

## **General Practice Inspection (announced)**

Aneurin Bevan University  
Health Board,

## **Ringland Medical Practice**

7 March 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 Ringland Medical Practice, Ringland Health Centre, Ringland Circle, Newport, NP19 9PS on 7 March 2016. Our team, for the inspection, comprised of a HIW inspection manager (inspection lead), a GP peer reviewer and two representatives from Aneurin Bevan Community Health Council.

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

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

- Quality of the patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person
- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

## 2. Context

Ringland Medical Practice currently provides services to approximately 6,600 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 three doctors (including two GP partners), one nurse, one phlebotomist, one practice manager, one head receptionist, four administration staff and four receptionists. There was currently a vacancy for one doctor. A new doctor was due to start on 4 April 2016 to give the practice a total of four doctors.

The practice provides a range of services (as cited in the patient information leaflet), including:

- Antenatal clinic
- Child health and immunisation
- Diabetes clinic
- Cardiovascular clinic
- Chest clinic
- Minor surgery
- Smoking cessation
- Family planning
- Travel vaccinations
- Counselling service
- Flu vaccination
- Non-NHS services.

### 3. Summary

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

Overall, patients told the CHC that they were satisfied with the practice and their relationships with staff delivering services. Patients were less satisfied with the seating arrangements and toilet facilities. Patients were dissatisfied with the current appointment system in place. We have asked the practice to consider whether this system is allowing patients timely access to care.

We found people were treated with dignity and respect by staff. Although staff used the space as best they could there were challenges in maintaining patients' confidentiality due to the environment.

The practice had an effective complaints system in place. However, systems to gather patient and carer's 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.

The practice made information available to patients to help them take responsibility for their own health and well being and to support carers.

The sample of patient records we reviewed were detailed and demonstrated care had been planned to ensure the safety and well being of patients. Internal communication systems were in place which aimed to avoid delays in referrals, correspondence and test results.

Suitable arrangements were in place to ensure the safe prescribing and review of medicines and to learn from any patient safety incidents.

Suitable arrangements were in place regarding safeguarding children and adults at risk. Staff must ensure that they keep up to date with training in child and adult protection, at levels appropriate to their role.

We found the practice environment needed improvements to ensure it was fully accessible from outside areas, well maintained, offered adequate space and protected the privacy of patients. As the health board own the premises, we have asked the health board, in liaison with the practice, to consider all environmental challenges and take action where needed.

Suitable clinical procedures were in place to reduce the risk of the spread of infections. We have asked the health board, in liaison with the practice, to consider both the practice environment and cleaning arrangements as a whole, taking action where needed, to assure themselves that current arrangements are appropriate in protecting patients from preventable healthcare associated infections.

The practice had a clear management structure in place. We suggested the practice consider formalising meeting arrangements.

We found a patient-centred staff team who were professional, knowledgeable and confident in their roles. However, staff faced challenges in setting the direction of future services in the current physical environment and with some uncertainty about plans to move to new premises.

## 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 practice and their relationships with staff delivering services. Patients were less satisfied with the seating arrangements and toilet facilities. Patients were dissatisfied with the current appointment system in place. We have asked the practice to consider whether this system is allowing patients timely access to care.

We found people were treated with dignity and respect by staff. Although staff used the space as best they could there were challenges in maintaining patients' confidentiality due to the environment.

The practice had an effective complaints system in place. However, systems to gather patient and carer's 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. Patients made positive comments particularly about the relationships they had with staff. Patients were less satisfied with toilet facilities and seating arrangements and the practice should consider how to improve these for patients who are sometimes waiting for extended periods of time.

The majority of patients felt it was difficult to get an appointment at the practice and made negative comments about the length of time they had to wait for both routine and same day appointments. On the day of the inspection we spoke with patients who had found waiting for 3 hours particularly difficult because of having children with them and no baby changing facilities available.

### ***Improvement needed***

***The practice must ensure that the current appointments system is enabling patients' timely access to care.***

***The practice should ensure the practice waiting area is as comfortable as possible with sufficient and appropriate facilities to ensure patients'***



***dignity is maintained when they may be using these areas to wait for extended periods of time.***

*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 by staff.

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. Staff had developed a 'Disability Equality Pack' for all staff to read and refer to, which was a particular area of noteworthy practice. This contained information from a range of support and advocacy organisations working with patients with a range of disabilities and summarised what was most important to those patients, in how people communicated with them. This meant staff had placed an emphasis on meeting patients' individual needs with respect and kindness.

The reception area was enclosed with staff separated from patients by clear windows. This gave privacy to staff taking telephone calls and we also saw staff being discrete when speaking with patients on the telephone. However, windows had to be kept open at times to enable receptionists to attend to patients, particularly in the mornings when waiting areas were busy with patients waiting for same day appointments. Staff told us that they usually did not have private rooms available to discuss any sensitive issues with patients to maintain confidentiality. This meant that those patients wanting to discuss sensitive matters normally had to speak to staff in a corridor of the practice. This indicated that although staff had a good knowledge and used the space as best they could, the environment meant that people's privacy and confidentiality could not always be maintained. We have made an overall recommendation in terms of the impact of the environment below.

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 during consultations.

Staff told us that the nurse and phlebotomist mainly acted as chaperones and were trained for the role. We saw there was a written policy on the use of chaperones and staff told us that non clinical staff also received training before

acting as chaperones. 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 but other systems to empower people 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. Complaints information was displayed on a noticeboard in the waiting area and leaflets were also available. This meant patients could easily access this information from the practice should they require it. Staff could also consider displaying this information on their 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 CHC as an advocacy service with making complaints.

We saw that staff maintained records of complaints. The records demonstrated that the practice had dealt with complaints in a timely manner. An effective management system was described to consider and learn from complaints received. Staff told us about changes that had been made as a result of analysing complaints for themes and trends. This meant staff used complaints as a way to learn and improve services.

The practice gathered some patient feedback in relation to their diabetes service but did not have established systems in place to gather patient feedback about the practice as a whole. We saw that there was a suggestion box in place but some patients were not aware that it was there and no paper and pens were provided next to the box to encourage patients to use it. Staff told us they had not used patient satisfaction surveys for several years but had now developed a questionnaire which they planned to use with patients over the next year. Staff told us no patients had come forward to show interest in a patient participation group.

***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.***

## ***Delivery of safe and effective care***

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

**The practice made information available to patients to help them take responsibility for their own health and well being and to support carers.**

**The sample of patient records we reviewed were detailed and demonstrated care had been planned to ensure the safety and well being of patients. Internal communication systems were in place which aimed to avoid delays in referrals, correspondence and test results.**

**Suitable arrangements were in place to ensure the safe prescribing and review of medicines and to learn from any patient safety incidents.**

**Suitable arrangements were in place regarding safeguarding children and adults at risk. Staff must ensure that they keep up to date with training in child and adult protection, at levels appropriate to their role.**

**We found the practice environment needed improvements to ensure it was fully accessible from outside areas, well maintained, offered adequate space and protected the privacy of patients. As the health board own the premises, we have asked the health board, in liaison with the practice, to consider all environmental challenges and take action where needed.**

**Suitable clinical procedures were in place to reduce the risk of the spread of infections. We have asked the health board, in liaison with the practice, to consider both the practice environment and cleaning arrangements as a whole, taking action where needed, to assure themselves that current arrangements are appropriate in protecting patients from preventable healthcare associated infections.**

### **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 carers.

We saw a variety of health promotional materials on display in waiting areas which were easily accessible to patients. The phlebotomist was completing a course on smoking cessation and could work with patients around this health issue. The practice was also involved with health promotion work encouraged through the health board such as following up those patients who didn't attend appointments for bowel screening.

There was information available for carers in the waiting area and the practice had a carers champion to promote awareness of carers' needs.

### **Safe care**

*People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented. (Standard 2.1-Managing Risk and Promoting Health and Safety)*

We found the practice environment needed improvements to ensure it was fully accessible from outside areas, well maintained, offered adequate space and protected the privacy of patients.

The practice premises had been built in the 1960's for the purpose of being a healthcare facility and was owned by Aneurin Bevan University Health Board. The physical premises were therefore the responsibility of the health board. The premises were laid out over one floor and the practice shared the building with other community health services.

The practice had a full and detailed health and safety policy in place and we saw that environmental health and safety risk assessments were regularly carried out. 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 to ensure its working order. We saw that asbestos risk assessments were regularly carried out.

Due to past vandalism and to ensure safety, there were security measures in place externally such as grates on the windows and metal fences to limit access to the outside walls. The premises were also protected by an alarm system. Staff told us the lighting in the car park was no longer working except for one light and this made the area dark at night. We have asked the health board to ensure there is adequate night time lighting for the safety and security of patients and staff.

We found the reception area to be well lit and ventilated. However, staff areas and consultation rooms had a lack of natural light and some areas had not been well maintained, for example, we saw holes in the wall of one consultation room

that had not been filled in. At the time of the inspection some building work was being undertaken to update the staff kitchen and patient and staff toilets.

We found the premises to be accessible to patients who used wheelchairs and those with limited mobility. However, staff told us that patients who used wheelchairs sometimes struggled to get to the building independently from the car park due to the curb. Staff told us they had raised this issue with the health board and council.

We found that internally space was limited and this had an impact on both patients' experiences of using the practice and the ability of the practice to grow and expand in the range of services they offered to patients. For example, we found that, with an open access system in the morning, the reception area could not accommodate all patients and some patients had to stand to wait for a seat to become available. Staff areas were at capacity in terms of work space which meant it would be difficult to recruit and accommodate more staff if needed in the future. Staff told us the practice was not able to become a training practice due to lack of working space and the staff meeting/training area was also used as a thoroughfare for other health staff to access the kitchen. This meant it was difficult to find space to hold confidential group meetings and to organise formalised, on site training sessions for staff. Staff were managing to accommodate the running of several clinics, the counselling service and visits from external visitors such as the polypharmacist. However we saw that the practice was at capacity in terms of space and this made planning future services difficult.

### ***Improvement needed***

***The health board, in liaison with the practice, must consider all issues relating to running a practice from the current environment (such as security, safe and sustainable design, age related general health and safety and disability accessibility), to be assured that the current premises are fit for purpose, taking action where needed.***

***The health board, in liaison with the practice, must ensure premises are kept well maintained. The health board should ensure external lighting is adequate for the security and safety of staff and patients.***

*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.

We saw that clinical treatment areas appeared visibly clean. However, we found some areas of the environment as a whole, to be unclean and we could not be assured that the environment complied with best practice in terms of infection control. For example, we saw that carpets in two GP consultation rooms were stained and the ladies toilet, by mid morning, was no longer clean. Staff told us cleaners were on site for 2 hours each day and practice staff did their best to keep the environment clean in between these times. The health board was responsible for cleaning of the premises. The health board, in liaison with the practice, should consider whether current cleaning arrangements comply with infection control guidelines.

Hand washing and drying facilities were provided in clinical areas and toilet facilities, however, in toilet facilities, paper towels had run out by mid morning and there was no other means for patients to dry their hands. Practice staff told us they did not have access to the keys for paper towel dispensers so that these could be restocked. Hand sanitisers were available in clinical areas only and not available in waiting areas. The health board, in liaison with the practice, should consider how to improve hand washing and drying facilities for patients, particularly as patients can be waiting for extended periods of time in communal waiting areas.

We saw waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Once collected from surgeries, clinical waste was securely stored outside until it could be safely collected.

Discussion with nursing staff confirmed that all instruments used during minor surgery procedures were purchased as sterile, single use packs which avoided the need for the use of sterilisation/decontamination equipment.

We saw full infection control policies and procedures were in place. The team did not carry out any infection control audits but one member of staff planned to take on this role shortly. The practice should consider carrying out regular infection control audits to allow them to identify where improvements can be made.

Senior staff described that all clinical staff were expected to ensure they had Hepatitis B vaccinations, as required, to protect themselves and patients in this regard. We saw staff kept a central register which they monitored to ensure staff stayed up to date, prompting reminders when necessary

### ***Improvement needed***

***The health board, in liaison with the practice, must consider both the practice environment and cleaning arrangements as a whole, taking action where needed, to assure themselves that current arrangements are appropriate in protecting patients from preventable healthcare associated infections. Patients must also have access to sufficient hand washing and drying facilities.***

*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 online requests.

Staff used the health board's formulary (a list of medicines that may be prescribed) and staff kept up to date on local and national guidance through a variety of means. This included ongoing work through their 'Neighbourhood Care Network'<sup>1</sup> and support provided on a regular basis, from a visiting health board's pharmacist.

Staff told us that all patients had reviews of their medication in person with a GP. There was a system in place whereby the computer system automatically flagged up when a patient was due for a medication review and patients were then notified. Arrangements were in place to remove medication no longer needed by patients from repeat prescribing lists.

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<sup>1</sup> **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.



*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 policy in place around child protection and a range of supporting materials to assist staff in managing child protection cases, which included local contact numbers for reporting. There was also a very clear document to provide guidance for staff about their responsibilities in responding to and reporting abuse.

Staff had completed child protection training in the past and the child protection lead at the practice had provided training and updates. Staff were booked onto imminent training to ensure they completed the level appropriate to their roles and were up to date.

There was an adequate policy in place around safeguarding vulnerable adults and supporting information available which included local contact numbers for reporting. We suggested that the practice could add further detail to the policy and also expand the list of contacts at the end to include the first point of contact within social services for reporting cases.

Most staff had completed vulnerable adults training in 2011 and newer members of staff had not received this training. This meant that we could not be assured that all staff were sufficiently trained in the protection of vulnerable adults.

We found suitable systems and working practices in place to manage child and adult protection cases on a day to day basis.

### ***Improvement needed***

***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. The doctors and practice manager met every day at lunchtime and other members of staff were able to join when they wanted to, or when needed. 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. 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 through the year.

Staff told us that individual clinicians were responsible for ensuring they kept up to date with best practice guidelines. Doctors met over lunchtime every day which also gave them an informal space to discuss this. We suggested the practice formalise meetings to create a more focussed shared space where best practice and changes to guidelines etc. could be considered and discussed.

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

Staff told us that they produced information in different formats on request and could use interpreting services when needed with patients who spoke Welsh (which we were told was rare) and other languages.

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 12 hours. On speaking with administrative staff they explained that in certain cases, correspondence was passed onto a doctor sooner if the matter was urgent. If a doctor was absent, staff passed urgent correspondence onto another doctor at the practice to ensure issues were followed up in their absence. 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.

### **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 provided relevant information for patients.

Information for patients about the practice's services was available within a practice leaflet. 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. We were told the practice leaflet was available in other formats and languages on request. The practice had a hearing loop which they used to aid communication with those patients with hearing difficulties and also used interpreters when needed.

A range of information 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. There was a website which provided basic information about the practice.

### **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)*

There was open access to appointments every morning. This meant that patients attending the surgery on the morning would be seen the same day. However this meant that patients were sometimes waiting up to 3 hours to be

seen. Patients could book routine appointments between 3 – 4 weeks in advance.

Staff told us they had made changes to appointments systems to try to improve access for patients. However, CHC questionnaires indicated that patients were not satisfied with systems to access the practice. We have made a recommendation under the patient experience section of this report in response to this.

### **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 arrangements to make services accessible to patients with different needs, as described above.

Staff had to adapt the space available to meet the needs of a general practice. Although the building and facilities were accessible to patients with mobility difficulties and those patients who use wheelchairs, the curb and steep slope outside meant that staff/others had to assist patients to reach the building from the car park and outside area. We have advised the health board, in liaison with the practice, to consider the accessibility of the premises in the recommendation above.

## *Quality of management and leadership*

**The practice had a clear management structure in place. We suggested the practice consider formalising meeting arrangements.**

**We found a patient-centred staff team who were professional, knowledgeable and confident in their roles. However, staff faced challenges in setting the direction of future services in the current physical environment and with some uncertainty about plans to move to new premises.**

### **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.*

Overall we found a stable, patient-centred, confident staff team. However, staff struggled with making services work as effectively as possible within the current physical environment. Staff also felt disempowered in being able to set the direction of future services with limited space and some uncertainty about whether the current premises would continue to be used as a practice. Staff told us there had been discussions with the health board and wider partners about moving to new premises in the past, but plans had not been followed through. Staff felt demoralised by this and uncertain about future plans.

The team undertook mandatory audits through the health board but did not audit other aspects of the practice with a view to making improvements. We suggested the team consider doing this as a way to evidence what was working well and what was working less well, so that action and change could be initiated.

Staff told us they felt able to approach management staff to raise concerns and had confidence that these 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. Receptionists met as a team and the doctors and practice manager also met every lunchtime. Whilst some of these meetings were minuted, staff told us the meetings were mainly informal. 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.

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.

The practice had a detailed and reflective Practice Development Plan which they had developed through their Neighbourhood Care Network. This clearly identified the challenges facing the practice and identified 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.

*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. 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 a good induction to working at the practice and felt well supported when learning their roles.

The practice kept individual certificates of staff training records and assessed staff's training needs both individually and as a whole on an annual basis. Senior staff told us they looked at everyone's training requirements yearly as a whole, and then planned training for the year ahead to ensure staff stayed up to date 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 Ringland Medical Practice will be addressed, including timescales.

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

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

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

## 6. Methodology

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

**Figure 1: Health and Care Standards**



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

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



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

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

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

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

**Appendix A**

**General Medical Practice: Improvement Plan**

**Practice: Ringland Medical Practice**

**Date of Inspection: 7 March 2016**

<b>Page Number</b>	<b>Improvement Needed</b>	<b>Standard</b>	<b>Practice Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>
<b>Quality of the patient experience</b>					
6	The practice must ensure that the current appointments system is enabling patients' timely access to care.	5.1			
6	The practice should ensure the practice waiting area is as comfortable as possible with sufficient and appropriate facilities to ensure patients' dignity is maintained when they may be using these areas to wait for extended periods of time.	4.1			

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
9	The practice must ensure they listen and learn from patient feedback and demonstrate how they are responding to patient experiences to improve services.	6.3			
<b>Delivery of safe and effective care</b>					
12	The health board, in liaison with the practice, must consider all issues relating to running a practice from the current environment (such as security, safe and sustainable design, age related general health and safety and disability accessibility), to be assured that the current premises are fit for purpose, taking action where needed.	2.1			
12	The health board, in liaison with the practice, must ensure premises are kept well maintained. The practice/health board should ensure external lighting is adequate for the security and safety of staff and patients.	2.1			

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
14	The health board, in liaison with the practice, must consider both the practice environment and cleaning arrangements as a whole, taking action where needed, to assure themselves that current arrangements are appropriate in protecting patients from preventable healthcare associated infections. Patients must also have access to sufficient hand washing and drying facilities.	2.4			
15	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.	2.7			
<b>Quality of management and leadership</b>					
-					

**Practice representative:**

**Name (print):** .....

**Title:**

.....

**Date:**

.....

## Appendix B

### Community Health Council Report

#### **ANEURIN BEVAN COMMUNITY HEALTH COUNCIL REPORT**



SUBJECT:	PATIENT SURVEY REPORT FOR JOINT HIW INSPECTION OF RINGLAND MEDICAL PRACTICE (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 Ringland Medical Practice in Newport.

#### **BACKGROUND**

The Aneurin Bevan Community Health Council conducted a joint inspection with HIW of Ringland Medical Practice 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.

27 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 – 4% (1 patients) had been registered there for less than a year, 15% between 1 & 5 years, 4% between 6 & 10 years and 77% (21 patients) over 10 years.

- 2) The Surgery is open Monday to Friday between 8:30am and 6pm. There are same day urgent GP appointments available between 8:30am and 10am, this is a walk-in service and no appointment time is given, waiting times for these urgent clinics can vary depending on the number of patients that attend on that day. Pre-bookable GP appointments for the mornings and afternoons are also available between 8:30am and 6pm and these can be made up to a maximum of 4 weeks in advance. Nurse Appointments must be booked in advance and are available each morning and also Wednesday and Thursday afternoons. The Practice offers a variety of booking options; walk-in appointments, telephone booking and online booking (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, 82% felt they were "very good" or "good" and 11% felt the opening times were "satisfactory". 7% (2) of the patients surveyed felt the opening times were "unsatisfactory".
- 3) When asked how the patients rated the appointments booking system at the Surgery; 11% felt it was "very easy" to get an appointment, 26% felt it was "easy", 22% felt it was "difficult" and 41% (11 patients) felt it was "very difficult" to access an appointment. When asked to provide comments on this many patients offered the feedback below:

<i>Long time to wait for a routine appointment</i>
<i>A wait 3/4 weeks for an appointment</i>
<i>Can't get an appointment in under 3 weeks</i>
<i>Just cannot get appointments e.g. lady would now not be able to get appointment until end of March.</i>
<i>Phone up and cannot get through</i>
<i>But no appointment for a few weeks</i>
<i>4 weeks for an evening appointment</i>
<i>Shorter time for appointment instead of waiting</i>
<i>E.g. if sick early hours need to go to hospital</i>
<i>2 to 3 weeks waiting for appointment</i>
<i>Easy to book but difficult to get one</i>
<i>Nightmare! Can take 3/4 weeks for routine appointment</i>
<i>Took 20 minutes to get through</i>

<i>Difficult in obtaining appointment within 3 weeks</i>
<i>Terrible appointment system</i>
<i>Very difficult to get an appointment within 4 weeks</i>
<i>Had to wait 3 weeks to see GP</i>
<i>Very difficult to get a routine appointment</i>
<i>Sometimes you have to wait up to 3 weeks for a routine appointment</i>

It is very clear from the feedback from patients that there is a high level of dissatisfaction with the length of waiting time for a routine appointment.

- 4) Patients were asked how long they usually have to wait to make an appointment with a GP of their choice; 8% (2) of patients stated that they could see a GP of their choice within 24 hours, no patients stated between 24 and 48 hours and 89% of patients said they would wait more than 48 hours to see a GP of their choosing, 1 patient did not answer the question. Comments in relation to this reflect much of the feedback offered for point 3:

<i>Applies to an emergency appointment</i>
<i>For an emergency appointment</i>
<i>Waited 3 weeks</i>
<i>To obtain routine appointment 3/4 weeks</i>
<i>3/4 weeks for routine appointment</i>
<i>For routine appointment</i>
<i>3/4 weeks for routine appointment</i>
<i>If routine</i>

- 5) Similarly, patients were asked how long they usually had to wait for an appointment with any doctor. 44% (22) of the respondents stated they could access an appointment with any doctor within 24 hours (“if urgent”), no patients stated they could get an appointment within 48 hours and 52% stated it would be more than 48 hours before they could get an appointment with any doctor and 4% (1 patient) 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:

<b><u>Environment</u></b>	<b>Excellent</b>	<b>Good</b>	<b>Poor</b>	<b>Very Poor</b>
<b>Access i.e. ramps, steps etc.</b>	74%	19%	7%	0%
<b>Helpfulness of reception staff</b>	81%	15%	4%	0%
<b>Cleanliness of waiting area</b>	56%	40%	4%	0%
<b>Seating arrangements</b>	35%	41%	12%	12%
<b>Information display</b>	66%	30%	4%	0%
<b>Toilet facilities</b>	57%	30%	9%	4%

Patients did not offer any comments in relation to their experiences with the environment, but seating arrangements was the main cause of concern for patients.

- 7) When asked which professional they were visiting today; 63% of patients were there to see their GP and 26% were there to see the Nurse, 4% (1 patient) to see the GP and Nurse, 7% to see the Phlebotomist.
- 8) Patients were asked how they rated the service the GP provided to them, their feedback is as follows:

<b><u>GP</u></b>	<b>Excellent</b>	<b>Good</b>	<b>Poor</b>	<b>Very Poor</b>
<b>Greeting</b>	94%	6%	0%	0%
<b>Understanding of concerns</b>	88%	12%	0%	0%
<b>Treatment explanations</b>	94%	6%	0%	0%
<b>Awareness of your medical history</b>	88%	12%	0%	0%

This level of positive feedback in relation to the patient experience with the care and service provided to them by their GP is extremely encouraging.

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

<b><u>Nurse</u></b>	<b>Excellent</b>	<b>Good</b>	<b>Poor</b>	<b>Very Poor</b>
<b>Greeting</b>	91%	9%	0%	0%
<b>Understanding of concerns</b>	91%	9%	0%	0%
<b>Treatment explanations</b>	91%	9%	0%	0%
<b>Awareness of your medical history</b>	91%	9%	0%	0%

Again, the level of patient satisfaction with the service provided by the Practice Nurse is highly commendable.

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

<b>Excellent</b>	19%
<b>Very Good</b>	35%
<b>Good</b>	35%
<b>Fair</b>	12%
<b>Poor</b>	0%
<b>Very Poor</b>	0%
<b>No answer</b>	0%

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

<i>Appointment system requires improvement</i>
<i>Appointment system requires improvement</i>
<i>Not happy with appointment system should have more doctors</i>
<i>Comment box would be useful</i>
<i>Coffee machine too.</i>
<i>Seeing GP of choice is difficult. Would prefer to see the same GP for consistency.</i>
<i>Patient felt it is how it is today</i>
<i>Staff and GPs excellent but long waiting times on walk-in days and for doctors' appointments.</i>
<i>No baby changing facilities patient had to sit on the floor when used today. Two small children to change today.</i>
<i>Car parking can be a problem and has been for some time.</i>
<i>No baby changing facilities patient used toilet but no hand drying facilities run out of paper towels and waited 3 hours to see GP.</i>
<i>Suggest separate children's appointment area and seeing children sooner</i>
<i>Only 3rd time used the practice</i>
<i>Car parking poor</i>
<i>Due to long waiting times children should be seen asap. No activities to keep them occupied patient waited 3 hrs.</i>
<i>Additional doctors required to reduce waiting time. Patient waited 3 hours for appointment today.</i>
<i>Appointment - difficult for people who work - patient took a day off today to attend an emergency appt.</i>
<i>Need to sort out appointment system</i>
<i>Appointment system could be better</i>

## **CONCLUSION**

Overall, patient satisfaction with the practice's GP and Nurse appears to be excellent with 100% of patients stating that their overall opinion of the service provided to them by their GP and Nurse is "excellent" or "good". Some issues were highlighted in relation to the seating arrangements in the waiting room and the toilet facilities available, particularly around baby changing facilities. Feedback strongly indicates that patients are mostly dissatisfied with the length of wait for routine appointments (3/4 weeks) and the length of wait during the walk-in urgent clinics (up to 3 hours wait), this requires attention as set out in the recommendations.

## **CHC RECOMMENDATIONS**

1. The Practice should review its appointment booking system for routine appointments as indicated by patients.
2. The Practice should review the process for the walk-in emergency appointments as indicated by patients.
3. The Practice should review the current toilet facilities and consider the installation of baby changing facilities.
4. The Practice should assess the seating arrangements in the patients' waiting area and ensure that they offer a variety of seating to suit different patients' access needs e.g. high backs for support and arm rests, suitable room for wheelchair users.

<b>BACKGROUND PAPERS:</b>	NONE
<b>APPENDIX:</b>	NONE