

General Practice Inspection (announced)

**Powys teaching Health
Board, Montgomery
Medical Practice**

3 February 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.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of patient experience	5
	Delivery of safe and effective care	7
	Quality of management and leadership.....	12
5.	Next steps	14
6.	Methodology.....	15
	Appendix A	17
	Appendix B	19

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 Montgomery Medical Practice, Well Street, Montgomery, Powys, SY15 6PF on 3 February 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).

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.

2. Context

Montgomery medical practice currently provides services to approximately 7,200 patients in the Montgomery and Newtown 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 four GP partners, five practice nurses, two healthcare assistants (HCA's), dispensary staff, administration, reception staff and a practice manager. There are two premises, the one at Montgomery which is the main site and a branch surgery in Newtown which offers a reduced service compared to Montgomery. Clinical staff work across the sites and patients can attend either location if they wish.

The practice provides a range of services, including:

- Minor injury and triage
- Chronic/long term condition clinics (diabetes/heart disease/respiratory).

3. Summary

HIW explored how Montgomery medical practice met standards of care as set out in the Health and Care Standards (April 2015).

We received positive feedback from patients about the service provided by the GPs and staff at the practice (for further detail on patient views, please see Appendix B).

We found that there were good arrangements in place to protect the privacy, dignity and confidentiality of patients being cared for by the practice team. We also found that they worked hard as a team to provide the best service possible for their patients.

There is an active patient participation group and we found evidence that they are valued by the practice team, who actively engage with them as they want to maintain what they consider to be valuable input.

We found evidence that this GP Practice is very proactive in their approach to keeping up-to-date with skills and providing a high standard of clinical care. We also found that there is an exceptionally strong ethos of team work across all clinical staff, from GPs to nurses, who all work very closely together to provide patient care.

We found a happy, cohesive staff team who were confident in their work. We also found evidence of very strong leadership from the managing GP partner and general manager who lead the overall team. The governance structure is effective and well embedded into their day to day work.

The practice demonstrated a clear commitment to the employment and retention of staff so that they can provide a high quality service to patients. We found that there was an emphasis on learning and development to support this. There was good delegation of tasks, with lead staff identified to take responsibility for particular areas, whilst still being supported by the general manager (or other manager).

4. Findings

Quality of patient experience

We received positive feedback from patients about the service provided by the GPs and staff at the practice (for further detail on patient views, please see Appendix B).

We found that there were good arrangements in place to protect the privacy, dignity and confidentiality of patients being cared for by the practice team. We also found that they worked hard as a team to provide the best service possible for their patients.

There is an active patient participation group and we found evidence that they are valued by the practice team, who actively engage with them as they want to maintain what they consider to be valuable input.

The CHC role at this inspection was to seek patients' views with regard to services provided by Montgomery medical practice through the distribution of questionnaires and via face to face conversations with patients and/or their carers. Ten questionnaires were fully or partially completed. 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)

Patients are able to make an appointment at either the Montgomery practice or the branch practice in Newtown, although the surgery at Newtown is open for fewer hours. Clinical staff work across both sites but we visited the Montgomery medical practice which is also the main administrative centre for the practice.

We saw staff on the reception desk speaking politely and professionally to the patients who were 'checking in' for appointments.

We noted that the large reception area with open reception desk meant that patients could potentially be overheard. This could affect their privacy and dignity. As this has been a matter which the practice have given significant attention to in the past and the current configuration decided with the patient

participation group, we have not made this a recommendation but have suggested that they revisit the previous decision once again.

All telephone calls to reception staff were handled in an area behind reception which could not be overheard or accessed by anyone other than staff.

There were signs in treatment rooms advising patients that they could ask for a chaperone in their consultation if they required. We found that reception staff were frequently used as patient chaperones if and when the need for this did arise. Making patients aware that they can ask for a chaperone to be present during an examination is an important measure demonstrating that the practice takes the privacy and dignity of patients seriously. We suggested that they improve this further by putting up a sign about chaperones in reception which patients can read whilst they wait for their appointment.

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 there was a good understanding of the requirements surrounding concerns (complaints) handling. There were also systems in place to ensure that appropriate information in relation to concerns could be shared with the relevant staff and individuals promptly, to aid learning and development.

There was a suggestions box in reception with cards which patients could use to comment at any time and this could be done anonymously.

We felt that the measures in place to handle and review concerns and significant events were an example of good practice. The system demonstrated that the practice is committed to continuous learning and improvement to their service. Concerns and compliments were regularly shared with all staff, sometimes informally if this was appropriate, but otherwise through practice meetings.

Delivery of safe and effective care

We found evidence that this GP Practice is very proactive in their approach to keeping up-to-date with skills and providing a high standard of clinical care. We also found that there is an exceptionally strong ethos of team work across all clinical staff, from GPs to nurses, who all work very closely together to provide patient care.

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage 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 some information boards in the reception area which were tidy, with clearly displayed information posters.

There was a working hearing loop at reception which could be used by patients with hearing loss.

There is a register kept of patients who have caring responsibilities, but we did not find evidence of a system to 'flag' these patients up in their clinical records. The register enables the practice to take account of their circumstances and ensure they are offered immunisations (such as the flu vaccine) and other services promptly and we advised the practice to consider the use of an alert system on individual records which would further support the register they hold.

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)

We found systems in place for protecting and promoting health and safety at the practice. There were various risk assessments, all of which were relevant and had been kept up-to-date. We saw that in 2015, two general risk assessments on the building had been done. The intention of these was to identify any potential hazards and take corrective action as necessary.

The division of management staff at the practice meant that one manager had specific responsibility for health and safety and building maintenance. The

division of work in this way meant that sufficient time could be given to this important aspect of management.

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.

We saw records which evidenced that relevant staff have received hepatitis B immunisations. This information was held on one electronic file, kept by the senior practice nurse who monitors the immunisation status of relevant practice staff to ensure it remains appropriate.

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

Montgomery medical centre is a dispensing practice.

The dispensary area is secure and not accessible to patients. The rooms were tidy with well organised shelves of medication stocks.

The arrangements we saw for storing, dispensing and disposing of controlled drugs were good and the staff had a clear understanding of what was expected of them and the requirements they needed to follow.

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 saw training records which confirmed that GP staff had been trained to the required level and standard in safeguarding. Other practice staff also had safeguarding training to the level appropriate to their roles.

There was an identified GP lead for safeguarding who took the lead for ensuring that the practice continue to deal with this in accordance with up-to-date procedures and best practice.

We saw there was clear information available and readily accessible to all staff which gave detail of what action should be taken in the event of a safeguarding concern or event.

There are multi disciplinary safeguarding meetings every two months.

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)

We found that there was a very strong culture of sharing information between staff at all levels. For example, there were regular staff meetings at which all aspects of the practice were discussed, ranging from complaints, compliments, serious incidents, clinical updates and administrative processes. We considered this to be an example of good team work and noteworthy practice which demonstrated that all staff were given the opportunity to be as knowledgeable and up-to-date as possible in their work, for the benefit of patient care.

We looked at a sample of patient records and found that the standard of recording was consistently good across GPs and practice nurses. There was clear identification of positive and negative findings, plus the reasoning behind the decisions made was also clearly documented.

Each GP was assigned an area of lead responsibility. In addition to this, there were two manager's sharing the role of practice manager but each taking responsibility for specific areas to prevent duplication and cross over. This means that management responsibilities and decision making at the practice were well delegated and all carefully accounted for resulting in a very sound governance arrangement and strong leadership.

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

Within the practice there were good systems for ensuring that all staff receive information, such as important messages and general updates, throughout the working day.

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

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 good, informative website which is up-to-date. This is available in Welsh and English. There is also a practice leaflet and this is available in English, Welsh and large print as required. Within the practice we saw information posters on display in English and some in Welsh.

The practice link up with other health professionals, where this is helpful. They use documentation which safely guides their practice when dealing with young people under the age of 18 who want to make their own decisions. They also use documentation which supports them to consider mental capacity and deprivation of liberty legislation.

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)

Montgomery medical practice is open to patients between 8am and 6:30pm Monday to Friday (6-6:30pm for minor injury service only) and the Newtown branch practice is open to patients Monday to Wednesday and on Friday's. Patients can book appointments in advance, or if they ask to be seen urgently they will be spoken to by a health professional and also seen on the same day (where clinically appropriate, telephone advice only may be given).

Same day care at the practice is provided via a well established triage system which the practice nurses are a key part of. The practice nurses have received additional training to enable them to carry this out safely and effectively. They are supported by the on call doctor who forms a key part of the same day care / triage team.

The practice also participate in a virtual ward¹, this enables their frailest, unwell patients to receive additional care and monitoring whilst remaining at home as long as safely possible.

¹ Virtual wards use the systems and staffing of a hospital ward, but without the physical building. Their aim is to reduce hospitalization through multidisciplinary case management for the patient at home.

Quality of management and leadership

We found a happy, cohesive staff team who were confident in their work. We also found evidence of very strong leadership from the managing GP partner and general manager who lead the overall team. The governance structure is effective and well embedded into their day to day work.

The practice demonstrated a clear commitment to the employment and retention of staff so that they can provide a high quality service to patients. We found that there was an emphasis on learning and development to support this. There was good delegation of tasks, with lead staff identified to take responsibility for particular areas, whilst still being supported by the general manager (or other manager).

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.

The governance structure at the practice was particularly strong and the staff team were clearly enthusiastic and committed to maintaining the provision of high quality patient centred care. The lead GP and general manager spoke passionately about the need to plan well ahead in order to maintain the service and they evidenced well considered, robust succession planning to keep the practice and the standards as good as they are now.

The practice place high emphasis on good governance and effective leadership and there are dedicated management days each year which are used for planning and learning.

Staff we spoke to understood exactly what was expected of them and knew how they needed to do things. Staff also spoke very highly about the GP's and practice manager and told us that it was a supportive, happy place to work.

There were regular audits across different areas of the practice, including clinical care, administrative processes and health and safety. These mean that the staff can identify problems early and also provide an opportunity to review standards and make improvements where needed.

We saw examples of minutes from different team meetings and which confirmed that there were useful, open discussions and that the culture amongst the staff encouraged openness.

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))

The staff we spoke to were unanimously happy in their work at the practice. A number of the staff had worked at the practice for many years.

We spoke to a practice nurse who told us that there was support and encouragement to undertake additional training and education in order to develop and enhance individuals and the role which they can effectively carry out.

As mentioned previously, the practice demonstrated a strong commitment to providing a high quality consistent service to their patients. The lead GP and general manager explained to us that all members of the health care team are key to making this possible. Following a review of roles and responsibilities they had decided to add a Physician's associate² role to their staff team. They had successfully recruited to this post and at the time of our inspection the individual was due to start. This is a brand new venture for the practice and within the locality, no other practices are currently using Physician's associates within their teams. The practice is therefore leading the way in embracing this role and will be able to develop the job description and tailor the responsibilities as it develops.

The records we saw confirmed that there were annual staff appraisals and staff told us that whilst they used these to discuss their development for the coming year, they could also discuss this at any time outside of their appraisal.

² Physician's associates are relatively new roles within the healthcare team in the UK. Their training enables them to order tests, perform examinations, diagnose illnesses, analyse test results and create patient management plans, working directly alongside GPs and practice nurses to support the team.

5. Next steps

As there were no areas for improvement identified during this inspection, the practice is not required to complete an improvement plan (Appendix A).

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: Montgomery Medical Practice

Date of Inspection: 3 February 2016

The practice was not required to complete an improvement plan as there were no areas for improvements identified from this inspection.

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
	No recommendations				
Delivery of safe and effective care					
	No recommendations				
Quality of management and leadership					
	No recommendations				

Practice representative:

Name (print):

Title:

Date:

Appendix B

Community Health Council Report

Report from Powys Community Health Council



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Montgomery Medical Practice
Date / Time:	Wednesday 3 rd February 2016, commencing 10.00am
CHC Team:	Powys CHC Ms Nicola Ruck – Member (Lead) Mr Rex Shayler – 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, ten (10) patients during this joint visit.

One patient asked not to take part because of a bad headache, and one was not surveyed because she was a visitor who had never been to the surgery before.

Otherwise, we talked to all patients who were in the waiting room between

9.30am and 10.45am. We did not record sex or age of patients – we suggest this would be useful to include on the questionnaire. All questionnaires were completed in English.

Patient Feedback

The main concern was the long delays in getting appointments with GPs, either own GP or any GP. Patients reported waits of between 2 and 6-8 weeks.

The triage system was not understood by some, and not accepted by some. We noted that the Practice has distributed written information about triage over the past few years but there seems to be a need for more detailed and maybe verbal explanations.

There was one comment that the receptionists need training and the Practice Manager agreed to review the training plans for staff.

There was excellent rating of all doctors and nurses for the care given in consultations.

Observations

Environment – External

Convenient car park but not big enough. Note: it is used by GPs and patients only. The markings in bays need repainting, especially lower disabled bay. Minor Injuries service sign at the door should be bigger.

Adequate access to the entrance, although there is an uphill walk from the car park.

Well maintained external area.

Adequate sign from town centre.

Environment – Internal

Excellent, clean, tidy waiting room, well appreciated by patients. Hand gel at entrance and hearing loop working (an improvement since 2014).

Lack of confidentiality at reception: as the reception desk sticks out into the waiting area and is open, all conversations can be clearly heard – such as names of medicines, names and dates of birth. We suggested having background music (as in Hay on Wye) or a glass barrier. The Practice Manager said that the issue had been discussed with their Patients Association, who would prefer to keep the reception desk open. It was agreed to keep this under review.

Communication & Information on Display

Tidy and comprehensive information displayed but the CHC leaflets had no local contact details – we left some up to date leaflets.

Very good display for Mother and Child health, and useful information on the Practice Patients Association. Other displays were not eye catching enough, with text too small and not enough illustrations.

Ms Nicola Ruck (**CHC Member**)