

General Practice Inspection (announced)

Cwm Taf University
University Health Board,
Practice 1, Keir Hardie
Surgery

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of 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 to Practice 1, Keir Hardie Health Park Surgery, Aberdare Road, Merthyr Tydfil, CF48 1BZ on 16 February 2016. The inspection comprised of an HIW inspection manager (inspection lead), a GP peer reviewer, a practice manager peer reviewer and two representatives from Cwm Taf Community Health Council (CHC).

HIW explored how Practice 1, Keir Hardie Surgery met the standards of care set out in the Health and Care Standards (April 2015). Inspections of General Medical Practice (GP) inspections are announced and we consider and review the following areas:

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

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

2. Context

Practice 1, Keir Hardie Surgery currently provides services to 8,884 patients in the Caeharris, Troedyrhiw, Heolgerrig and Twynrodin areas. Additional areas covered are Trefechan, Cwm Taf and Ponsticill. The practice forms part of GP services provided within the geographical area known as Cwm Taf University Health Board.

The practice employs a staff team which includes five GP partners, one salaried GP, three nurses, two healthcare assistants, and a number of reception and administration staff (including a practice manager).

The practice provides a range of services, including:

- Antenatal clinic
- Well Baby clinic
- Well Woman clinic.
- Blood Pressure clinic
- Chronic disease management clinic.
- Asthma clinic.
- Diabetes clinic.
- Coronary heart disease (CHD) clinic.
- Phlebotomy clinic.
- Chronic obstructive pulmonary disease (COPD)
- Warfarin clinic.
- Minor operations clinic.

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

3. Summary

HIW explored how Practice 1, Keir Hardie Surgery met the standards of care as set out in the Health and Care Standards (April 2015).

The CHC spent time speaking to patients about the practice and overall received positive feedback.

Overall, we found evidence to support the conclusion that the surgery team placed considerable emphasis and had a firm commitment on providing a quality service to their patients in accordance with the Health and Care Standards.

We identified areas of service which required review. Specifically, the appointment system, patients attempting to make same day appointments stated that they had had difficulties in accessing the system, on first contact.

Congestion is a potential problem in the waiting area which is shared by patients from three practices. Pushchairs and prams added to the congestion with potential health and safety concerns.

Parents attending the baby clinic expressed concern that the environment of the waiting area was not suitable. The environment was not child friendly; there were no separate designated children's toilets and no designated play area.

Concern was also expressed that children attending the clinic were potentially sitting next to unwell patients.

We found that the review and audit processes needed to be strengthened in a number of clinical and non-clinical area within the practice

We found evidence of strong leadership from GP's and the practice manager, overseeing a settled and cohesive staff team. The team were well established and confident about their roles and responsibilities. However, we believe that the practice would benefit from having a clearly identifiable clinical leader. This would assist in moving from dealing with the day to day to planning for quality improvements and developments such as extending the audit processes within the practice.

4. Findings

Quality of patient experience

The CHC spent time speaking to patients about the practice and received positive feedback.

We found that the appointment system and congestion within the waiting area were the two main concerns. The practice is frequently reviewing the appointment system to see where improvements can be made. There had also been some problems with the telephone system which appear to now be resolved.

The congestion within the waiting area will need to be discussed with the other practices who share that area at their monthly meeting.

Two members of Cwm Taf CHC were present at the surgery on the day of our inspection. Their role was to seek patients' views with regard to services provided by Practice 1, Keir Hardie Surgery through the distribution of questionnaires and via face to face conversations with patients and/or their carers. Thirteen questionnaires were completed. The CHC have produced a report which provides an analysis of the information gathered. The report produced by the CHC with detailed findings from questionnaires can be found at Appendix B.

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

We found evidence that the practice considers patient privacy, dignity and confidentiality.

There was a large reception area with seating. There was an open reception desk and a small room is available behind the reception desk for patients requiring privacy.

There was one notice in the waiting area offering a chaperone service where requested. It may be helpful to also consider displaying this notice within the consulting rooms. This information was also available on the practice website. The staff, nurses and health care assistants had received training for this role.

We advised that patients should be made aware that their personal information may be used in certain circumstances. This information could be incorporated within the practice leaflet and added to the practice website “Informing patients how their information can be used”

We saw that all doors to clinical rooms were kept shut during consultations and there were curtains around treatment couches to maintain patient privacy and dignity during clinical examinations.

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive and 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)

The practice was aware of their responsibilities around handling concerns (complaints) but need to make some improvements to the systems they have in place. Our findings are as follows:

- The complaints policy leaflet needs to be improved in line with how to complain following the principles of Putting Things Right¹ The leaflet should be easily available to patients (either on display, or copies available in the waiting area and on the website)
- The practice leaflet encourages patients to share their views and information on how to do this is available within the practice leaflet.
- There was a suggestion box in reception. However, this was shared by all three practices. It may be helpful to consider a suggestion box for each individual practice.
- Complaints are dealt with following a structured process and in a timely manner. We saw examples of letters the practice had sent to complainants which showed they had responded promptly and were taking the matters seriously.

¹ Putting Things Right' is the NHS arrangement for handling and responding to concerns in NHS services and was introduced by the Welsh Government in 2011

- The practice manager offers the opportunity for staff to express any concerns and encourage open communication between staff.

Improvement needed

Review the complaints leaflet policy in line with Putting Things Right² The leaflet should be easily available to patients (either on display, or copies available in the waiting area and on the website)

² Putting Things Right' is the NHS arrangement for handling and responding to concerns in NHS services and was introduced by the Welsh Government in 2011

Delivery of safe and effective care

Overall, we found evidence to support the conclusion that the surgery team were committed to providing a quality service to their patients in accordance with the Health and Care Standards.

We identified areas of service which required improvement:

- The practice to ensure that information displayed on the waiting room board is current
- Action to reduce the potential health and safety issues associated with the large number of patients in the waiting area at certain times
- The need for the development and implementation of systems of review and audit for clinical and non-clinical processes..

Staying healthy

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

There was an information board in the reception area with posters for patients; some of these were health messages, information for carers and also information about groups in the local community. However, it was noted that some of the information was out of date. The practice promotes health initiatives such as smoking cessation, breastfeeding and healthy lifestyles.

Patients check in for appointments by presenting to reception staff. Vulnerable adults were flagged on the computer system and staff made provision for these patients i.e. longer appointment times.

There was a register of patients who have caring responsibilities. We also saw information in reception directed specifically at carers and the additional needs that they may have. The practice encourages patients to identify themselves as carers. The practice has an identified carer's champion.

Recommendation

Ensure information on the notice board is up-to date.

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)

The practice's patient information booklet is detailed and comprehensive. It contains all the required information and also gives useful information on self-treatment of common illnesses and accidents, useful numbers, etc. It also contains a section to enable the patient to incorporate their own notes. It is to be commended as a good practice.

Congestion in the waiting area was a concern expressed by some patients. Parents attending the children's clinic felt that the environment of the waiting area was not suitable. Prams and pushchairs added to the congestion and there were potential health & safety issues regarding the risk of injuries to both children and elderly patients. In addition, the waiting area was not child friendly; there were no separate toilets and no play area. Well babies and children shared a waiting area where there were patients who were unwell. The practice management should consider changing the time of the well-baby clinic to a quieter period within the practice i.e. early afternoon. The monthly meeting of the three practices may be an opportunity to consider allocating a designated space of the waiting area for children only, and to make it a child friendly environment. The practice may wish to have a designated area as a pram and pushchair park.

Improvement needed

The practice should review and look at options to reduce potential health & safety issues during periods of congestion within the waiting area. This should include separation of patients attending well babies and children's clinic from patients who are unwell, where possible.

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))

There was a nominated nurse in charge of Infection control and Control of substances hazardous to health (COSHH). There was a written policy detailing the process to follow to ensure that relevant staff are immunised against hepatitis B. There was immunisation information on each relevant staff member.

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

The patient's toilets and the baby changing facility are checked frequently. However, it was noted that there was no written hourly cleaning check system available for this process. It may be helpful to have a record, especially at times of high volume.

Recommendation

Record outcomes of when the toilets and baby changing facilities are checked. This will be helpful in highlighting if there are any potential cleaning issues.

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

Practice 1, Keir Hardie Surgery is a non-dispensing practice. However, the staff were aware of, and followed the Cwm Taf University Health Board and National Institute for Health and Care Excellence (NICE) guidelines. Systems were in place to ensure regular patient medication review and an effective and safe repeat prescribing system. The local health board's pharmaceutical advisors were available for assistance and help when required.

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 were systems in place to help ensure that safeguarding practices and knowledge amongst the practice staff were up to date and adequate.

There is a safeguarding practice policy in place. However, the All Wales Child Protection Book required updating. We saw that all staff had been booked for

safeguarding training level 2-3. There was an identified lead for Child Protection, and we saw that the practice had set up their own electronic flag system to assist them to identify vulnerable adults. The practice was attempting to secure Protection of Vulnerable Adult (PoVA) training at the time of the visit.

Improvement needed

The practice needs to update the All Wales Child Protection Book and arrange Protection of Vulnerable Adult training for all staff.

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)

There were systems for sharing information between staff at the practice. Between clinical staff, this was in the form of a structured system of regular monthly meetings. Patient Safety Incidents and Significant Events were reported electronically via DATIX³ and discussed at the monthly meetings. Action was taken where appropriate. New NICE guidelines are distributed to the relevant staff when received. Clinical staff also met either every morning and/or every afternoon to discuss relevant matters of the day, including clinical incidents and concerns and using them as learning opportunities. There is a monthly staff newsletter informing staff of any changes and highlighting positives and negatives such as compliments and concerns. We note this, as a good example of staff communication.

We looked at a sample of all Practice 1, GP patient records and found that these were of a consistently satisfactory standard. We did note that one GP was not recording any negative findings and that there was little evidence of clinical reasoning on the decision making process. We suggested that this matter be discussed at a practice meeting and a system for formal peer review be set up to help maintain and improve the overall good standards that we saw.

Improvement needed

³ DATIX is a software system used by health services to record incidents, adverse events and near misses affecting patient care and safety.

Include record management review at the practice meeting and develop a system for formal peer review for record management.

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

There was a hearing loop system and this was placed prominently on the reception desk.

One of the staff was able to speak in Welsh and could therefore provide patients with a bilingual service, if required. However, the practice leaflet was available in English only.

We saw evidence of a system used to manage all incoming patient information efficiently. Letters received through the mail were date stamped and scanned onto the relevant patient record on the day of receipt, before being passed to the relevant doctor to action.

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

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)

There was a variety of patient information leaflets available in the reception and other patient areas of the practice. These were available in English only.

The sample of patient records we saw at demonstrated that people's personal and social care needs were assessed and measures taken to address those needs with the support of other health and social care professionals as required.

We noted that patient consent was recorded on clinical records where required.

Recommendation

The practice should review the specific language needs of their patient population, ensuring that the practice leaflet and other patient information can be made readily available in the Welsh language in accordance with need.

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)*

We discussed the appointment system available to patients and were told that this was an open access surgery. The practice offers a same-day appointment service where possible. Such appointments can be made by ringing the practice on the required day after 8:30 am. Each GP reserved a limited number of named appointment sessions per week for non-emergency appointments. If the GP of the patient's choice was unavailable, the patient could book with the other practice GP's. We were informed that it may take up to two weeks to book a routine appointment to see a specific GP. There was no on-line booking system available. The CHC reviewers reported that some patients expressed dissatisfaction with the booking system. It may be difficult to contact the surgery if all lines were engaged. However, it was noted that the patients were able to speak with a clinician (GP/Nurse) where necessary and were also able to obtain an appointment for the same day.

On the day of our inspection, we were informed that the previous day, that over 600 hundred calls had been logged. We were informed that the practice receives approximately 400 hundred telephone calls per day. It was noted that no review of the telephone system was in place. A review may assist in ascertaining the efficiency of the system and highlight if there are any problem areas.

GP's did review their referrals i.e hospital referrals, second opinion. However, there was no formal referral policy in place and no practice wide audit of referrals was undertaken. A half yearly audit of the practice's hospitals referrals should be implemented, with a discussion of the outcomes.

There is a practice nurse and health care assistant also working each day; patients see them to have blood taken, wounds dressed, and when attending various clinics.

Improvement needed

A six monthly review of the practice's telephone system to verify effectiveness and to highlight any potential problem areas.

A six monthly review of the practices hospital referral rate with outcomes noted.

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)

We were told that patients living in the geographical area served by the practice had diverse cultural and ethnic backgrounds. There is a commitment on a multi-professional basis to engage equally with all individuals and families.

Quality of management and leadership

We found evidence of leadership from GPs and the practice manager, however the practice would benefit from having a clearly identifiable clinical leader. This would assist in moving from dealing with the day to day to planning for quality improvements and developments.

The practice manager leads a good team of staff and demonstrated good leadership for the non -clinical staff. The staff members appeared a happy and cohesive team. The team were well established and confident about their roles and responsibilities.

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.

There was strong leadership from the practice manager and GPs at the practice. This was evident through the confidence with which staff carried out their work. Staff also spoke highly about the GPs and practice manager and told us that it was a supportive, happy place to work. There were various tiers of accountability in place, Staff members knew who to go to for help and advice. Staff training logs were viewed during the visit and staff personal learning plans had been identified during staff appraisals.

The practice is part of a cluster group consisting of 8 GP practices. Meetings are held on a monthly basis.

There were a number of audits across different areas of the practice. However, we noted earlier, clinical processes such as patient documentation should be audited regularly. This will help to identify problems early and also provide an opportunity to review standards and make improvements where needed. Environmental audits were carried out on a three monthly basis.

We found that there were regular practice staff meetings and that these were minuted.

Improvement needed

Establish process for audit and embed within the clinical process.

Improvement needed

Review the overall governance arrangements to ensure that clinical and non-clinical issues are effectively accounted for, recognising that both areas have the potential to impact (positively and negatively) on effective patient care.

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

The practice is not a training practice. However, medical students do have a placement there.

The staff we spoke to were happy in their work at the practice.

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

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 Practice 1, Keir Practice Surgery will be addressed, including timescales.

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

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

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

6. Methodology

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

Figure 1: Health and Care Standards



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

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

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

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

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

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

Appendix A

General Medical Practice: Improvement Plan

Practice: Practice 1, Keir Hardie Surgery

Date of Inspection: 16 February 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
6	Patients should be made aware that their personal information may be used.	4.1	Currently updating website at present this will include the relevant information. Practice leaflet being translated into welsh this will also include this information when complete	AR	3 MONTHS

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
7	Review the complaints leaflet policy in line with Putting Things Right ⁴ The leaflet should be easily available to patients (either on display, or copies available in the waiting area and on the website)	6.3	Complaints policy has been reviewed and amended accordingly. Patient's notices are currently being changed around. This will include the updated complaints information.	AR	Ongoing
Delivery of safe and effective care					
9	The practice should review and look at options to reduce potential health & safety issues during periods of congestion within the waiting area.	2.1	Practice in discussion with relevant persons with regard to changing the relevant clinic to a different day and time.	AR	Ongoing 2M

⁴ Putting Things Right' is the NHS arrangement for handling and responding to concerns in NHS services and was introduced by the Welsh Government in 2011

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<p>This should include separation of patients attending well babies and children's clinic from patients who are unwell, were possible.</p> <p>The practice may wish to discuss this concern at the practices and at the health board meetings.</p>		The practice area is lease and shared with other practices therefore there is some restrictions on certain days.		
11	The practice needs to update the All Wales Child Protection Book and arrange Protection of Vulnerable Adult training for all staff.	2.8	The practice is currently seeking POVA in house training for staff.	AR	3M
11	The practice should include record management review at the practice meeting and develop a system for formal peer review for record management.	3.1	Relevant staff to be reminded of importance of documentation and recording of information on records.	AR	Complete
13	The practice should institute a six monthly review of the practice's	5.1	An audit process will be devised and used 6 monthly. The practice receives feedback daily with regard	AR	3M

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	telephone system to verify effectiveness and highlight any potential problem areas.		to the telephone system.		
13	The practice should undertake a six monthly review of the practices hospital referral rate with outcomes noted.	5.1	Update relevant staff on importance of auditing ad look at auditing process and ensure this is effective.	AR	3M
Quality of management and leadership					
14	Establish process for audit and embed within the clinical process.		Audit processes in place and identify if effective. Assess change ad feedback to staff members.	AR	6M
14	Review the overall governance arrangements to ensure that clinical and non- clinical issues are effectively accounted for.		Clinical governance is due for renewal. This will be reviewed and any issues changed to ensure effective governance in place.	AR	6-8 M

Practice representative:

Name (print):Adele Robins.....

Title: ..Practice Manager

Date: ...22.08.2016.....

Appendix B

Community Health Council Report



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Practice 1, Keir Hardie Health Park, Merthyr Tydfil
Date / Time:	16 th February 2016
CHC Team:	Cwm Taf Anne Morgan (Lead) Anne Roberts (Member)
Purpose of Visit:	To provide views from a patients' perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

The CHC visiting were able to speak to, and undertake a patient survey with 13 patients during this joint visit.

The main areas of concern were the appointment system, the congested waiting area and GP patients and baby clinic patients sharing the same waiting area.

Observations

Environment – External: The practice is located within Keir Hardie Health Park. This is a new build with ample parking, local buses stop here and a bus shelter is located close to the entrance.

Environment – Internal: The interior is bright and welcoming. The environment of the practice area which is shared with two other practices, itself is bright and light. Because the waiting area is so light some patients could not see the information screens.

Communication & Information on Display:

There were lots of leaflets and posters available for patients; the notice boards were cluttered and a few were out of date.

Anne Morgan

Anne Roberts

CHC Members