

**General Practice
Inspection (announced)**
Aneurin Bevan University
Health Board,
The Rugby Surgery

1 March 2016

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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

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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 The Rugby Surgery, 1 Kelvedon St, Newport NP19 0DW on 1 March 2016. Our team, for the inspection, comprised of an HIW inspection manager (inspection lead), a GP peer reviewer and two representatives from Aneurin Bevan Community Health Council.

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

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

The Rugby Surgery currently provides services to approximately 8,800 patients in the Newport area of Gwent. The practice forms part of GP services provided within the geographical area known as Aneurin Bevan University Health Board.

The practice employs a staff team which includes four doctors (including three GP partners), two nurses, one healthcare assistant, one practice manager and deputy practice manager/head receptionist and a number of secretarial, administration and reception staff.

The practice provides a range of services (as cited on the website), including:

- Antenatal clinic
- Baby clinic
- Baby immunisation/medicals and Well baby clinic
- Asthma clinic
- Diabetic clinic
- Family planning clinic
- Non-NHS examinations
- Travel immunisations/vaccinations
- Flu vaccination
- Cardiac clinic
- Spirometry clinic.

3. Summary

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

Members of the local Community Health Council (CHC) spoke with patients and used questionnaires to obtain patients' views. Overall, patients told the CHC that they were satisfied with the service provided, with the exception of the telephone appointment system. We have asked the practice to consider whether this system is allowing patients timely access to care.

Overall we found people were treated with dignity and respect. Staff knowledge around confidentiality, their use of the space available and working practices in providing chaperones, helped to protect people's privacy and dignity.

The practice had an effective complaints system in place. However, systems to gather patient and carer feedback were in the early stages. We identified that improvements were needed to ensure the practice was empowering patients and carers to give feedback on services with a view to making improvements.

Overall, we found the practice had arrangements in place to promote safe and effective patient care.

Information was available to patients to help them take responsibility for their own health and well being and to support and signpost carers to help and support available to them. However we identified that the practice needs to improve in making information as accessible as possible, and readily available, to the population it serves.

There were appropriate policies in place to guide staff in managing risks at the practice. However a full environmental risk assessment had not been carried out for a number of years. We have asked the practice to address this.

Suitable procedures were in place to reduce the risk of the spread of infections. We asked staff to move the position of one sharps box to ensure patients' safety.

Suitable arrangements were in place for the safe prescribing of medicines.

Arrangements were in place regarding safeguarding children and adults at risk. However, we identified that child protection and vulnerable adults policies required updating to ensure they are compliant with national guidelines. Not all staff had completed up to date training in these areas at levels appropriate to their role and the practice was addressing this.

The practice had suitable arrangements in place to report and learn from patient safety incidents and significant events. Internal communication systems were in place which aimed to avoid delays in referrals, correspondence and test results.

The sample of patient records we reviewed were detailed and demonstrated that care had been planned to ensure the safety and well being of patients. The practice had identified that there were around 300 sets of notes, belonging to patients who had transferred from another practice, that needed to be both summarised and put onto the practice system. We advised the practice that this should be prioritised to ensure these patients' medical histories could be easily viewed.

The practice had a clear management structure in place and we found effective governance and leadership arrangements. We suggested the practice consider formalising meeting arrangements.

We found a patient-centred staff team who were professional, knowledgeable and confident in their roles. The practice should ensure there is a system to enable monitoring of staff training so that they can be assured of staff compliance with ongoing training requirements.

4. Findings

Quality of patient experience

Members of the local Community Health Council (CHC) spoke with patients and used questionnaires to obtain patients' views. Overall, patients told the CHC that they were satisfied with the service provided, with the exception of the telephone appointment system. We have asked the practice to consider whether this system is allowing patients timely access to care.

Overall we found people were treated with dignity and respect and staff knowledge around confidentiality, their use of the space available and working practices in providing chaperones, helped to protect people's privacy and dignity.

The practice had an effective complaints system in place. However, systems to gather patient and carer feedback were in the early stages. We identified that improvements were needed to ensure the practice was empowering patients and carers to give feedback on services with a view to making improvements.

The CHC have produced a report which provides an analysis of the information gathered. That report can be found in Appendix B. Overall, patient satisfaction was high with the exception of comments about the telephone appointments system. Patients made positive comments particularly about the relationships they had with reception staff, nurses, health care assistant and doctors.

Improvement needed

The practice must ensure that the telephone appointments system is allowing patients timely access to care.

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 found that people were treated with dignity, respect, compassion and kindness.

We observed staff greeting patients both in person and by telephone in a polite, friendly and welcoming manner and treating them with dignity and respect.

The reception area was enclosed with staff separated by clear screens, to give privacy to staff taking telephone calls. Telephone calls were taken by staff sitting away from the screens to allow privacy. Staff also told us that they could use private rooms to discuss any sensitive issues with patients to maintain confidentiality. The waiting area was limited in space but there were small discreet areas where patients could wait separately, with a greater degree of privacy, to be seen if they wished. This meant that staff had a good knowledge and used the space as best they could to ensure people's privacy and confidentiality were maintained.

We saw that doors to individual consultation and treatment rooms were kept closed at all times when staff were attending to patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity.

In the records we reviewed (paper and electronic) we saw that GPs had documented patients' consent to examinations. This also included when patients had given consent to share information with family members so that staff were clear about who they could speak with, in line with patients' wishes.

Staff told us that the healthcare assistant and clinical staff, who were clearly trained in this area, mainly acted as chaperones. We saw there was a written policy on the use of chaperones and staff told us that non clinical staff received training before acting as chaperones. The use of chaperones was recorded in the patient records we saw. This meant there was a procedure and working practices in place to protect patients and practice staff.

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)

There was a robust complaints process in place. Other systems to empower patients and their families to provide feedback on their experiences of using the practice, were only in the early stages.

The practice had a written procedure in place for patients to raise concerns and complaints. Information on how to make a complaint was displayed on a noticeboard near the entrance to the practice and within the patient information

leaflet, although we were told these leaflets weren't routinely distributed to patients. This meant patients could access this information from the practice, should they require it. However, staff should consider how to make this information as widely available to all patients as possible, for example through using the website. The written procedure was fully compliant with 'Putting Things Right' requirements, the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales. This included information about how to access the CHC as an advocacy service with making complaints.

We saw that records had been maintained of complaints. The records demonstrated that the practice had dealt with the complaints in a timely manner. An effective management system was described to consider and learn from complaints received.

The practice had just started to consider other ways to gather patient feedback with a view to making improvements. We saw that there was a suggestion box in place which staff told us had recently been implemented. Staff told us they had not used patient satisfaction surveys for several years but as part of their work on clinical governance had now developed questionnaires around three different areas which they planned to use with patients over the next year. Staff told us no patients had come forward to show an interest in a patient participation group so they had not pursued this as another way to gain patient feedback.

The practice was situated in a culturally diverse area and we were not assured that staff had explored ways in which to engage with communities in a meaningful way to gather information about patients' experiences.

Improvement needed

The practice must ensure they listen and learn from patient feedback and demonstrate how they are responding to patient experiences to improve services. The practice must capture feedback in a way that meets the communication needs of the practice population with a view to improving services to meet the needs of the population they serve.

Delivery of safe and effective care

Overall, we found the practice had arrangements in place to promote safe and effective patient care.

Information was available to patients to help them take responsibility for their own health and well being and to support and signpost carers to help and support available to them. However we identified that the practice needs to improve in making information as accessible as possible, and readily available, to the population it serves.

There were appropriate policies in place to guide staff in managing risks at the practice. However a full environmental risk assessment had not been carried out for a number of years. We have asked the practice to address this.

Suitable procedures were in place to reduce the risk of the spread of infections. We asked staff to move the position of one sharps box to ensure patients' safety.

Suitable arrangements were in place for the safe prescribing of medicines.

Arrangements were in place regarding safeguarding children and adults at risk. However, we identified that child protection and vulnerable adults policies required updating to ensure they are compliant with national guidelines. Not all staff had completed up to date training in these areas at levels appropriate to their role and the practice was addressing this.

The practice had suitable arrangements in place to report and learn from patient safety incidents and significant events. Internal communication systems were in place which aimed to avoid delays in referrals, correspondence and test results.

The sample of patient records we reviewed were detailed and demonstrated that care had been planned to ensure the safety and well being of patients. The practice had identified that there were around 300 sets of notes, belonging to patients who had transferred from another practice, that needed to be both summarised and put onto the practice system. We advised the practice that this should be prioritised to ensure these patients' medical histories could be easily viewed.

Staying healthy

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)

Information was available to patients to help them take responsibility for their own health and well being and to support and signpost carers to help and support available to them.

We saw a variety of health promotional materials on display in waiting areas which were easily accessible to patients. The healthcare assistant had recently completed a course on smoking cessation and could work with patients around these health issues.

There was information available for carers on noticeboards in the waiting area and the practice had a carers champion to promote awareness of carers' needs. The practice had links with the local carers' organisation and told us that staff from the organisation visited the practice from time to time to enable carers to access their support.

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)

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. Overall the practice building was suitably maintained, both internally and externally.

The practice had a health and safety policy in place which was brief but which signposted the reader to more detailed individual policies around specific risks and procedures. An environmental risk assessment was last carried out around seven years ago. There is a legal duty to assess the risks to the health and safety of employees (and risks to the health and safety of persons visiting the premises) and the practice agreed to carry out an up to date environmental risk assessment as soon as possible.

During our tour we saw that there was a cluttered area under the rear stairs (used only by staff) which was being used as a storage area. We advised staff

to assess the potential risk this could pose in terms of a health and safety or fire hazard. Staff told us their fire risk assessment had not identified this as a risk but they would reassess this area as soon as possible to assure themselves.

There was a comprehensive fire risk assessment in place and we saw documents showing that regular servicing and maintenance took place on fire safety equipment at the practice.

Improvement needed

The practice must ensure that environmental risk assessments remain up to date to help keep employees and visitors to the premises safe.

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))

Staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection. The clinical treatment areas we saw appeared visibly clean. Hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitisers were also readily available around the practice. We saw waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste was securely stored outside until it could be safely collected.

Discussion with nursing staff confirmed that all 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 saw full and detailed infection control policies and procedures and the nursing team and health care assistant carried out regular audits which allowed them to make improvements to procedures. Staff were able to give us examples of changes they had made as a result of audits, for example, increasing staff awareness about what should and should not be disposed of in sharps bins.

Senior staff described that that all clinical staff were expected to ensure they received Hepatitis B vaccinations as required to protect themselves and

patients in this regard, with prompting from management staff. We saw staff kept a central register which they monitored to ensure staff stayed up to date.

In one treatment room we saw that one sharps box was positioned on a trolley low to the ground which could pose a health and safety risk to children using the room. We brought this to the attention of staff who addressed it immediately.

Improvement needed

Staff must ensure that all sharps boxes are safely positioned to reduce risks to patients and staff.

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

We found suitable arrangements were in place for the safe prescribing and review of medicines prescribed to patients.

Patients could access repeat prescriptions by using the box in reception and the practice were planning to start email requests.

Staff told us that although there was not a practice formulary (a list of medicines that may be prescribed) in place, staff kept up to date on local and national guidance through a variety of means. This included the senior partner attending prescribing group meetings, undertaking audits, ongoing work through their 'Neighbourhood Care Network'¹ and support provided from a visiting pharmacist on a regular basis.

We found clear shared prescribing protocols in place and there were clear protocols in place for high risk medicines, for example, the system flagged up when patients taking these medicines needed blood tests.

¹ **Neighbourhood Care Network** is the term used for practice clusters within Aneurin Bevan University Health Board. A practice cluster is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. Neighbourhood Care Networks were first established in 2010. They bring together GP practices, District Nursing, Frailty, Public Health Wales, Primary and community mental health services and the voluntary sector.

Medication reviews were set as reminders on the patient's screen and usually done face to face by either the clinician or visiting pharmacist. The pharmacist had set up specific medication review clinics to try to ensure the practice covered every patient regularly. Staff ran reports to target the patients and any patient's deemed steady, with no changes to condition or medication were contacted by telephone. Arrangements were in place to remove medication no longer needed by patients from repeat prescribing lists.

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)

There was a child protection policy in place and a range of supporting materials to assist staff in managing child protection cases which included local contact numbers for reporting. On the policy we saw there was a list for reception staff about when to report a concern and this was narrow, based around witnessing physical abuse. We advised staff to amend the policy to make staff responsibilities clear in reporting all kinds of abuse.

There was a policy in place around safeguarding vulnerable adults and staff told us there was a file which held supporting materials but they could not locate this on the day. The policy we saw required amending to ensure it complied with national guidelines. The policy advised one of the roles of clinicians was to investigate concerns, which is not appropriate. The policy also listed one of the reporting bodies to be the Care Quality Commission which is only applicable in England. It recommended using a general incident form to capture concerns and on inspecting the form this was not appropriate. We advised the practice to update the policy to ensure it met national guidelines. Staff could not locate the list of local social services teams and other useful local contacts for vulnerable adult reporting on the day.

Some staff had completed child protection and vulnerable adults training and online training was now being implemented. We saw that clinicians had been booked to attend child protection training at a level appropriate to their role. Overall this meant that we could not be assured, at the time of the inspection, that current adult and child protection policies were suitably accurate and detailed or that all staff were sufficiently trained in these areas.

However, there were suitable systems and working practices in place to manage child and adult protection cases on a day to day basis and we saw good practice in doing this. For example, staff flagged child protection and vulnerable adults cases on the electronic system so that staff were alerted to these cases. The practice had a designated lead for child protection who took

the lead in ensuring procedures were implemented. We could see that multi-professional working took place in these cases.

Improvement needed

The practice must ensure that child protection and vulnerable adults policies comply with national legislation and guidance. The practice must ensure that all staff are up to date with child protection and vulnerable adults training at a level appropriate to their role.

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 suitable arrangements in place to report 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 on an adhoc basis when the need arose. We looked at records and confirmed that reviews of incidents and events took place with relevant members of the practice team coming together when needed and actions being passed onto staff, mainly through memos and email/electronic messaging services. We saw that staff reviewed significant events and concerns/complaints annually, informally monitoring for themes and trends between these times. We suggested the practice team could consider formalising the arrangements in place, arranging regular scheduled meetings to review all events and concerns as a whole on an ongoing basis, to assist with monitoring and making ongoing improvements to services.

We saw good practice around managing palliative care cases. Staff proactively managed the palliative care register and held regular multidisciplinary meetings on an ongoing basis to discuss these patients' needs, and how to manage their care in the best way.

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

The practice was situated in a multicultural area where a number of languages were spoken within communities. Staff told us that they produced information in different formats on request and could use interpreting services when needed.

The practice had established systems for the management of external and internal communications. Arrangements were in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner.

Out of hours consultations were conveyed to doctors on a daily basis. All other incoming correspondence was initially seen by administrative staff and scanned onto the system and passed onto GPs within 48 hours. On speaking with administrative staff they explained that in certain cases, correspondence was passed onto the GP or duty doctor sooner, for example, where there were urgent blood results. If a doctor was absent, staff passed urgent correspondence onto another doctor at the practice to ensure issues were followed up in their absence. In looking at patient records we saw several examples of staff acting promptly on urgent results. This meant that internal communication systems supported effective patient care.

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 for each GP working at the practice and overall found a good standard of record keeping.

Notes contained sufficient detail of consultations between doctors and patients and it was possible to determine the outcome of consultation and the plan of care for the patient.

We saw examples in some cases where patients saw the same doctor to follow through their care with them which meant in these cases patients had continuity of care.

We saw that doctors updated notes from home visits in a timely way, onto the electronic system, to avoid delay.

Staff told us that they currently had a backlog of approximately 300 cases where patients had transferred from another practice and their notes needed to be both summarised and put onto the practice's system. This meant that when staff were viewing these patients' notes they may not have access to summarised details, all in one place, about patients' medical histories. There was the potential risk that clinicians, who may not be familiar with these patients, would not have all the information they needed about the patient in order to appropriately assess and diagnose patients. The practice had worked

hard on resolving this and were actively liaising with the health board around this issue, due to the lack of resources they had available to summarise these notes. Whilst it is evident that action is being taken to address this matter, given the potential risks, this should be prioritised for completion as soon as possible.

Improvement needed

The practice, working with the health board, should put a plan in place to ensure patient summaries for the 300 identified cases are put onto the practice system as soon 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)

We found that the practice could make improvements to the way they provided relevant information for patients.

The practice was based in a multicultural area where the majority of the population did not speak English as their primary language to communicate. Staff told us one doctor was able to speak different languages with some of the patients and that they used interpreting services when needed, allowing additional time for these appointments.

A range of information (in English and some Welsh) was displayed and readily available within the waiting area of the practice. This included information on local support groups, health promotion advice and self care management of health related conditions.

Information for patients about the practice's services was available within a practice leaflet but staff told us they didn't routinely distribute these. Information was not routinely produced or displayed in different languages based on the needs of the population served by the practice. Staff told us the practice leaflet was available in other formats and languages on request. Further information on the practice's services was available on the practice's website (English only), except for the complaints procedure. The practice should consider updating the website to include this information. Overall, although patients could request information in different formats, the practice should consider how to make key practice information as accessible as possible to the local population it serves.

On discussion with staff about the telephone appointments system they told us that changes had been made, following careful consideration, to try to improve the service so that patients could now access afternoon appointments. However CHC questionnaires indicated that patients were not aware of this. Staff felt that this was due to the need to raise awareness amongst patients about the changes. The practice should therefore consider how to make patients aware of changes to services such as this, in a language and format that meets their needs.

The practice had a hearing loop which they used to aid communication with those patients with hearing difficulties. We saw that patients with hearing difficulties were flagged on the electronic system so that staff used a different method to the tannoy, to let patients know when staff were ready to see them. This meant there were systems in place to ensure the practice met the communication needs of those patients with hearing difficulties.

Improvement needed

The practice must ensure patients receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs. The practice should improve how they communicate key information about the practice's services and changes to services to their patients, ensuring that information is provided as accessibly as possible to the population it serves.

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)

Patients were able to book appointments by telephone only. Patients could book appointments on the same day where there was an urgent need and routine appointments were available 2-3 weeks in advance. Two staff answered telephone calls in the morning. Patients told us they had to call multiple times and did not always get through to speak to staff before appointments were gone. Some patients were not aware that afternoon appointments were now available to book. Once all available appointments were taken, staff triaged calls to try to ensure doctors saw patients with the most urgent need in a timely way.

Staff told us they had made changes to appointments systems to try to improve access for patients, such as implementing a new telephone system and introducing a triage system once all available appointments were taken.

However, CHC questionnaires indicated that patients were not satisfied with systems to access the practice. We have identified improvement is needed in response to this under the patient experience section of this report.

We saw there was a referral protocol in place and staff told us they felt the referral system worked well. We saw that staff reviewed referrals daily and same day referrals were made when needed. Staff also telephoned to ensure referrals had been received safely. Staff carried out audits to monitor how the system was working on an ongoing basis. This meant there were systems in place to try to avoid delays in referrals for ongoing patient care.

The nursing team ran a number of clinics for patients with chronic health conditions so that patients with these health conditions could access the care and treatment they needed without seeing a doctor.

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)

The practice had made some arrangements to make services accessible to patients with different needs, as described above, although we have identified that improvements need to be made in producing accessible information for patients.

The practice building had not always functioned as a health care facility so staff had to adapt the space to meet the needs of a general practice. For example, baby clinics were run on the second floor which was not ideal for mothers with pushchairs but allowed a separate space to run these services. There were no external steps making it accessible to patients with mobility difficulties and those patients who use wheelchairs. Patients who could not or who found stairs difficult were seen in rooms on the ground floor.

Arrangements were in place to protect the privacy of patients.

Quality of management and leadership

The practice had a clear management structure in place and we found effective governance and leadership arrangements. We suggested the practice consider formalising meeting arrangements.

We found a patient-centred staff team who were professional, knowledgeable and confident in their roles. The practice should ensure there is a system to enable monitoring of staff training so that they can be assured of staff compliance with ongoing training requirements.

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. Staff told us they felt able to approach management staff to raise concerns and had confidence that concerns would be received and managed appropriately. 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. There were clear lines of reporting and accountability and staff told us that meetings happened within individual teams. Doctors met daily, at the end of each morning, which was an area of good practice. Whilst some staff meetings were minuted, such as reception staff team meetings, other meetings, such as doctor's clinical meetings at the end of each morning were not. Staff told us any actions from meetings were followed up by email and memo after meetings. We advised the practice to keep notes of all meetings held to ensure a clear audit trail is in place and to allow the practice to demonstrate more clearly the decision making processes of the doctors and senior management. From the notes we saw, staff considered a range of topics at meetings, relevant to ensuring the safe and effective provision of care services offered by the practice.

Although it was clear that staff communicated well between teams and staff told us they felt able to approach clinicians, the practice did not get together as a whole team to discuss issues that could affect the practice as a whole. Some staff told us they would welcome more formal arrangements to bring teams together and we informed senior staff as a point to consider.

Reception staff members all took on individual additional administrative roles to assist in other ways at the practice. This had led to reception staff having a range of training opportunities outside of their reception remit, for example, palliative care training in one case. Staff had time allocated to allow them to do carry out their additional roles and through speaking with staff it was clear that staff enjoyed this and felt ownership over their individual areas. This meant that staff were involved in the development of these areas in the practice.

The practice had a detailed and reflective Practice Development Plan (PDP) which they had developed through their Neighbourhood Care Network. This clearly identified the challenges facing the practice and areas for the practice to work on.

Senior staff from the practice were clearly committed to the Neighbourhood Care Network and the practice used this forum as a way to generate quality improvement activities and to share good practice. Staff also told us about a number of audits they carried out and the clinical governance work they were now developing. This meant the practice was active in identifying challenges and learning and sharing best practice as a way to improve services.

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 and a review of a sample of staff records indicated they had the right skills and knowledge to fulfil their identified roles within the practice.

Staff were able to describe their roles and responsibilities within the wider practice team and indicated they were happy in their roles. All staff we spoke with confirmed they felt supported by senior staff and had opportunities to attend relevant training. Staff told us they had annual appraisals and a sample of staff records supported this. One member of staff who hadn't had an appraisal had been booked in for one shortly. This gave staff the opportunity to receive feedback on their performance, to discuss training needs and indicate if any additional support was needed.

We looked at the recruitment paperwork in a small sample of staff files and found that appropriate employment checks were carried out prior to employment. Staff told us they had received good induction into working at the practice and felt well supported when learning their roles.

Staff did not currently keep a record of all staff's up to date training or have a system in place to regularly review training. This meant that staff could not

easily monitor whether all staff were compliant with ongoing training requirements for their roles. Staff told us they had identified this as an area for improvement and planned to put a training log in place shortly.

Improvement needed

The practice must ensure there is a system to enable monitoring of staff training so that they can be assured of staff compliance with ongoing training requirements.

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 The Rugby 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 HW with sufficient assurance concerning the matters therein.

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

The improvement plan, once agreed, will be evaluated and published on HW'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: The Rugby Surgery

Date of Inspection: 1 March 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
6	The practice must ensure that the telephone appointments system is allowing patients timely access to care.	5.1	<p>An appointment will be arranged with our BT Business Manager to review current phone lines and package.</p> <p>To try and alleviate some of the phone line usage we will initiate the My Health On Line Appointments system and expectantly free the line somewhat assisting patients who want to make routine appointments without phoning the surgery.</p>	<p>Wendy Hall to make appointment for review.</p> <p>Wendy Hall to commence with MHOL advertising and set up.</p>	<p>Within 8 weeks</p> <p>Within 8 weeks</p>

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
8	The practice must ensure they listen and learn from patient feedback and demonstrate how they are responding to patient experiences to improve services. The practice must capture feedback in a way that meets the communication needs of the practice population with a view to improving services to meet the needs of the population they serve.	6.3	<p>Continue to collect and respond to feedback – now advertised on practice website and encouraged at reception.</p> <p>Patient Participation Group has been re-advertised.</p> <p>Contact Julia Osmond (Public Health link for ethnic minorities) Rosheen O'Hare (Asylum seeker Nurse) and Liz Kalynka (Midwife) for advice and assistance on best communication with ethnic minorities and hard to reach groups.</p> <p>We have devised Patient Questionnaires to gather patient experience and feedback on our General Practice including Clinical staff/non-clinical staff and premises. From the response we will collate results and feedback details of actions to patients via website and information displayed in waiting</p>	<p>Stacey Clarke & Wendy Hall</p> <p>Stacey Clarke</p> <p>Wendy Hall</p> <p>Stacey Clarke & Wendy Hall</p>	<p>In progress</p> <p>Advertised</p> <p>Within the next 4 weeks</p> <p>Questionnaires have been prepared.</p> <p>Staff to give out to patients</p>

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			room.		throughout the summer months. Practice Manager and supervisor to collate data and feedback action agreed (by website/new sletter display)
Delivery of safe and effective care					
11	The practice must ensure that environmental risk assessments remain up to date to help keep employees and visitors to the premises safe.	2.1; Health and Safety Executive	Arrange for Risk Assessment to be carried out by external risk assessor and any recommended action taken. Practice manager to continue to carry out annually thereafter.	Practice Manager	Within one month
12	Staff must ensure that all sharps boxes are safely positioned to reduce risks to patients and staff.	2.4	One Sharp's box found in one of 9 clinical rooms was found to be inappropriately located on the day of	Practice Manager	Immediately

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			<p>the inspection. Review of all sharps boxes on day of inspection – all others were and are safely positioned.</p> <p>From previous three clinical waste audits performed by the SSP Primary Care Management Team, we were compliant with all aspects of clinical waste management.</p>		
14	<p>The practice must ensure that child protection and vulnerable adults policies comply with national legislation and guidance. The practice must ensure that all staff are up to date with child protection and vulnerable adults training at a level appropriate to their role.</p>	2.7	<p>Child protection and vulnerable adults' policies to be reviewed and amended in line with national legislation and guidelines.</p> <p>New non-clinical POVA Lead appointed at surgery and enhanced training will be requested at NCN Cluster group meeting.</p> <p>All staff to complete both child protection and POVA online training at a level appropriate to their role.</p> <p>To include regular refresh in-house training by clinical and non-clinical staff.</p>	<p>Stacey Clarke & Helen Collins & Kayleigh Stephens</p>	<p>By end of April 2016</p> <p>Refresh training arranged throughout year.</p>

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
16	The practice, working with the health board, should put a plan in place to ensure patient summaries for the 300 identified cases are put onto the practice system as soon as possible.	3.5	To implement action plan involving additional staff to prioritise backlog of summaries as occurred by transfer of patients due to closure of nearby surgery. Progress to be monitored to ensure steady progress.	Stacey Clarke/ Wendy Hall	Plan drawn up within 2 weeks
17	The practice must ensure patients receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs. The practice should improve how they communicate key information about the practice's services and changes to services to their patients, ensuring that information is provided as accessibly as possible to the population it serves.	4.2	Liaise with Public Health Lead, Julia Osmond to establish main languages for our ethnic minority groups to enable us to provide instant alternative literature. Largest ethnic minority for our practice is our Asian community - advertised on website Hindu and Urdu speaking Doctors available for consultation. Advertise and establish Patient Participation Group	Wendy Hall & Stacey Clarke	Website updated within 1 week Liaise with Julia Osmond Within 8 weeks Practice Newsletter by August

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			<p>Website to include address on main page and displaying "Putting things Right" policy and encourage patient feedback on website.</p> <p>Practice newsletter to be developed and offered in a small selection of alternative languages (as advised by Julia Osmond)</p>		1 st 2016
Quality of management and leadership					
21	The practice must ensure there is a system to enable monitoring of staff training so that they can be assured of staff compliance with ongoing training requirements.	7.1	Practice Manager to keep a central current record of all staff training and training requirements – Review and update at regular intervals.	Practice Manager	By 29 th April 2016

Practice representative:

Name (print): ..Stacey Clarke.....

Title:Practice Manager.....

Date:31/03/2016.....

Appendix B

Community Health Council Report

ANEURIN BEVAN COMMUNITY HEALTH COUNCIL REPORT



SUBJECT:	PATIENT SURVEY REPORT FOR JOINT HIW INSPECTION OF RUGBY SURGERY (NEWPORT)
REPORT OF:	DEPUTY CHIEF OFFICER
STATUS:	FOR INFORMATION
CONTACT:	JEMMA MCHALE
DATE:	MARCH 2016

PURPOSE

To inform Committee of the outcome of a survey undertaken during the joint HIW inspection of Rugby GP Surgery in Newport

BACKGROUND

The Aneurin Bevan Community Health Council conducted a joint inspection with HIW of The Rugby Surgery in Newport, Gwent. Patients of the Surgery were asked 10 questions to inform the inspection on their experiences with their GP surgery from the environment to the care provided to them.

35 patients took part in the survey and their feedback shall be reported on below:

FINDINGS

- 1) Patients were asked how long they had been registered at this practice – 6% (2 patients) had been registered there for less than a year, 29% between 1 & 5 years, 20% between 6 & 10 years and 46% over 10 years.

- 2) The Surgery is open Monday to Friday between 8am and 6:30pm. There are same day GP appointments available between 8:30am and 11:50am, patients are advised to call from 7:45am to request these appointments. Pre-bookable GP appointments for the afternoons are available between 1:40pm and 5:50pm and these can be made up to a maximum of one month in advance. Nurse Appointments must be booked in advance (information taken from the Surgery's website). From the information detailed on the Practice's website, they do not currently offer extended clinic hours. Patients were asked for their feedback on the Surgery's opening times to which, 71% felt they were "very good" or "good" and 12% felt the opening times were "satisfactory". 14% (5) of the patients surveyed felt the opening times were "unsatisfactory". 1 patient did not answer the question but some comments received stated that "parents who work find it difficult" and another patient stated "would like Saturday morning opening".
- 3) When asked how the patients rated the appointments booking system at the Surgery; 3% (1 patient) felt it was "very easy" to get an appointment, 23% felt it was "easy", 49% (17 patients) felt it was "difficult" and 26% felt it was "very difficult" to access an appointment. When asked to provide comments on this many patients offered the feedback below:

<i>I cannot get through on the telephone</i>
<i>Telephone system does not work. Appointment gone by the time you get through.</i>
<i>Cannot get through on telephone</i>
<i>Cannot get through on telephone today 23 times I rang.</i>
<i>I cannot get through on the telephone and then the appointments have gone</i>
<i>Getting through on telephone</i>
<i>Appointments take 3 weeks.</i>
<i>Telephone system is engaged 52 times this morning.</i>
<i>Telephone constantly busy (can ring 100 times).</i>
<i>Can be quite difficult to get through on telephone.</i>
<i>Very difficult to get through on telephone.</i>
<i>Cannot get appointment. Telephone to get through very poor. Patient walks to surgery to get appointment.</i>

<i>Cannot get through on telephone. When you do get through no appointments left. Telephone jammed.</i>
<i>Whenever I phone it's full and only emergency appointments.</i>
<i>Very difficult to get through on telephone.</i>
<i>Very busy telephone.</i>
<i>Rang yesterday (Mon) told to ring today took 8 minutes.</i>
<i>Waited three and a half weeks for appointment.</i>
<i>Telephone line jammed.</i>
<i>Cannot get through on telephone for emergency appointment.</i>
<i>Rang at 7.45 all appointments gone by 8.10am. Rang in on emergency appointment</i>
<i>Telephone system always busy cannot get appointment quick enough (patient has been waiting to stitches removed - now infected)</i>
<i>Telephone very busy - cannot get through</i>
<i>Had to wait in house on day.</i>
<i>Can't get through on telephone.</i>
<i>Has difficulty in getting through by telephone.</i>

It is very clear for the feedback from patients that there is a high level of dissatisfaction with telephone access to appointments. The Surgery may wish to consider a full review of the telephone booking system and engage on a wider basis with their registered patients to better understand the issues patients have and how they can resolve these issues.

- 4) Patients were asked how long they usually have to wait to make an appointment with a GP of their choice; 31% (11) of patients stated that they could see a GP of their choice within 24 hours, 6% said between 24 and 48 hours and 40% of patients said they would wait more than 48 hours to see a GP of their choosing and 23% (8 patients) did not answer the question. Some comments received are set out below:

I don't ask

Within 24 hours if an emergency. If I book an appointment I normally have to wait three weeks.

Never less than 3 weeks

- 5) Similarly, patients were asked how long they usually had to wait for an appointment with any doctor. 63% (22) of the respondents stated they could access an appointment with any doctor within 24 hours, 6% stated they could get an appointment within 48 hours and 20% stated it would be more than 48 hours before they could get an appointment with any doctor and 11% (4 patients) did not answer the question.
- 6) Within regards to the environment of the GP surgery, patients were asked to rate their opinion on the following:

<u>Environment</u>	Excellent	Good	Poor	Very Poor
Access i.e. ramps, steps etc.	88%	3%	3%	6%
Helpfulness of reception staff	76%	15%	6%	3%
Cleanliness of waiting area	97%	0%	3%	0%
Seating arrangements	88%	6%	6%	0%
Information display	94%	3%	3%	0%
Toilet facilities	84%	6%	10%	0%

Comments in relation to the environment include:

No toilet paper

Cannot park anywhere and no arms to help on chairs

Parking very poor

Parking very poor

Visual display would be good

- 7) When asked which professional they were visiting today; 60% of patients were there to see their GP and 31% were there to see the Nurse, 3% (1 patient) to see the GP and Nurse, 3% (1 patient) to see the Phlebotomist and 3% did not answer the question.
- 8) Patients were asked how they rated the service the GP provided to them, their feedback is as follows:

GP	Excellent	Good	Poor	Very Poor
Greeting	91%	9%	0%	0%
Understanding of concerns	88%	9%	3%	0%
Treatment explanations	91%	9%	0%	0%
Awareness of your medical history	91%	3%	3%	3%

- 9) The same was asked of the patients' experience of visiting the Practice Nurse:

Nurse	Excellent	Good	Poor	Very Poor
Greeting	100%	0%	0%	0%
Understanding of concerns	100%	0%	0%	0%
Treatment explanations	100%	0%	0%	0%
Awareness of your medical history	93%	3%	3%	0%

- 10) Finally, patients were asked for their overall opinion of the GP surgery:

Excellent	6%
Very Good	43%
Good	31%

Fair	9%
Poor	6%
Very Poor	3%
No answer	3%

Following the survey, the patients were asked for any additional general feedback they felt they wished to express about the Surgery that the survey may not have covered.

<i>Except for telephone</i>
<i>The telephone system does not work to make appointments. Cannot make appointment for more than 2 weeks.</i>
<i>Then you cannot get through on telephone and by the time you do the appointments have gone.</i>
<i>The nurse is excellent and always understands my problem. I wish the doctors had more time.</i>
<i>Only the telephone is a problem</i>
<i>Great difficulty getting through on the telephone. Sometimes 800 times. Toilet could be cleaner.</i>
<i>Very upset unable to get appointment and feels very ill. Sent to pharmacy very difficult to get through on telephone.</i>
<i>Not first time this has happened. Patient asked for confidential information and doesn't think it is necessary.</i>
<i>I think the GP's are great as long as they have time to listen to your problems. I think the phone-up time should be longer</i>
<i>Some more appointments can be had. Then you wouldn't have to wait until the next day if the appointments are full.</i>
<i>Getting through on telephone very difficult. Wait for appointment too long.</i>
<i>Some receptionists are unapproachable. Only see one doctor because</i>

<i>of being let down in past</i>
<i>Advance booking can be too long. Given end of March this week.</i>
<i>If appointment required as follow up you cannot book ahead. Every time. Try in 2 weeks' time.</i>
<i>Difficulty getting an appointment when you eventually get through on telephone.</i>
<i>HCSW is very kind as is the nurse.</i>
<i>Small play area for your children would be beneficial</i>
<i>Telephone</i>
<i>Poor appointment system. Thinking of changing practice.</i>
<i>Difficulty in hearing PA system.</i>
<i>Some difficulty in hearing PA system when waiting room is full.</i>
<i>Difficulty in getting through major problem</i>
<i>Telephone system</i>
<i>Very difficult getting telephone response in mornings</i>
<i>Telephone lines constantly busy - cannot get in on same day</i>
<i>Good practice</i>
<i>Better lighting in waiting area - (one cover missing - tile cracked)</i>
<i>Need to improve telephone system - appointments, results, prescriptions</i>

CONCLUSION

Overall, patient satisfaction with the Surgery and its staff appears to be good with 80% of patients stating that their overall opinion of the surgery was “excellent”, “very good” or “good”. Some issues were highlighted in relation the toilet facilities available. Feedback strongly indicates that patients have great difficulty with the telephone appointments booking system and this requires attention as set out in the recommendations.

CHC RECOMMENDATIONS

1. The Surgery should review its telephone appointments booking system as a matter of urgency to improve overall access for patients.
2. The Surgery should review the current toilet facilities and action any maintenance issues that the review highlights.
3. The Surgery should assess the suitability of seating in the patients' waiting area and ensure that they offer a variety of seating to suit different patients' needs e.g. high backs for support and arm rests.

BACKGROUND PAPERS:	NONE
APPENDIX:	NONE