

# First Care 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 safe?

Are services effective?

Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at First Care Practice on 11 October 2016. The overall rating for the practice was requires improvement. We also rated the practice as requires improvement for providing caring and responsive services and issued a requirement notice in relation to a breach of regulation 17. This was because the practice could not demonstrate it had sufficient staff capacity to meet the needs of patients and provide an accessible service.

We also noted that the practice:

- scored consistently below the local and national averages on the 2016 national GP patient survey
- had identified fewer than 1% of its patients as carers.

The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for First Care Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a focused inspection carried out on 11 December 2017 to confirm that the practice had made improvements since our last inspection and was now meeting legal requirements.

We also followed up concerns received by the Care Quality Commission about the quality of care and leadership at the practice.

Following this inspection, we have rated the practice as good overall. We have rated the practice as good for providing caring and responsive services. We did not find evidence to substantiate the concerns which had been reported to us and the practice's ratings for providing safe, effective and well-led care remain as good.

Our key findings were as follows:

- Since our previous inspection, the practice had increased its clinical capacity and the number of GP and nursing sessions it provided each week.
- The practice now used regular salaried or locum clinicians to facilitate continuity of care for patients with complex or longer term conditions.
- The practice promoted telephone consultations where appropriate and online appointment booking to better manage demand.
- The practice's results on the national GP patient survey remained below average in 2017. However, the practice had noted the response rate to this survey was low and had carried out its own survey of patients which showed improving satisfaction levels.
- The practice had increased the number of patients it had identified as carers to 91. The practice offered carers additional support and flexibility in making appointments.

# Summary of findings

- The practice provided a responsive service. It had a young population and had identified health promotion and lifestyle advice as a key priority for this population group.
- The practice was looking at innovative ways to support and engage patients to manage their own health where appropriate.
- The practice provided an accessible service. The practice was open seven days a week and over public holidays. Emergency and same day appointments were available for patients who required more urgent access.

The areas where the practice should make improvement are:

- The practice should review and, if appropriate, work to reduce its exception reporting rates for cervical screening which were relatively high in 2016/17.

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

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# First Care Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor and a nurse specialist advisor.

## Background to First Care Practice

First Care Practice provides primary medical services in Hounslow to over 10,000 patients through a general medical services (GMS) contract. It falls within the Hounslow Clinical Commissioning Group (CCG) area.

The practice operates from the ground floor of a purpose built building which is fully accessible to patients using a wheelchair.

The practice clinical team consists of the lead GP and seven salaried and 'regular locum' GPs, a nurse practitioner and seven practice nurses, three healthcare assistants and a phlebotomist. The practice also employs practice

managers, administrative staff and receptionists. The practice offers around 34 GP sessions and 25 nurse sessions per week. Patients have the choice of a male or female GP.

The practice is open between 8am and 8pm, seven days a week (including public holidays) with both GP and nurse appointments available throughout the week and at the weekend. The practice provides patients with information about how to access primary care or other health services out of hours if they need urgent advice or treatment.

The practice is registered with the Care Quality Commission to provide the regulated activities of maternity and midwifery service; treatment of disease; disorder or injury; family planning; diagnostic and screening procedures and surgical procedures.

## Why we carried out this inspection

We undertook a follow up focused inspection of First Care Practice on 11 December 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care. We also followed up a number of concerns that had been reported to us prior to the inspection.

# Are services safe?

## Our findings

At our previous focused inspection on 11 October 2016, we rated the practice as good for providing safe services. This rating remains unchanged.

Prior to our follow up inspection on 11 December 2017, a concern was reported to us about the practice's management of significant events.

We reviewed the systems in place for reporting on and learning from significant events. Staff were aware of the reporting procedure which was also documented in the

relevant policy documents. Significant events and incidents were a standing agenda item at the practice clinical meetings and the practice held an annual meeting to review significant events and other incidents and any learning.

We reviewed recent significant events and other incidents, for example, an incident in which a patient became challenging in the reception area and a patient suicide. These had been documented, discussed and actions taken in line with practice policy. Staff were aware of the duty of candour and their responsibilities to be open with patients when things went wrong.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous focused inspection on 11 October 2016, we rated the practice as good for providing effective services. This rating remains unchanged.

Prior to our follow up inspection on 11 December 2017, concerns were reported to us alleging that the practice:

- did not manage the care of patients with long term conditions appropriately, for example by conducting medication reviews
- was not encouraging patients to attend cancer screening programmes
- did not make appropriate use of clinical staff members' skills, expertise and knowledge.

We reviewed these aspects of the service during the inspection and did not find evidence to substantiate the concerns.

In 2016/17, the practice scored 96.9% on the Quality and Outcomes Framework (QOF) compared to the national average of 95.6%. (QOF is a system intended to improve the quality of general practice and reward good practice, including the management of longer term conditions). The practice had dedicated clinical leads for longer term conditions, for example one of the GPs had a special interest in diabetes.

We examined a sample of recent medication reviews and care plans. These had been completed appropriately although two of the cases in our sample were overdue a review and we discussed this with the lead GP. The practice could demonstrate effective links with local community services and specialists in relation to the care of patients with longer term conditions.

The practice achieved a cervical screening coverage rate of 70% in 2016/17 compared to the CCG average of 77%. The practice also had higher than average exception rate reporting for this indicator at 15% compared to the CCG average of 9%. We were told that this was due to the high mobility of practice patients. We were also told that eligible women who declined a test were re-invited the following year. The practice had identified cervical screening as an area for improvement and had designated a particular nurse to take the lead on screening and actively follow up women who did not respond to their invitation for example with telephone and text messaging.

We interviewed several members of the clinical team. The nursing staff and health care assistant we spoke with said they were actively encouraged to develop their professional skills and knowledge (for example with protected time set aside for training). They confirmed they were not asked to work outside their competencies. The health care assistants were supported by clear written protocols and patient specific directions when administering injections. Patient group directions for the nurses were up to date and correctly completed.

All staff members had annual appraisals carried out by an appropriately qualified clinical lead which included personal development plans, anonymous 360 degree appraisal and patient feedback. Staff confirmed that identified learning needs had been actioned following their appraisal, for example the nurse practitioner had recently completed training on treating minor illness. Clinical staff said they had regular opportunities to meet and reflect on their practice and share experience.

# Are services caring?

## Our findings

At our previous inspection on 11 October 2016, we rated the practice as requires improvement for providing caring services because the practice consistently scored below the local and national averages for patient experience. At this inspection we found that the practice had made significant improvements. The practice is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that 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 were able to take patients to a more private area if patients needed to discuss sensitive issues or appeared distressed.
- The practice was aware of the NHS accessible information standard. The practice used interpreting and sign language services when appropriate. The practice also had information and signposting in Braille.
- Patients could choose to see a male or female GP. The practice now used salaried and 'regular locum' GPs, enabling patients to book appointments with the same doctor if they wished. Reception staff routinely asked patients if they wanted to see the same doctor as part of the practices' revised appointment booking procedure.

The national GP patient survey based on 73 responses (a survey response rate of 19%) showed that the practice's results remained lower than average. For example

- 64% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 81% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 63% describe their overall experience of this surgery as good compared to the CCG average of 81% and the national average of 85%.

The practice had held a staff away day after the publication of the national survey results and developed an action plan to improve patient experience. Action taken since our previous inspection included expanding the clinical team enabling more appointments to be offered and with less risk of staff feeling under pressure to 'rush' consultations. The practice had also arranged for staff training on customer service skills.

The practice had run its own patient survey over several months from August to October 2017. This was sent electronically and mirrored the questions in the national survey to provide comparable results. The practice received 200 responses. The results showed some improvements over the national survey results. For example:

- 87% of patients said the GP was good at listening to them.
- 90% of patients said they had confidence and trust in the last GP they saw.
- 71% of patients described their overall experience of the surgery as good.

We spoke with the chair of the patient participation group who was very positive about the practice, the improvements it had made and work it had done for example, with the walking group and the patient events.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice had improved the information available to patients since our previous inspection (for example, the clinical staff provided standardised patient information leaflets which could be sent to patients electronically if preferred).

The practice now displayed information about the practice team in the waiting room and the practice leaflet and included information about any changes to the service in its monthly newsletters. The practice website included a great deal of information, for example about healthy living, pregnancy and particular longer term conditions including 70 videos which the practice had uploaded. The practice was experimenting with different forms of communication (for example, short animations) in an attempt to engage a wider range of patients.

## Are services caring?

The practice computer system alerted staff if a patient was also a carer. The practice had actively sought to increase the number of patients identified as carers, for example by contacting patients over 75 and patients with complex conditions. The practice had identified 91 patients as

carers (that is, around 1% of the practice list). The practice offered carers the flu vaccination, priority for appointments and had recently held an event which included a session on carers support and how to access short breaks.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 11 October 2016, we rated the practice as requires improvement for providing responsive services because the practice consistently scored below the local and national averages for access to the service and continuity of care. At this inspection we found that the practice had made significant improvements. The practice is now rated as good for providing responsive services.

Prior to the inspection, a concern was reported to us about the responsiveness of the practice to home visit requests. We reviewed this during the inspection and did not find evidence to support the concern. The practice had a system in place for responding to home visit requests. All requests were reviewed by a GP and we saw that home visits had been arranged when clinically appropriate. Both the GPs and nurses carried out home visits.

### Responding to and meeting people's needs

Practice staff reviewed the needs of its local population and engaged with other agencies and professionals to secure improvements to services where these were identified. For example, in response to patient feedback and recent research, the practice had identified a need to provide patients with better information and support to adopt healthier lifestyles and manage their own health. The practice was using insight from behavioural science (on 'patient activation measures') to design interventions that were more likely to engage a wide range of people. The practice was in the process of redesigning its website and other materials to support this approach.

- The practice ran a morning appointment triage system to route patients to the most appropriate professional and to ensure patients had urgent access to the service if required. The practice had reviewed the system since our previous inspection. One of the GPs sat with the receptionists during the triage session and could provide clarification and talk directly with patients as required.
- The practice had significantly increased the clinical capacity of the team, recruiting two additional GPs and offering more nursing sessions. The practice now provided 35 GP sessions a week compared to 22 at our previous inspection. The staff we spoke with consistently told us this had improved patient access.

- The practice had run a number of patient information events in 2017 including pregnancy; exercise and diet including access to a four week diet and cooking workshop; a stop smoking event; children's health and diet; asthma and lung health; dementia and carers support. These had been well publicised and attended and the practice had organised external speakers and diagnostic testing when appropriate (for example spirometry testing at the asthma and lung event). The practice had filmed these events and posted the videos on their website.
- The practice was working with patients who attended the practice, urgent care or A&E health services frequently to encourage more appropriate use of health services and identify unmet social needs.
- The practice had set up a walking group which was running successfully and had attracted a diverse range of patients.
- There were longer appointments available for patients with a learning disability or other complex needs.
- The GPs and nurses attended a local care home for people with learning disabilities to provide health checks and flu vaccinations.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice had introduced 'bravery certificates' for young children for example, attending for vaccination.
- There were disabled facilities, a hearing loop and translation services available. All doors to clinical rooms at the practice had numbers in Braille for patients who were blind or had limited vision. The practice also had wheelchairs available for patients with mobility issues.

### Access to the service

The practice was open between 8am and 8pm, seven days a week (including public holidays) with both GP and nurse appointments available throughout the week and at the weekend.

- In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available on the same day for people that needed them.

We reviewed appointment availability at the time of the inspection. Routine appointments were available within a week to see a nurse or GP.

# Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment had tended to remain below the local and national averages. For example:

- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the clinical commissioning group average of 80% and the national average of 84%.
- 17% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 53% and the national average of 56%.
- 55% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.

The practice had carried out their own online patient survey in 2017 and had received 200 responses. The results showed some improvements compared to the national survey, particularly in relation to continuity of care. For example:

- 73% of patients were able to get an appointment to see or speak to someone the last time they tried.

- 77% of patients said they always or almost always see or speak to the GP they prefer.
- 69% of patients described their experience of making an appointment as good.

## Listening and learning from concerns and 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 and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that the practice had improved the information available to help patients understand the complaints system. Posters were displayed in the waiting area and leaflets were available for patients at the reception desk.
- The practice had received seven complaints over the last 12 months (compared to 15 the previous year and 24 in 2015). These had been responded to in line with practice policy. Complaints were discussed at staff meetings and analysed for trends. We saw evidence that action had been taken in response to complaints.

# Are services well-led?

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

## Our findings

At our previous focused inspection on 11 October 2016, we rated the practice as good for providing well-led services. This rating remains unchanged.

Prior to the inspection, a concern was reported to us alleging that the practice leadership was not open to positive suggestions and ideas for improvement. We reviewed this during the inspection and did not find evidence to support the concern.

Staff members at all levels consistently told us there was a focus on continuous improvement and the practice was a good place to work. The practice had held staff away days to review its performance and explore ways to improve as a team. Staff members told us this had been enjoyable and was a good example of the open working culture in the practice. The lead GP was described as forward thinking and motivational by staff members.

The practice provided considerable evidence to show us of improvements it had made to the service in response to previous inspection findings, patient feedback, staff suggestions and other opportunities to work more effectively with other professionals and providers. The lead GP also provided evidence of work they had done to disseminate good practice and their pilot project results to other practices in the area and more widely.

The practice was keen to innovate for the benefit of patients and provided evidence of work in progress on the use digital technologies and visual communication aids to engage patients. For example it was encouraging patients to download a mobile health app providing ready access to information about the service and publicised information to patients (for example, safety alerts) through social media sites such as Twitter and Facebook.