seven consultation rooms, reception and waiting area on the first floor of the building. The practice shares the first floor accommodation with three other GP practices and the whole building is shared with other local community services.

The practice population is ethnically diverse and has a higher than the national average number of patients between 25 and 44 years of age and lower than the national average number of patients 50 years plus. The practice area is rated in the fifth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2015/16 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (49%, 46%, and 53% respectively).

The practice team comprises of one female and two male GP partners, a male salaried GP, a female sessional GP who collectively work a total of 30 clinical sessions per week. They are supported by one full time practice nurse, two part time health care assistants, a part time phlebotomist, a practice business manager and eight administration staff.

The practice opening hours are from 8.30am to 6.30pm Monday, Tuesday, Thursday and Friday and from 8.30am to 1.30pm Wednesday. Consultation times in the morning are from 8.30am to 11.30am Monday to Friday and in the afternoon from 2.30pm to 5.30pm each day with the exception of Wednesday afternoon when the practice is closed. Telephone consultations are available daily. Extended hour appointments are offered from 8am to 12pm every Saturday including one combined GP and practice nurse clinic once a month. Pre-bookable appointments can be booked up to six weeks in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health

# Detailed findings

checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury.

The practice was previously inspected under the new methodology on 20 October 2016 and achieved an overall rating of good but required improvement for providing well led services.

## Why we carried out this inspection

We undertook a comprehensive inspection of Blue Wing Family Doctor Unit on 20 October 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, although the key question well led was rated as requires improvement. The full comprehensive report following the inspection on 20 October 2016 can be found by selecting the 'all reports' link for Blue Wing Family Doctor Unit on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk based focused inspection of Blue Wing Family Doctor Unit on 1 September 2017. This 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

We carried out a follow up desk based focused inspection of Blue Wing Family Doctor Unit on 1 September 2017. This involved the review of documentation we had asked the practice to submit to demonstrate that improvements had been made in the areas of concern that were identified at our previous inspection on 20 October 2016.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 20 October 2016, we rated the practice as requires improvement for providing well led services as there was no formal strategy or supporting business plan to deliver the practice vision and there was no program of quality improvement to monitor and improve outcomes for patients.

When we undertook a follow up inspection on 1 September 2017 we saw that the practice had implemented measures to address these shortfalls. The practice is now rated as good for providing well led services.

### Vision and Strategy

When we inspected the practice on 20 October 2016 the practice had a clear vision to deliver high quality care and promote good outcomes for patients. They had a mission to improve the health, well-being and lives of patients they cared for underpinned by key principles. However, they did not have a formal strategy and supporting business plans which reflected the vision and values, therefore it was unclear how the practice would deliver the vision.

At this inspection we provided with a copy of the practice business plan which defined the strategic direction for the next two years and described the objectives and actions to achieve this. The business plan was regularly reviewed to monitor alignment with service provision.

### Governance arrangements

When we inspected the practice on 20 October 2016 the practice had a governance framework in place however, there was no systematic approach in place to assess, monitor and improve outcomes for patients through regular clinical and non-clinical audit. Medicine management audits were used to monitor quality and to make improvements in prescribing and patient record documentation.

At this inspection we were shown that a comprehensive program of continuous quality improvement was now in place. The practice had developed a quality monitoring & improvement policy which defined the activities that would be undertaken to assess, monitor and deliver quality improvement. This incorporated a range of specific approaches including clinical audit and clinical effectiveness, risk management, learning and development and patient engagement. All of which aimed to drive improved outcomes for patients.