



## **General Practice Inspection (Announced)**

Porthmadog Health Centre, Betsi  
Cadwaladr University Health  
Board

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

**To check that people in Wales are receiving good care.**

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care.**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice.**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice.**

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Porthmadog Health Centre (previously Meddyg Care) at High Street, Porthmadog, LL49 9HD within Betsi Cadwaladr University Health Board on the 9 October 2018.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), GP and practice manager peer reviewers and a lay reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

The practice is going through a period of substantial change, having very recently been taken under the control and management of the health board. We found that whilst the service was striving to provide patient centred care, there were areas where the practice was not fully compliant with all Health and Care Standards.

This is what we found the service did well:

- Clean and tidy environment
- Positive and friendly interactions between staff and patients
- Provision of a self referral physiotherapy service
- Staff acceptance and positivity regarding the new management arrangements.

This is what we recommend the service could improve:

- Promotion of the chaperone facility and training for staff
- Some aspects of patient information
- Areas of infection control including carpet in treatment rooms and appropriate foot operated peddle bins
- Arrangements for the safe storage of emergency drugs and equipment
- Sharing of learning following patient safety incidents
- Programme of audits
- Areas of record keeping
- Staff training
- More robust management and governance arrangements.

## 3. What we found

### Background of the service

Porthmadog Health Centre currently provides services to approximately 3,800 patients in the Gwynedd area of north Wales. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board.

The practice, since the 1 October 2018, had been taken under the management of the health board, and was at a time of significant change.

The health board had a number of locum GPs directly employed and used at a number of health board managed GP practices across the area, depending on need. Porthmadog Health Centre did not at the time of the inspection have a permanently appointed GP, and we were told that recruitment was currently in process.

There were areas of the inspection that we were unable to consider in detail due to the lack of a permanent GP/clinical lead at the practice. This meant there were some elements of clinical practice that we were not able to fully explore.

Employed by the health board and based at the practice were a team of staff which included a practice manager, health care assistant, practice nurse, advanced nurse practitioner and six reception staff, five of whom were able to undertake a dispensing role.

The practice provides a range of services, including:

- Physiotherapy services
- Asthma/diabetes/coronary prevention clinics
- Cervical screening
- Child health and immunisations
- Adult immunisations
- Travel vaccinations
- Nurse lead lifestyle advice on smoking, weight, exercise, diet and alcohol

- Private medical service.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

The vast majority of patients told us that they were treated with dignity and respect by staff and made positive comments in this respect.

The advertisement of the chaperone facility needed to be made more prominent to patients and appropriate training needed to be provided to staff.

Some information for patients could be improved, including information for carers and details of the Community Health Council.

Prior to our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. On the day of the inspection we also spoke to patients to find out about their experiences at the practice.

In total, we received 36 completed questionnaires. The majority of the patients that completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

Patients were asked in the questionnaire to rate the service provided by this GP practice. Responses were positive; the majority of patients rated the service as either 'excellent' or 'very good'. Patients told us:

*"The staff at the practice work together as a good team"*

*"Excellent service with very helpful staff"*

*"The nursing staff are very good - particularly two members - reception staff always nice and helpful"*

Patients were asked in the questionnaires how the GP practice could improve the service it provides; suggested improvements included:

*"Maybe being able to make appointments for following day if fully booked"*

## *“Shorten waiting times”*

### **Staying healthy**

We saw that there was a variety of posters and information leaflets for patients to read and take away with them in the waiting area of the practice. This meant that the practice helped to provide information to patients about taking responsibility for their own health and well-being.

We saw that some information for carers was displayed in the waiting area. The practice may wish to explore providing additional information for carers about the services and support they are able to access. We also suggested that the practice should consider appointing a carers champion to act as a point of contact for those patients with caring responsibilities, to help provide support and advice. The health board agreed to consider this.

#### **Improvement needed**

The health board should consider appointing a member of staff as a carers champion to support patients with this responsibility and consider whether there is sufficient information available in the waiting area for carers.

### **Dignified care**

All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice.

We observed staff greeting people in a professional yet friendly manner at the reception desk and during telephone conversations. Telephone calls were received into the reception area, with staff sat behind glass to help prevent conversations being overheard. The waiting area was also separate to the booking in desk, limiting the chance of any conversations being overheard.

We saw that doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Curtains were available around the treatment couches in each of the treatment rooms, helping to promote patient dignity and privacy during appointments.

We did not see that the right to request a chaperone was advertised to patients. We recommended that this should be advertised to patients by posters and/or literature in the waiting area and in the treatment rooms. We were unable to see

training records to show that all staff who were used as a chaperone had received appropriate training. The health board agreed to address this issue.

Just under a half of patients that completed a questionnaire told us that they could only 'sometimes' get to see their preferred doctor. One patient commented in the questionnaires:

*"The doctors don't seem to stay very long so the continuity of care is lacking"*

#### Improvement needed

The health board should ensure that all staff who act as a chaperone are appropriately trained, and promote the chaperone service to patients.

#### Patient information

The practice had a website which provided information about the practice; however this was the previous owner's website and did not reflect the new management arrangements. Health board staff told us that information relating to the practice was available on the health board's own website. We saw that a leaflet was also available for patients, and it provided good information about the services provided by the practice. The leaflet was dated September 2018, and it was unclear whether this was reflective of the new management and staffing arrangements. The health board should review the leaflet to ensure it contains the most up to date and relevant information.

More than a third of the patients that completed a questionnaire told us that they would not know how to access the out of hours GP service.

#### Improvement needed

The health board should review the patient information leaflet to ensure it contains the most up to date and relevant information.

#### Communicating effectively

Where applicable, the majority of patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language; some patients that preferred to speak in Welsh said that they could only

'sometimes' speak to staff in their preferred language. We saw that predominately the range of information available to patients in the waiting area was bilingual, in both Welsh and English.

The practice also had access to a language line to provide translations services to patients who wish to communication in languages other than English or Welsh.

The vast majority of patients that completed a questionnaire felt that their medical needs are always explained to them during their appointment in a way that they can understand. Patients also told us that they are involved as much as they wanted to be in decisions made about their care.

The practice had a hearing loop to aid communication with those patients with hearing difficulties. Through discussions with staff it was not clear how deaf, or hard of hearing patients were able to make appointments without physically attending the practice. The practice must consider how it ensures all patients have ease of access to their appointments system.

Arrangements were described for ensuring that incoming correspondence/ communication to the practice had been read and acted upon. Staff also explained the arrangements in place to ensure that messages (from patients and others) were brought to the attention of the doctors, nurse or other visiting professionals, in a timely way.

During the inspection however we found one instance of where a letter requesting a referral had not been acted upon. This was discussed with the health board and we received sufficient assurance following the inspection that this had been appropriately managed. The health board must however ensure that their process for managing incoming post is robustly managed.

#### Improvement needed

The health board must ensure that all patients, including deaf or hard of hearing patients, are able to access the appointment system easily.

The health board must ensure that a robust process is in place for the management of incoming letters to ensure that all requests are acted upon in a timely manner.

## Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of patients that completed the questionnaire told us that they were 'very satisfied' with the hours that the practice was open.

When asked to describe their overall experience of making an appointment, all patients that completed a questionnaire described their experience as 'very good' or 'good'. More than three quarters of patients that completed a questionnaire also said that it was 'very easy' or 'fairly easy' to get an appointment when they needed one.

Patients were able to make on the day and in advance appointments (up to one month) depending on their need.

## **Individual care**

### **Planning care to promote independence**

The practice was located within a purpose built building. There was a ramp leading up into the practice allowing those using wheelchairs and/or mobility difficulties to access the practice. There was a wheelchair accessible toilet inside the practice. Parking was available directly outside the practice, however there was ongoing building work nearby which impacted on the surface of the road leading up to the practice. The health board had recognised this in their own improvement plan as an issue to address following completion of the building work. The health board was reminded to also consider disabled parking facilities.

All of the treatment rooms were located on the ground floor of the practice. The reception desk had a lowered side which would enable patients who used a wheelchair to speak with staff.

Practice staff told us that a specialist diabetes nurse used to attend the practice to run a clinic every six to eight weeks to support patients with this long term

health condition. This was funded by the local cluster group.<sup>1</sup> We were told however that this clinic had not run since the beginning of the summer. Whilst the practice information leaflet stated that a number of clinics were run in the practice, such as asthma management, coronary prevention and child health and immunisations, due to there being no clinical lead and/or permanent GP in the practice on the day of our inspection, we were unable to confirm whether these were taking place as stated.

We saw that the practice provided a physiotherapy service one day each week which was funded by the local cluster. Patients were able to self refer to this service, and staff told us that patients valued this.

#### Improvement needed

The health board should consider the arrangements for specialist clinics within the practice to ensure they are meeting the needs of individual patients.

#### People's rights

Our findings which are described throughout this section indicate that the practice and staff were aware of their responsibilities around people's rights.

#### Listening and learning from feedback

The practice had a suggestion box in the reception area of the practice, where patients were able to provide comments and/or suggestions about the service they received. This was a relatively new process, and we were told that the practice manager would be responsible for looking at any suggestions and taking action where appropriate. We were also told that they intend on rolling out a patient satisfaction survey managed by an external company to obtain views from patients about the care and treatment received. Results of the survey will be placed on the notice board in the waiting area of the practice for patients to view.

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<sup>1</sup> A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally.

The practice had a complaints procedure in place and this was displayed in reception. We also saw that the all Wales Putting Things Right<sup>2</sup> process was displayed should patients wish to raise a concern or complaint directly with the health board. We recommended that information regarding advisory services, such as the Community Health Council, should be displayed for patients to have ease of access to this information.

The practice made efforts to resolve complaints at a local level, with the practice manager being the first point of contact. We saw records of complaints received into the practice and staff demonstrated an effective system for managing and recording complaints and actions taken to address them.

#### Improvement needed

The health board should display information and contact details for the local Community Health Council.

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<sup>2</sup>[http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166\\_Putting%20Things%20Right\\_a5%20leaflet\\_English\\_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf](http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf)

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We found a staff team who were patient centred and committed to delivering a high quality service to their patients.

Arrangements for the storage of the emergency drugs and equipment needed to be considered to ensure they remained secure.

Improvements are required to some infection control measures, such as removing the carpet in treatment rooms and the need for appropriate foot operated peddle bins.

The sharing and learning from serious incidents or patient safety issues needs to be formalised.

## Safe care

### Managing risk and promoting health and safety

During a tour of the practice building we found that most patient areas were clean and uncluttered, including the waiting areas and treatment rooms. We found that the trolley used to store the emergency drugs and equipment was left in the corridor between the waiting area and treatment room. This limited the space for patients and staff walking through this area. A recommendation regarding the safe storage of the emergency drugs and equipment is made later on within this report.

Since taking over the management of the practice the health board had carried out their own site risk assessment, identifying where improvements needed to be made for the benefit of both staff and patients. This included areas such as fire safety, infection control and environmental considerations. This was a live document that included an action plan and dates for completion of improvements. We saw that recent testing of electrical appliances had been completed, to help ensure they remained safe to be used.

The practice was located in a single storey building, with the patient access at the front of the building leading into the reception area. The practice had a back door entrance which led into the staff room, which then gave access to the area behind reception and the medication storage and dispensing area. This door was used by staff to access the practice and was not locked. The back door, and therefore the staff areas, were easily accessible to any members of the public. The health board must improve the security of the building to protect those visiting and individuals working at the practice.

A small number of patients that completed a questionnaire felt that it was 'not very easy' or 'not at all easy' to get into the building that the GP practice is in. We noted that there was a lot of building work ongoing directly outside the practice, which impacted on the parking facilities. The health board was aware of this and the need to address these issues following completion of the building work.

#### Improvement needed

The health board must improve the security of the practice building to prevent unauthorised access.

#### Infection prevention and control

There were no concerns given by patients over the cleanliness of the GP practice; almost all of the patients that completed a questionnaire felt that, in their opinion, the GP practice was 'very clean'.

Staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce the risk of cross infection. The clinical treatment areas we saw were visibly clean.

We saw that hand washing and drying facilities were provided in clinical areas and in the toilets. Hand sanitisers were also available around the practice.

There was a comprehensive infection control policy in place, however this was a health board wide policy and new to the practice. A recommendation regarding new policies and procedures is made under the Management and Leadership section of the report.

We saw that some treatment rooms were carpeted, and some did not have the appropriate foot peddle operated bins to promote effective infection control procedures. The health board had also identified this on a recent infection control audit in October 2018 and agreed to address this.

We saw that records had been kept with regard to staff Hepatitis B immunisation status, to help protect both staff and patients. This was maintained centrally by the practice manager.

#### Improvement needed

The health board must ensure that treatment rooms have appropriate flooring to ensure effective and thorough cleaning, and have appropriate foot peddle operated bins to promote effective infection control procedures.

#### Medicines management

We were unable to explore this element of clinical practice in detail due to the lack of a clinical lead and/or permanent GP on the day of inspection.

The practice was a dispensing practice and had five members of staff who were able to undertake this role. Staff told us that they had received the relevant training; however we did not see all certificates to demonstrate this. The health board should review staff training records to ensure all staff are appropriately trained in safe dispensing.

The health board was in the process of appointing pharmacy support to the practice to support the team regarding safe prescribing and medicines management.

We saw that there was a record of regular checks of equipment and drugs to be used in an emergency. As mentioned earlier on in the report the emergency drugs and equipment were stored in a patient area. Whilst this not only caused a potential hazard as it limited space and movement, it was also easily accessible to patients who on occasions were not always accompanied by a member of staff. The health board must ensure that the emergency drugs and equipment are stored securely to prevent unauthorised access.

Patients could access repeat prescriptions by calling into the surgery, post prescriptions, via fax or by leaving a voicemail on the answerphone service.

#### Improvement needed

The health board should review staff training records to ensure all staff are appropriately trained in safe dispensing.

The health board must ensure that the emergency drugs and equipment are

stored securely to prevent unauthorised access.

### **Safeguarding children and adults at risk**

We found that there were child and adult safeguarding policies and procedures in place, which contained a flow chart for staff to follow, and contact details for the relevant safeguarding authorities.

Where appropriate, we were told that records of children subject to safeguarding measures would be annotated appropriately to alert staff during appointments.

We were told that staff had received relevant safeguarding training for both adults and children. We looked at a sample of staff files and were able to find some certificates to demonstrate training had been completed, but not all. The health board told us that a review of staff training had been completed and a training matrix produced, highlighting where there were training gaps and needs. A recommendation about this is made within the Management and Leadership section of the report

### **Medical devices, equipment and diagnostic systems**

We found that calibration and testing of medical equipment had very recently been carried out by the health board to help ensure they remained safe to use.

## **Effective care**

### **Safe and clinically effective care**

We discussed with staff the sharing of information and learning following any patient safety incidents and/or significant events. It was a concern to find that there were no arrangements in place for this to be discussed across the practice. We recommended that learning from significant events should be shared with all staff through a formal mechanism to allow for open discussions and learning.

It was unclear what processes were in place within the practice with regards to audits and reviews, to help demonstrate the delivery of safe and effective care provided to patients. Examples of audits should include areas such as referral pathways, prescribing, patient records. We were told that the health board was in the process of appointing a clinical lead GP, and it would be their responsibility to undertake this role.

#### Improvement needed

The health board must ensure that learning from significant events and safety incidents is appropriately shared and discussed by all staff within the practice.

The health board must ensure that a programme of audits is implemented to demonstrate the delivery of safe and effective care to patients.

#### Information governance and communications technology

We found that patient records were appropriately stored and protected to prevent unauthorised access.

#### Record keeping

We looked at a sample of patient records and overall found them to be of a satisfactory standard, supporting the care and treatment provided to patients. There were however, two issues that were raised with the health board on the day of inspection which required clarification about clinical care provided. We were provided with assurance following the inspection that these matters were being dealt with appropriately. We recommended where some improvements to the overall standard of record keeping should be made to ensure that all records are maintained in a consistent manner. This included:

- Medication must be linked to a condition
- The offer and acceptance/decline of a chaperone should be recorded
- Evidence of medication reviews and/or reasons for repeat prescribing.

We found two examples in the records we considered where NICE<sup>3</sup> guidelines had not been followed for the treatment of hypertension. It was unclear within the records why best practice had not been followed with regards to prescribing medication, as this was not documented.

We also found that summarising of patient notes was being carried out by non-clinical members of staff. Whilst this is acceptable, the practice was unable to evidence that relevant training had been given, or that there had been any clinical overview of the summarising undertaken.

### Improvement needed

The health board must ensure that patient records are consistently maintained in respect of the following:

- Medication must be linked to a condition
- The offer and acceptance/decline of a chaperone should be recorded
- Evidence of medication reviews and/or reasons for repeat prescribing
- Justification and reason for not following best practice guidelines.

The health board must ensure that staff responsible for summarising patient records have received relevant training and that appropriate clinical overview is maintained.

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<sup>3</sup> The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found a patient-centred staff team who told us they were well supported by fellow colleagues within the practice.

The practice was in transition having very recently been taken over by the health board, with the staff being very receptive to this change in management.

We found that the health board were active in identifying where improvements could be made, and that this was an ongoing process.

## Governance, leadership and accountability

The practice had very recently become managed by the health board and we found that it was in a period of substantial change. The majority of the staff, both clinical and administrative remained at the practice and were being supported by members of the health board's primary care team during this period of change.

The health board was in the process of appointing a salaried GP into the practice, who would also take the role of clinical lead. We saw this as an important role to be able to provide advice and guidance to clinical staff within the practice. There were no other salaried GPs based at the practice, and the health board utilised health board employed salaried GPs to work in a number of health board managed practices, Porthmadog Health Centre being one.

We found that the health board had recently undertaken a review of the practice with a view to making improvements, both clinical and managerial. We saw that an action plan had been created which included timescales for completing improvements identified. Many of the improvements and recommendations made during the inspection had already been identified by the health board.

Some of the improvements had been addressed, however we recognised that the health board had only taken responsibility for the practice one week prior to the inspection, so had been unable to address all improvements identified.

We found a patient-centred staff team who were committed to providing the best services they could. Staff informed us that they felt supported by both the managerial team. We did identify an area of concern with regards to support and management provided to some members of clinical staff, this was dealt with outside of the inspection process and the health board provided confirmation of actions taken to address the issues raised.

We recommended that due to the change of management arrangements of the practice, a review of the management structure and overall governance arrangements was required to ensure the practice was meeting with best practice and staff received the support they needed to carry out their roles effectively.

We saw that nurse staff meetings had recently been implemented and the plan was to hold them every four to six weeks. All staff meetings had not been held until very recently, and we were told that there was a plan in place to also hold these every four to six weeks.

As the practice staff had been newly transferred over to the health board there were a new range of policies and procedures they needed to become familiar with. We noted that they were predominately secondary care based, and suggested that they should be revised to ensure they reflected primary care processes and procedures. The health board told us that this was being considered as a wider project across the directorate. We saw that this had been highlighted as an action in their risk register, with a new policy file being created for staff to have access to, and to read and sign to demonstrate an awareness of them.

The practice did not have a practice development plan, and one needed to be created.

#### Improvement needed

The health board should consider the management arrangements of the practice to ensure that staff are appropriately supported in their roles.

The health board should consider the overall governance arrangements of the practice following the change of management responsibility to ensure robust management and clinical processes are in place.

The health board should develop a practice development plan.

## **Staff and resources**

### **Workforce**

There was a well established staff team in place, with many staff members being employed for a number of years.

Staff were able to describe their roles and responsibilities in detail and demonstrated a good understanding of the practice workings.

We found that an overall training matrix was maintained, which highlighted where there were training gaps for some staff. We saw that the health board was in the process of ensuring that staff had access to the health board's online training system to ensure that all mandatory training is completed. This action was also identified in the health board's action plan as an area for improvement.

Whilst we were able to see that some staff had been able to access some training, we found that there were areas, such as safeguarding and CPR, which had not always been undertaken in a timely way. We saw that a training matrix had recently been created, which detailed the essential and mandatory training needs for all staff. We found that the management team were in the process of identifying gaps for individual members of staff and arranging training sessions where appropriate.

Staff had not received an appraisal of their work within the past 12 months, however the health board had arranged for these to take place in October. Staff also confirmed that these had been planned to take place.

We considered a number of staff personnel files during the inspection and were able to confirm that appropriate checks had taken place prior to the health board taking over the management of the practice to help ensure that staff remained suitable to be employed.

### Improvement needed

The health board must ensure that staff have access to training appropriate to their roles and ensure that ongoing training is managed in a timely manner moving forward.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how GP practices are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within GP practices.

Further detail about how HIW inspects the [GP practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

| Immediate concerns identified  | Impact/potential impact on patient care and treatment                                      | How HIW escalated the concern  | How the concern was resolved   |
|--|--|--|--|
| We identified some areas of concern with regards to some areas of clinical practice. | This meant that some patients may not have received appropriate care and timely treatment. | This was raised immediately with health board staff who took remedial action. We also wrote to the health board following the inspection requesting they confirm the action taken to address the concerns. | Remedial action was taken by the health board to address the concerns raised on the day of inspection. We also received written assurance following the inspection of additional action taken to address the concerns. |

## Appendix B – Immediate improvement plan

**Service:** Porthmadog Health Centre

**Date of inspection:** 9 October 2018

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

| Immediate improvement needed                                     | Standard | Service action | Responsible officer | Timescale |
|--|----------|----------------|---------------------|-----------|
| No immediate assurance issues were identified on the inspection. |          |                |                     |           |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Porthmadog Health Centre

**Date of inspection:** 9 October 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

| Improvement needed   | Standard   | Service action   | Responsible officer                                 | Timescale  |
|--|--|--|---|------------|
| <b>Quality of the patient experience</b>   |  |  |   |            |
| The health board should consider appointing a member of staff as a carers champion to support patients with this responsibility and consider whether there is sufficient information available in the waiting area for carers. | 1.1 Health promotion, protection and improvement | The Practice Manager will undertake this role initially, however, another staff member will be identified and offered appropriate training/knowledge to be effective as the Carers Champion  | Practice Manager                                    | 31/12/2018 |
| The health board should ensure that all staff who act as a chaperone are appropriately trained, and promote the chaperone service to patients.   | 4.1 Dignified Care                               | Training has been identified with First Practice Management; we are currently identifying a suitable date to enable relevant staff members to attend. Following completion of this training, the signage in the practice will be updated to inform patients that this service is | Practice Manager / Primary Care Development Manager | 31/01/2019 |

| Improvement needed   | Standard                      | Service action   | Responsible officer | Timescale  |
|--|-------------------------------|--|---------------------|------------|
|  |                               | available.   |                     |            |
| <p>The health board should review the patient information leaflet to ensure it contains the most up to date and relevant information.</p>  | 4.2 Patient Information       | <p>The health board had reviewed the patient information leaflet as part of the take-over process, The information included in this leaflet is current as per the current services that the practice provides. There was an error on the date included on the patient leaflet showing this to have been produced in September 2018 which could lead to confusion as to whether this is current or not following the HB take over from 01/10/18. This has been updated and the Practice Manager will ensure the correct version is used going forward</p> | Practice Manager    | Completed  |
| <p>The health board must ensure that all patients, including deaf or hard of hearing patients, are able to access the appointment system easily.</p> <p>The health board must ensure that a robust process is in place for the management of incoming letters to ensure that all requests are acted upon in a timely manner.</p> | 3.2 Communicating effectively | <p>The Health Board has provided the practice with information about services that they can make use of for BSL interpreter services. This is advertised to patients in the waiting area. All staff are aware of this service so that they can assist patients to make use of this service. Patients are able to book</p>  | Practice Manager    | 31/12/2018 |

| Improvement needed   | Standard                                  | Service action   | Responsible officer              | Timescale   |
|--|---|--|----------------------------------|---|
|  |   | <p>appointment online with My health Online. Further training in sensory loss has been received in the practice by the BCU Sensory Loss advisers and posters have been installed in the Practice. A toolkit is also available in the practice for staff to utilise as appropriate.</p> <p>The Health Board has ensured that the practice has a system in place for monitoring and action any incoming letters. This is done on a daily basis by a GP, any actions required are sent to the reception team as tasks that can be audited. Ongoing audits will be done to ensure this process maintained. We have also developed contingency measure with another HB managed practice to ensure that these can be reviewed remotely to avoid any delay in action.</p> | Practice Manager                 | Action completed but ongoing review of this will be done. |
| The health board should consider the arrangements for specialist clinics within the practice to ensure they are meetings the needs | 6.1 Planning Care to promote independence | The Health Board can confirm that there are a number of services that are offered in the practice. However it has identified that a more formal process of   | Primary Care Development Manager | 30/06/2019  |

| Improvement needed   | Standard  | Service action  | Responsible officer | Timescale  |
|--|---|---|---------------------|------------|
| of individual patients.  |   | establishing what services patients need and would like in the practice should be carried out. This forms part of an ongoing project that the HB are working on currently. The practice will be brought on board with this project as part of the network of Managed Practices in the Area West. This project will identify what services are offered across The Managed Practices in Area West and work to fill these. |                     |            |
| The health board should display information and contact details for the local Community Health Council.                        | 6.3 Listening and Learning from feedback          | This action was carried out on the day of the inspection.   | Practice Manager    | Completed  |
| <b>Delivery of safe and effective care</b>   |   |   |                     |            |
| The health board must improve the security of the practice building to prevent unauthorised access.                            | 2.1 Managing risk and promoting health and safety | The Health Board can confirm that on the day of the inspection the security to the practice was improved and all staff made aware.  | Practice Manager    | Completed  |
| The health board must ensure that treatment rooms have appropriate flooring to ensure effective and thorough cleaning and have | 2.4 Infection Prevention and Control (IPC) and    | The Health Board can confirm that the Estate department will be replacing the flooring in the 2 GP rooms to meet  | Practice Manager    | 31/01/2019 |

| Improvement needed  | Standard                               | Service action  | Responsible officer | Timescale   |
|---|--|---|---------------------|---|
| appropriate foot peddle operated bins to promote effective infection control procedures.  | Decontamination                        | <p>current infection control standards. Estates have been asked to prioritise this task and advise us of a date for completion,</p> <p>The Health Board can also confirm that non touch clinical waste bins have been ordered and delivery is expected imminently</p>   |                     |   |
| <p>The health board should review staff training records to ensure all staff are appropriately trained in safe dispensing.</p> <p>The health board must ensure that the emergency drugs and equipment are stored securely to prevent unauthorised access.</p> | 2.6 Medicines Management               | <p>Records of Dispensing training is available in all staff files.</p> <p>As part of the health board take over a new emergency equipment trolley has been ordered to meet HB requirements this will enable the team to lock the trolley. In the interim all patients are escorted to and from treatment rooms so this trolley cannot be accessed. Awaiting the delivery of new trolley</p> | Practice Manager    | 31/12/2018  |
| The health board must ensure that learning from significant events and safety incidents is appropriately shared and discussed by all staff within the practice.   | 3.1 Safe and Clinically Effective care | The Health Board has a process for ensuring significant events are discussed. Team meetings at the practice will be the forum for sharing this evidence and this process has already  | Practice Manager    | Completed but meetings will be ongoing on monthly basis |

| Improvement needed  | Standard                  | Service action  | Responsible officer  | Timescale                                      |
|---|---------------------------|---|--|--|
| <p>The health board must ensure that a programme of audits is implemented to demonstrate the delivery of safe and effective care to patients.</p>   |                           | <p>begun.</p> <p>The Health Board have commissioned an Independent GP advisor to audit the clinical notes of all clinical staff at the practice. The results of these audits will be shared with the clinical team for their learning as required.</p>  | <p>Assistant Medical Director &amp; Primary Care Development Manager</p> | <p>to include incidents.</p> <p>31/01/2019</p> |
| <p>The health board must ensure that patient records are consistently maintained in respect of the following:</p> <ul style="list-style-type: none"> <li>• Medication must be linked to a condition</li> <li>• The offer and acceptance/decline of a chaperone should be recorded</li> <li>• Evidence of medication reviews and/or reasons for repeat prescribing</li> <li>• Justification and reason for not following best practice guidelines.</li> </ul> <p>The health board must ensure that staff responsible for summarising patient records</p> | <p>3.5 Record keeping</p> | <p>In relation to the above mentioned review by the independent GP advisor these items have been included In the Terms of Reference for these audits to ensure this information is captured and feedback provided as necessary.</p> <p>The Health Board have identified a staff member that will undergo relevant</p> | <p>Assistant Medical Director &amp; Primary Care Development Manager</p> | <p>31/01/2019</p> <p>31/01/2019</p>            |

| Improvement needed  | Standard   | Service action   | Responsible officer   | Timescale   |
|---|--|--|---|---|
| <p>have received relevant training and that appropriate clinical overview is maintained.</p>  |  | <p>training (The next training is available in January 2019) in completion of summarising of clinical notes. An audit system will also be set up for GP monitoring of this process. Until this training has been completed summarising will be done by a GP and backlog of notes will be completed by a GP also.</p>   | <p>Practice Manager</p>   |   |
| <b>Quality of management and leadership</b>   |  |  |   |   |
| <p>The health board should consider the management arrangements of the practice to ensure that staff are appropriately supported in their roles.</p> <p>The health board should consider the overall governance arrangements of the practice following the change of management responsibility to ensure robust management and clinical processes are in place.</p> <p>The health board should develop a practice development plan.</p> | <p>Governance, Leadership and Accountability</p> | <p>The Health Board have made arrangements for staff to be appropriately supported. This was addressed outside of the inspection process as referenced to within the inspection report</p> <p>The Health Board support the practice with Governance arrangements by providing the support of The Clinical Governance Team and The Primary care Lead Development nurse. Visits are being carried out on at least a two weekly basis. This will continue until the</p> | <p>Primary Care Development Manager</p> <p>Clinical Governance Manager &amp; Primary Care</p> | <p>Completed but support will be ongoing.</p> <p>Completed with permanent ongoing support as part of HB</p> |

| Improvement needed   | Standard             | Service action   | Responsible officer  | Timescale                                    |
|--|----------------------|--|--|--|
|  |                      | <p>practice are well settled with CG arrangements at which time this will reduce to quarterly visits.</p> <p>The Health Board are supporting the practice in development a Practice Development Plan.</p>  | <p>Lead Development Nurse</p> <p>Practice Manager/Primary Care Development Manager</p> | <p>Governance systems.</p> <p>31/01/2019</p> |
| <p>The health board must ensure that staff have access to training appropriate to their roles and ensure that ongoing training is managed in a timely manner moving forward.</p> | <p>7.1 Workforce</p> | <p>The health Board can confirm that all staff have access to the required mandatory training. All staff have now had an appraisal and training was discussed as part of the appraisals. All staff are working towards the completion of all Mandatory training.</p> | <p>Practice Manager</p>  | <p>31/12/2018</p>                            |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

### Service representative

**Name (print): Keith Amos**

**Job role: Primary Care Development Manager (West)**

**Date: 21/11/2018**