

General Practice Inspection (announced)

Powys teaching Health
Board, Machynlleth
Medical Practice

20 January 2016

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1.	Introduction	2
2.	Context.....	4
3.	Summary.....	5
4.	Findings	6
	Quality of patient experience	6
	Delivery of safe and effective care	9
	Quality of management and leadership.....	15
5.	Next steps	17
6.	Methodology.....	18
	Appendix A	20
	Appendix B	24

1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at Machynlleth Medical Practice, Forge Road, Machynlleth SY20 8EQ on 20 January 2016. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), a GP peer reviewer, a practice manager peer reviewer and two representatives from Powys Community Health Council (CHC).

The role of the CHC was to seek patients' views with regard to services provided by the Practice through the distribution of questionnaires and via face to face conversations with patients and/or their carers.

HIW explored how Machynlleth Medical Practice met the standards of care set out in the Health and Care Standards (April 2015).

Inspections of General Medical Practice (GP) inspections are announced and we consider and review the following areas:

- Quality of the patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person

- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Machynlleth Medical Practice currently provides services to approximately 4,000 patients in the Machynlleth and surrounding areas of Powys. The practice forms part of GP services provided within the geographical area known as Powys teaching Health Board.

The practice employs a staff team which includes three GP's, three practice nurses, one advanced nurse practitioner, a health care assistant, a pharmacist and dispensary staff, a number of receptionists and administrators and two practice managers. At present due to a number of issues over the previous twelve months, the practice is managed and therefore closely monitored by the health board. Some members of the health board primary care team are involved in the day to day management and longer term decisions about the practice.

A range of services are provided, including:

- Chronic disease management clinics
- Dispensing of medication
- Provision of a minor injuries service.

We were accompanied by two members of the local CHC at this inspection.

3. Summary

We found that there were good arrangements in place to protect the privacy, dignity and confidentiality of patients being cared for by the practice. We also found that staff were working hard to provide a good, stable service to their patients and the evidence we found indicated that they were achieving this aim. The CHC received positive feedback from patients.

With support from the health board, a number of new systems are being set up within the practice. These positive changes were notable and provide the practice with the potential to sustain and build upon these improvements in the longer term. We have made some recommendations to formalise more of the systems in place at the practice. This is with the aim of ensuring that a consistent standard of care can be provided to all patients with additional needs.

We have also requested some information be submitted to us six months after our inspection, so that we can further consider whether the systems being developed are embedded and working as they need to be.

There have been substantial changes to the structure, management and staffing and services at the medical practice over the previous twelve months. The staff acknowledged that it had been a very challenging period but also indicated that they wanted change and felt that change was necessary in order for the practice to move on and improve.

Despite the extent of the changes, we still found a team of staff working hard together to provide a high quality service to their patients. We were able to see that new and stronger systems for management of the practice are in the process of being developed.

Whilst staff were mostly positive about aspects of their work, we did get some indication that staff morale had suffered.

4. Findings

Quality of patient experience

We found that there were good arrangements in place to protect the privacy, dignity and confidentiality of patients being cared for by the practice. We also found that staff were working hard to provide a good, stable service to their patients and the evidence we found indicated that they were achieving this aim. The CHC received positive feedback from patients.

The CHC have produced a report which provides an analysis of the information gathered. The report produced by the CHC with detailed findings from questionnaires can be found at Appendix B.

People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical psychological, social, cultural, language and spiritual needs. (Standard 4.1-Dignified Care)

We saw staff on the reception desk speaking politely and professionally to the patients at the reception desk. We heard the use of Welsh and English being freely used between patients and reception staff.

There is an electronic appointment 'check in' system inside the main entrance doors, but reception staff also monitor patients arriving and leaving to ensure that they are aware of who is waiting to be seen.

We found the following evidence that the practice has considered and promote patient privacy, dignity and confidentiality:

- The large roomy reception and waiting area reduces the chance of patients being overheard when they are dealing with staff
- All telephone calls into the practice are handled in an area behind reception which is screened off and cannot be overheard. Access to the area is also limited to staff
- We saw signs in each clinical room and in the waiting area advising patients that they can have a chaperone present during any treatment.

- A number of staff are experienced patient chaperones. It may be useful for the practice manager's to consider whether refresher training for chaperones would be useful to ensure that their knowledge is as up to date as possible
- We saw that all doors to clinical rooms were kept shut during consultations and there were curtains around treatment couches to maintain patient privacy and dignity during clinical examinations.

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health Services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback. (Standard 6.3-Listening and Learning from Feedback)

We found that staff had an understanding of the requirements surrounding concerns (complaints) handling. However, we found that they were not clear about whether concerns could be received verbally or whether these would need to be put in writing. This may lead to some inconsistencies in the manner in which concerns are dealt with.

Improvement needed

To review the complaint policy and align it with Putting Things Right. Ensure that front line staff are supported and trained to use it when needed.

Systems to ensure that appropriate information in relation to concerns is shared promptly with relevant staff were in the process of being developed. These included a regular team leader meeting. Once these meetings are well established there is the opportunity for this structure to aid the learning and development of all staff. Team leaders should continue to be supported to disseminate the information from these meetings to their respective staff.

We found evidence that the practice want to hear from and listen to their patient population. There was a suggestions box in reception with cards which patients could use to comment at any time.

The practice had recently undertaken a patient survey and had focussed on five areas ranging from opening hours of the practice to dispensary services. They had analysed the results and were beginning to take actions to address some poorer areas. They had plans to repeat the survey in six months to see whether they had made any difference. This indicates the practice are willing to ask for

and respond to patient views of their service. It is important that the practice manager's ensure that this becomes part of their established way of working so that they remain in touch with the views and needs of their patient population.

Delivery of safe and effective care

With support from the health board, a number of new systems are being set up within the practice. These positive changes were notable and provide the practice with the potential to sustain and build upon these improvements in the longer term.

We have made some recommendations to formalise more of the systems in place at the practice. This is with the aim of ensuring a consistent standard of care can be provided to all patients with additional needs.

We have also requested some information be submitted to us six months after our inspection, so that we can consider whether the systems being developed are embedded and working as they need to be.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manager their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)

There were a number of information boards in the reception with clearly displayed information posters.

We found that staff at the practice are knowledgeable about their patient population and could easily recall patients who had caring responsibilities, or other particular needs. However, there was no recognised system for identifying these patients on their records. Ensuring that all patients with additional needs are properly identified would enable the practice to consistently take account of their circumstances and ensure they are offered immunisations (such as the flu vaccine) and other services promptly. At present, new and temporary staff would not be able to identify these patients.

Improvement needed

To set up a system to ensure that patients with caring responsibilities or other particular needs are clearly identified on their records. This will enable all staff to be responsive to their needs.

Safe care

People's health, safety and welfare are actively promoted and protected. Risks

are identified, monitored and where possible, reduced or prevented. (Standard 2.1-Managing Risk and Promoting Health and Safety)

All areas in the practice were tidy and uncluttered. There was level access throughout downstairs, with a stair lift for use to get upstairs. Doorways were sufficiently wide to enable wheelchairs to be manoeuvred around.

The two practice manager's have responsibility for health and safety at the practice. As they are currently under health board management, the practice has access to a wealth of resources, such as a maintenance department and health and safety managers. We advised that the practice make effective use of this resource to increase their knowledge of maintenance and health and safety systems.

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections. (Standard 2.4-Infection Prevention and Control (IPC) and Decontamination))

All areas throughout the practice appeared visibly clean. We noted that there was hand sanitising gel at various points throughout the practice for patient and staff use, including one close to the main entrance for use when arriving or leaving.

At present, the practice have access to infection control policies which are written by the health board and to a specialist infection control nurse who has expert knowledge of latest best practice. We recommended the practice manager's use this resource effectively whilst it is available to them, in order to increase and improve the practice staff knowledge and competence in this area.

We spent some time with nursing staff at the practice and heard that they are keen to use this expert resource which is now more accessible than previously. They have plans to invite the infection control nurse to a team meeting so that they can update their knowledge.

People receive the right medicines for the correct reason, the right medication at the right dose and at the right time. (Standard 2.6)

Machynlleth Medical Practice is a dispensing practice and there is a pharmacist employed specifically to work at the practice. We were told that this had been a

very welcome addition to the staff team as there is now someone on site who can deal immediately with medication queries and carry out annual patient medication reviews.

The team working in the dispensary have been there a number of years and have all received training relevant to their role. In addition, the dispensary manager is trained to pharmacy technician level which means the team have a good level of knowledge, skills and experience between them. The dispensary team have been enhanced through the recent changes to the structure (with health board management) and did not seem to have been negatively affected by the changes or uncertainties of previous times.

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7- Safeguarding Children and Safeguarding Adults at Risk)

We found all staff were mindful of their responsibilities in relation to safeguarding of children and adults and had good knowledge and awareness of individuals, within their patient population, that may be identified or considered to be at risk. However, a formal system to flag up any such individuals would make the system even safer and should be put in place.

Improvement needed

To set up a formal system to identify or flag the records of adults or children at risk. This is with the aim of removing any potential inconsistencies and barriers to the identification of persons at risk.

Effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1-Safe and Clinically Effective Care)

At the time of our inspection, some of the clinical staff (GP's and nurses) were new to the practice. In addition to this, the health board had only been managing the practice for a matter of months. Despite this, they were able to tell us about the systems that they were seeking to establish in an effort to ensure that clinical staff audit the quality and standard of the care they provide. Whilst this was encouraging, it was not possible for us to comment on the

effectiveness of these arrangements as they had not yet been implemented. In general, staff spoke positively about the new ways of working that were going to be introduced.

Improvement needed

In June 2016, when six months will have lapsed since inspection, provide HIW with a range of evidence demonstrating that the new systems and arrangements for ensuring safe and clinically effective care have been effectively embedded.

In communicating with people health services proactively meet individual language and communication needs. (Standard 3.2-Communicating Effectively)

There are a number of Welsh speaking staff amongst the reception, dispensary and nursing staff, enabling patients to speak Welsh or English to deal with some of their requirements at the practice.

Within the practice we saw systems for communicating information to staff, such as important messages and general updates, throughout the working day. We noted during our visit that there seemed to be limited engagement between staff who worked downstairs at the practice and staff who worked upstairs. As a result of this, not all staff were able to confirm that they felt well communicated with.

Improvement needed

Ensure that internal communication systems are effective and all members of the team receive important messages. Consideration should also be given to the way staff are communicated with.

All incoming mail and test results are handled on the same day they are received. This is in accordance with the practice policy and means that patient records are as up-to-date as possible.

Two out of three GP's are new to the practice and roles and responsibilities are yet to be fully defined. There were no particular areas assigned to each GP to take the lead on and this is something the practice should consider putting in place as soon as they can. Having a lead GP or other senior member of staff in key areas, for example safeguarding and learning disability care is an effective way of ensuring that there is overall coordination of the quality of service and care provided to these individuals.

Improvement needed

To designate lead responsibility for key areas to GPs and other senior staff (as appropriate).

Dignified care

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner (Standard 4.2- Patient Information)

The practice has a number of ways to provide patients with relevant information. This includes:

- A website, in English and Welsh.
- A practice leaflet and this is available in English, Welsh and large print.
- Information posters on display in English and some in Welsh.

We also saw that GPs had provided patients with written information to help them understand when they had made a new diagnosis, or were recommending a course of treatment.

Timely care

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right time, in the right place and with the right staff. (Standard 5.1-Timely Access)

At the moment, patients can make emergency appointments, or can book in advance either by telephoning the practice or calling in person to arrange. On the day of our inspection, patients did not raise any concerns about the length of time it took to get an appointment, many having been offered a same day appointment rather than needing to wait.

When the health board took over the practice, there was only one GP substantively working there and patient access to appointments was difficult. The response from the health board was rapid and they put a wide range of services in place so that patients could continue to receive the highest level of care possible. It is understood that due to challenges in GP recruitment, the health board looked at alternative ways of meeting the care needs of the population and have secured a pharmacist, nurse practitioner, telephone triage service and physiotherapy service to help meet patient needs. This is in addition to the locum GPs they used initially and the two newly appointed GPs that they

have subsequently attracted to work at the practice. As a result of this and despite the difficulties they have faced, the evidence we found suggested that patients can expect to receive timely care from a variety of healthcare professionals at Machynlleth.

Record keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance. (Standard 3.5-Record Keeping)

Patient records were held securely in areas which were only accessible to staff.

Of the sample of patient notes that we looked at, we found that in general they complied with recording standards and were easy to follow and understand. We highlighted the sample of notes we saw from one particular GP as they were of a notably high standard.

We also looked at the electronic notes of the nurse practitioner and other nursing staff and found that these were not as easy to follow and understand as entries made by GPs. We were not clear about the electronic template being used and whether it allowed the nurses to write up their findings in the same way.

Improvement needed

To ensure that all clinical templates and entries made into patient records follow the practices standard template so that they are consistent and logical in their order.

Quality of management and leadership

There have been substantial changes to the management and structure of staff and services at the medical practice over the previous twelve months. The staff acknowledged that it had been a very challenging period but also indicated that they wanted change and felt that change was necessary in order for the practice to move on and improve.

Despite the extent of the changes, we still found a team of staff working hard together to provide a high quality service to their patients. We were able to see that new and stronger systems for management of the practice are in the process of being developed.

Mostly, staff were positive about aspects of their work but we did get some indication that morale has suffered and has not yet recovered.

Governance, leadership and accountability

Effective governance, leadership, and accountability in-keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

At present, the practice is health board managed and is in receipt of substantial day to day support from the primary care team in order to tackle the issues that have led to them struggling in previous years.

Through the health board management, the practice and staff have access to wealth of resources which would not normally be as readily available. For example, staff are now health board employees and therefore have the full support from occupational health, human resources and access to training courses which would not have previously been open to them. We spoke to some of the nursing staff about this and they spoke very positively about the additional opportunities to access specialist knowledge that this will give them.

There are two practice managers who share the full time role, as a result they are able to work together on things and support each other to take new systems forward.

We spoke to a number of staff and many indicated to us that the circumstances over the past twelve months had been difficult and had caused the overall morale of the staff team to suffer. Whilst it is acknowledged that the practice managers have substantial work to do in implementing and embedding new ways of working, they should take the opportunity to reflect on this and ensure

that staff are given sufficient support and made to feel valued as they carry on with existing work whilst adopting new ways of working.

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need. (Standard 7.1-Workforce))

A number of staff had worked at the practice for many years and were extremely experienced and knowledgeable about their role and also about the patients registered at the practice.

There are some new staff and new roles in place at the practice. These have been put in place in response to an acute need some months ago to be able to provide a consistently accessible service to patients. However, we were told that some of these additional roles, such as that of nurse practitioner and pharmacist, have been found to have been a fantastic resource for the team and for patients and may therefore continue into the longer term structure of the team.

We were told that the present structure is being continually reviewed to ensure that skill mix and appropriateness of roles remains constantly under review. This is with the aim of ensuring that the most appropriate service continues to be offered to patients.

5. Next steps

This inspection has resulted in the need for the GP practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Machynlleth medical practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures

- Exploration of the arrangements in place with regard to clinical governance.

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

We provide an overview of our main findings to representatives of the practice at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the practice and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

Appendix A

General Medical Practice: Improvement Plan

Practice: Machynlleth medical practice

Date of Inspection: 20 January 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
7.	To review the complaint policy and align it with Putting Things Right. Ensure that front line staff are supported and trained to use it when needed.	6.3 and 7.1			
Delivery of safe and effective care					
9.	To set up a system to ensure that patients with caring responsibilities or other particular needs are clearly identified on their records. This will	3.1			

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	enable all staff to be responsive to their needs.				
11.	To set up a formal system to identify or flag the records of adults or children at risk. This is with the aim of removing any potential inconsistencies and barriers to the identification of persons at risk.	2.7			
12.	In June 2016, when six months will have lapsed since inspection, provide HIW with a range of evidence demonstrating that the new systems and arrangements for ensuring safe and clinically effective care have been effectively embedded.	1 (Governance, leadership and accountability)			
12.	To ensure that internal communication systems are	3.5			

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	effectively used and ensure that consideration is given to ensuring that all members of the team receive important messages. Consideration should also be given to the format that this inter-staff communication takes.				
13.	To designate lead responsibility for key areas to GPs and other senior staff (as appropriate).	3.1			
14.	To ensure that all clinical templates and entries made into patient records follow the practices standard template so that they are consistent and logical in their order.	3.5			
Quality of management and leadership					
	No recommendations made				

Practice representative:

Name (print):

Title:

Date:

Appendix B

Community Health Council Report

Report from Powys Community Health Council



Visit Summary	
Practice:	Machynlleth Medical Practice
Date / Time:	Wednesday 20 th January 2016, commencing 10.00am
CHC Team:	Powys CHC Mr Carl Strack – Member (Lead) Mrs Barbara Wallace – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

The CHC visiting team was able to speak to, and undertake a patient survey with 4 patients during this joint visit.

Only two areas of concern emerged from the answers given to the questionnaire, namely concerning the obtention of an appointment, both the delay and the need to explain the reason for the request, and the lack of continuity in the GPs in the practice.

One comment was made about the narrowness of the road entrance and one patient had difficulties with the machine used for registering one's arrival.

Observations

Environment – External

For patients arriving on foot, there is a need to use the entrance road for a

short period as the footpath disappears. The seriousness of this problem is aggravated by illegal parking on this road.

There are no designated footpaths across the parking area in front of the surgery. The standard of lighting is not very good which could be important if the practice started offering evening appointments.

The access to the actual surgery building is good, with ramps and wide doors.

Environment – Internal

The waiting area was clean, spacious and light.

However there were only two orthopaedic high seat chairs available. Whilst this caused no problems during the visit, although at one stage both were occupied, it may be too few if the surgery is busier.

Communication & Information on Display

Patients are called for their appointment by having their full name and title, and the consultation room to which they should proceed, displayed on a screen. It is possible that some patients might object to this information being in public view.

Whilst all information about making comments or complaints was available, the way it was displayed made it difficult to find. It was identified by a notice in a smaller font than those explaining the function of the various noticeboards (see below) and was in a corner of the room.

There was an enormous amount of information and leaflets on display in the waiting room. Whilst it was organised, very tidily, into a series of notice boards, with the subject matter clearly indicated, one can't help feeling that most patients would be likely to suffer an attack of "information overload". The reception staff indicated that, if someone wanted specific information, they tended to ask them where to find it.

That so much information is made available to a doctor's surgery for display, indicates how important, as a possible source of communication, it is considered to be. Surgery personnel cannot be expected to choose what information should or should not be displayed.

As part of their public health and continuous engagement functions, perhaps the Health Board could provide guidance on what and how information should be displayed for maximum effect and eventually provide campaign material around specific subjects to be used in rotation

Carl Strack

Barbara Wallace

CHC Members