

**General Practice
Inspection (announced)**
Abertawe Bro Morgannwg
University Health Board,
Riversdale Surgery

22 February 2016

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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 Riversdale Surgery, Merthymawr Road, Bridgend, CF31 3NL on 22 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 the Abertawe Bro Morgannwg Community Health Council.

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

Riversdale Surgery currently provides services to approximately 18,558 patients in the Bridgend area. The practice forms part of GP services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board

The practice staff team includes 14 doctors, a practice manager, six nurses, a senior health care assistant, three phlebotomists, administrative staff and receptionists.

The practice provides a range of services (as cited within the practice information booklet), including:

- Antenatal clinic
- Well Baby clinic
- Well Person and New Patient clinic
- Family Planning
- Coil Fit clinic
- Minor Surgery
- Cryotherapy clinic
- Respiratory clinics
- Rheumatoid Arthritis clinics
- Blood Pressure clinics
- Diabetes and Coronary Heart Disease clinics
- Warfarin clinics
- Travel Immunisation
- Medical Examination
- Cervical Smears
- Prevention
- Smoking Cessation clinics

3. Summary

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

Patients' views about the service provided by Riversdale Surgery were obtained by members of the local Community Health Council (CHC). Overall, patients told the CHC that they were very satisfied with the service provided. We found staff treating patients with respect and arrangements were in place to ensure patients' privacy and dignity were maintained.

We found the practice had arrangements in place to ensure patients received safe care and made efforts to provide patients with a high quality service in a timely manner.

Arrangements were in place regarding safeguarding children and safeguarding adults at risk. The sample of patient records we reviewed were of a high standard and demonstrated care had been planned to ensure the safety and well being of patients.

The practice had a clear management structure in place and we found effective governance and leadership arrangements. Clear lines for reporting and accountability were described. Staff were able to confidently describe their individual responsibilities and how their roles contributed to the operation of the practice.

4. Findings

Quality of the patient experience

Patients' views about the service provided by Riversdale Surgery were obtained by members of the local Community Health Council (CHC). Overall, patients told the CHC that they were very satisfied with the service provided.

We found staff treating patients with respect and arrangements were in place to ensure patients' privacy and dignity were maintained.

Two members of the Abertawe Bro Morgannwg Community Health Council¹ (CHC) were present at the practice on the day of our inspection. Their role was to seek patients' views with regard to services provided by Riversdale Surgery through the distribution of questionnaires and via face to face conversations with patients and/or their carers.

The CHC has produced a report which provides a summary of the information gathered from 40 patients. That report 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)

People visiting the practice were treated with dignity and kindness and arrangements were in place to protect patients' privacy.

We observed staff being friendly towards patients and their families and treating them with dignity and respect. Comments made to CHC members by patients also confirmed this. The main reception area was adjacent to the main waiting room and we observed reception staff talking in hushed tones to reduce the likelihood of being overheard. A sign was clearly displayed at reception advising patients that they could speak to practice staff privately should they wish to do

¹ Abertawe Bro Morgannwg Community Health Council is a statutory organisation and monitors the quality of the NHS services provided within the Abertawe Bro Morgannwg area.

<http://www.wales.nhs.uk/sitesplus/902/home/>

so. We saw that incoming and outgoing telephone calls were made in a separate room away from reception. This allowed for patient information to be discussed in a confidential manner away from other people visiting the practice.

We were told that consulting rooms were suitably soundproofed. In addition, low level music was played to further reduce the likelihood of conversations being overheard by patients in waiting areas. We saw doors to consulting rooms were closed at all times when clinical staff were seeing patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity.

The practice had a written policy on the use of chaperones. This aimed to protect patients and practice staff, for example when patients needed to have intimate examinations performed by clinical staff. A poster advising patients of the availability of chaperones was clearly displayed.

The practice had an up to date policy on gaining patient consent for clinical examination and treatment. Consent forms to record and demonstrate the consent process were also available.

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)

Patients could write to the practice manager with their comments and suggestions on an ad hoc basis. This was described in the practice information booklet and on the practice's website. There was also an electronic touch screen located in the main waiting area that patients could use to provide feedback on their experiences of using the practice.

The practice had a written procedure in place for patients and their carers to raise concerns (complaints). We saw that leaflets, setting out the procedure to follow, were readily available in the waiting areas. The procedure was in accordance with *Putting Things Right*. These are the arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales. We advised the practice manager that the written procedure and information for patients should include a reference to *Putting Things Right* so that patients were made aware that the practice had a legal responsibility for adhering to these arrangements. The manager agreed to include this information.

The manager described a system of reviewing both formal (written) and informal (verbal) concerns (complaints). We were told these were discussed at practice meetings and actions agreed as a result. We saw meeting notes demonstrating this process.

Senior practice staff told us that a patient participation group (PPG) had previously been set up but was no longer active. We were told there were no plans to re-establish the group. The practice should give consideration to setting up a PPG with a view to it providing practical support to the practice team (for example, conducting and analysing patient surveys and organising health promotion events) and a forum where patients views can be considered when developing services.

Delivery of safe and effective care

We found the practice had arrangements in place to ensure patients received safe care and made efforts to provide patients with a high quality service in a timely manner.

Arrangements were in place regarding safeguarding children and safeguarding adults at risk. The sample of patient records we reviewed were of a high standard and demonstrated care had been planned to ensure the safety and well being of patients.

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)

Information and support were available to patients via a variety of means to help them take responsibility for their own health and well being.

Health promotion material was available within the waiting areas of the practice together with information on local and national support groups. Patients could also access information via the practice's website. We were told that patients were also provided with verbal and written information on their medical conditions at nurse led clinics (for example diabetic, respiratory and warfarin² clinic) and at consultations with GPs. Senior staff told us that smoking cessation clinics were held weekly and that other health care professionals visited regularly to provide advice on a variety of healthcare matters.

We were told that there was a named GP who acted as a Carers' Lead for the practice. We were also told that a local carers' support group visited the practice to offer advice on where carers could get help and support with their day to day responsibilities. Information for carers was also prominently displayed within the main waiting area. A system was described to identify

² Warfarin is a drug used to reduce blood clots. Patients taking warfarin need to have their blood monitored regularly to ensure they are taking the correct dose of warfarin.

carers so that this could be considered when patients with caring responsibilities contacted the practice for an appointment, to ensure they were seen as a priority if needed. Whilst information was readily available at the practice, senior staff may wish to consider how information for carers can be made available for those who do not visit the practice regularly.

Senior practice staff told us they worked within the GP cluster³ in the area to improve services for patients. We were told that the cluster was currently looking to increase joint working between GP practices and third sector (voluntary and community) organisations with the aim of improving services for the local population served by the cluster.

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 arrangements were in place to protect the safety of staff working and people visiting the practice.

During a tour of the practice building, we found all areas occupied by patients were clean, tidy and uncluttered, which reduced the risk of trips and falls. The practice building was visually well maintained both internally and externally. Security measures were in place to prevent unauthorised access within the building.

The practice had a range of policies and procedures associated with health and safety. These were available to all staff via the practice's computer system and a good system of communicating changes to these and other policies was described by the practice manager and those staff we spoke to.

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

³ A GP practice 'cluster' is a grouping of GPs and practices locally determined by an individual NHS Wales Local Health Board. GPs in the clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients.

infections. (Standard 2.4-Infection Prevention and Control (IPC) and Decontamination))

Measures were in place to protect people from preventable healthcare associated infections.

Staff confirmed personal protective equipment such as gloves and disposable aprons, to reduce cross infection, were readily available. Hand washing and drying facilities were provided in consultation rooms, clinical areas and toilet facilities. We saw waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly.

Staff also confirmed that instruments used during the course of minor surgery procedures were purchased as sterile, single use packs which avoided the need for the use of sterilisation/decontamination equipment.

We were told all clinical staff were expected to have Hepatitis B vaccinations to protect themselves and patients against infection. We saw a register had been maintained that included details of immunisations staff had received.

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

The practice had comprehensive arrangements in place for the safe prescribing and review of patients' medication.

We were told that the practice formulary (a list of medicines that may be prescribed) was regularly updated in response to local and national guidance. We found that patients had annual reviews of their medication and a system was described to ensure this was done on time. We were told reviews were conducted by two GPs with the aim of achieving a consistent approach to the reviews.

The practice had an agreed process for handling repeat prescriptions and the procedure for patients to follow was made available within the practice information booklet and on the practice's website. Repeat prescriptions were made available to patients within a timely manner.

Suitable arrangements were described for reporting adverse patient safety incidents associated with medication. A pharmacy advisor was attached to the practice to offer help and support on medication related issues.

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)

Staff working at the practice had access to a policy on safeguarding children and safeguarding adults at risk.

We recommended that the practice consider using the national guidance developed by Public Health Wales to support and inform the practice's local policies. The practice manager agreed to do this.

Effective arrangements for multi-professional working and communication were described to ensure the practice held relevant information on child protection matters. A system was in place to ensure records maintained at the practice were updated to reflect individual changing child protection circumstances.

We were told that all staff would be expected to familiarise themselves with the practice arrangements for safeguarding.

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)

The practice had effective arrangements in place to report, share information and learn from patient safety incidents and significant events.

Senior staff at the practice explained that patient safety incidents and significant events were reviewed and discussed at significant event meetings. These were attended by senior staff and feedback from meetings shared with the wider practice team. A system was also described for sharing patient safety alerts received from the health board with relevant practice staff, both with the aim of sharing learning from incidents and alerts.

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

The practice has made arrangements to communicate with patients according to their individual communication needs. Effective systems for the management of external and internal correspondence were in place.

Four staff, including two GPs, were Welsh speakers. This enabled the practice to offer patients the opportunity to communicate in Welsh if they expressed a wish to do so. The practice information leaflet was available in English only. Given the practice provides services in Wales; it should consider providing this and other information (available at the practice) for patients bilingually in Welsh and English. Information on the practice's website could be displayed in multiple languages.

Improvement needed

The practice should make arrangements to make written information for patients routinely available in both Welsh and English.

We were told hearing loop⁴ equipment was available for patients who used hearing aids. In addition we were told that patients with sight difficulties were identified on the practice's computer system so that staff knew to send written correspondence to them in large print.

Arrangements were described for recording letters and test results onto patients' records. We were told that correspondence was shared with relevant clinical staff so that appropriate follow up action could be arranged where necessary.

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)

We found that the practice made information available for patients in a variety of ways.

Information for patients about the practice's services was available within a practice information booklet. This provided useful information, including details of the practice team, opening hours, appointment system, the procedure for obtaining repeat prescriptions and how patients could make a complaint.

⁴ A hearing loop is a type of sound system for use by people with hearing aids.

A range of information was also displayed and readily available within the waiting areas of the practice, with some posters and leaflets routinely available in Welsh. This included information on national and local support groups and health promotion advice. Further information on the practice's services and links to health advice and information were also available on the practice's website.

The sample of patient records we reviewed was of a high standard and demonstrated that discussions had taken place between doctors and patients and information provided.

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)

The practice has put thought and effort into making its services accessible to patients so that they are seen in a timely manner as far as possible.

The practice was open Monday to Friday and offered surgeries during the morning and afternoon on each of these days. Patients were able to book appointments in person at the practice, by telephone and on-line (following registration for this service). A text messaging service was available to remind patients of their appointments. Whilst patients were encouraged to attend the practice if possible, house calls were available to those patients who were unable to leave their homes.

The contact numbers for patients to call for urgent medical advice and emergencies, when the surgery was closed, was included in the practice information booklet and the practice's website. We were told a designated line to the practice was available for patients identified as having cancer or a mental health illness to avoid them having to ring the practice switch board number, which could be very busy. This was with the aim of helping to reduce unnecessary anxiety for patients with particularly serious health conditions. We identified this as noteworthy practice.

A number of clinics were offered for patients with chronic health conditions. These were organised and run by the nursing team, who were also able to see patients presenting with minor general illnesses (described as non urgent). This meant that patients did not have to wait unnecessarily to see a doctor.

The majority of patients who provided comments to the CHC members indicated they were satisfied with the opening times of the practice. Comments

about accessing the practice's appointment system were mixed. The majority of patients told CHC members that when they contacted the practice they were able to see a GP (not necessarily a GP of their choice) within 24 hours. On the day of our inspection the majority of patients confirmed they had been seen at their allotted appointment time. Those patients who were not seen on time confirmed they had been seen within 10 minutes of their allotted appointment time. (See Appendix B for the CHC's full summary report).

Individual care

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation (Standard 6.2-Peoples Rights)

There was level access to the practice building making it accessible to patients with mobility difficulties and those patients who use wheelchairs. Seating within the waiting room was all of the same height. The practice should give consideration to providing seating of varying heights to allow patients a choice depending on what they found easier to use. Services were provided over different floors and a passenger lift offered access to all floors. Generally signage within the practice was good. However, we identified that additional signage to the passenger lifts may be useful in assisting patients to navigate the building more easily. Whilst signage could be improved, we were told that staff would direct patients if required.

Patients' comments made to CHC members indicated that a lack of available car parking was a source of frustration for patients. Senior practice staff confirmed that improvements had been made to the car park and that due to environmental factors, it was unlikely that further improvements could be made in this regard. In addition to the practice's designated care park, time restricted parking was available on the road immediately outside the practice.

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)

We looked at a random sample of electronic patient records. These were of a high standard and maintained in accordance with professional standards.

All notes contained details of consultations between doctors and patients and it was possible to determine the clinical findings, decisions made, information given and medication prescribed. Read ⁵ codes were used. We did find that where patients present with a worsening of an existing chronic condition, the use of Read codes could be improved to help make the patient record easier to navigate. The practice had already identified this as something that needed to be addressed.

⁵ Read codes are a set of clinical computer generated codes designed for use in primary care to record the every day care of a patient. The codes also facilitate audit activity and reporting within primary care.

Quality of management and leadership

The practice had a clear management structure in place and we found effective governance and leadership arrangements. Clear lines for reporting and accountability were described. Staff were able to confidently describe their individual responsibilities and how their roles contributed to the operation of the practice.

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.

We found effective leadership within the practice and an established management structure was in place. Clear lines of communication and accountability were described and demonstrated.

The practice had a range of relevant written policies and procedures to guide staff in their day to day work. Staff working within the practice were organised into teams, each with particular roles and responsibilities, which contributed to the overall operation of the practice. Clear lines of reporting and accountability were described.

We were told a variety of meetings were held regularly. These considered a range of topics relevant to ensuring the safe and effective provision of care services offered by the practice.

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))

Discussions with staff indicated they had the right skills and knowledge to fulfil their identified roles within the practice.

Many of the staff had worked at the practice for some years, which provided continuity for patients. Staff confidently described their roles and responsibilities within the wider practice team and indicated they were happy in their roles. All staff we spoke to confirmed they felt supported by their managers and had opportunities to attend relevant training. Arrangements were in place for the induction of new staff.

A system of staff appraisal was described. This allowed for feedback to be provided to staff on their work performance and agree their development and training needs.

The practice had a whistleblowing policy. Conversations with individual staff confirmed that they felt able to raise any work related concerns with senior practice staff and felt confident these would be dealt with appropriately.

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 Riversdale Surgery 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: Riversdale Surgery

Date of Inspection: 22 February 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
	No improvement needed identified				
Delivery of safe and effective care					
12	The practice should make arrangements to make written information for patients available bilingually in Welsh and English.	Standard 3.2	We will review current information and ensure information is available bilingually in Welsh and English in future	Liz Davies	Review and implement by end of May 2016
Quality of management and leadership					
	No improvement needed identified.				

Practice representative:

Name (print): LIZ DAVIES

Title: PRACTICE MANAGER / BUSINESS PARTNER

Date: 18/4/16

Appendix B



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Riversdale Surgery
Date / Time:	22.02.16
CHC Team:	Lead – Diana C Griffith Member – Tyrone Lewis
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

During our visit, CHC members were able to speak with and carry out a patient survey with 40 patients, the majority of whom had been registered with the practice for over ten years.

92% of respondents rated their overall experience of this practice as good, very good or excellent.

The patients we spoke to were positive about their care and treatment. Patients told us that their GP their nurse greeted them well, had a good

awareness of their medical history, understood their concerns and provided good explanations of their treatment.

Three quarters of patients surveyed considered the practice's opening times to be very good or good. However, over half of the patients we spoke to reported difficulties related to the appointments system. Patients reported that it was difficult to get through on the telephone and when they did get through appointments were already taken.

The majority of patients (61%) confirmed that, having contacted the practice, they can expect to see a GP within 24 hours, fewer patients (20%) secured an appointment with a GP of their choosing within the same period.

Three quarters of patients (82%) of patients were seen at their allotted appointment time, of those who had to wait 100% reported being seen within 10 minutes.

Observations

Environment – External

Patients raised concerns regarding parking. Members noted that apart from 2 disabled parking spaces, all other parking was for named medical staff, many of which were unused on the day. At the time of visit the building and grounds looked well maintained. The surgery entrance is on one level, no steps and housed a pharmacy within the grounds.

Environment - Internal

Overall, patients were satisfied with the environment within the surgery, and in particular the cleanliness of the waiting area and the helpfulness of reception staff.

Members noted that all internal doors were 30" wide for wheelchair access with viewing panels, except for the consulting rooms. The

surgery was newly decorated with carpets and seating in very good condition, but these were of one height, no variation. There was edging strips on all stairways but the signage to the lift was poor.

Communication & Information on Display

Patients are required to check into their appointment electronically, but only 1 person used the screen whilst 10 people queued at reception.

The surgery provided 18 notice boards displaying a range of patient information. Members noted that of the 237 notices, only 23 were bilingual.