

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

**Aneurin Bevan University  
Health Board, Markham  
Medical Centre**

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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 Markham Medical Centre, James Street, Markham, Blackwood, Gwent, NP12 0QN on 20 October 2016. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), a GP peer reviewer, a practice manager peer reviewer and two representatives from Aneurin Bevan Community Health Council.

HIW explored how Markham Medical Centre 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

Markham Medical Centre currently provides services to approximately 2,500 patients in the Blackwood area of Caerphilly. 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 one doctor, one (regular) locum doctor, one nurse, one dispenser, one health care assistant, one practice manager and one receptionist/phlebotomist.

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

- Smoking cessation service
- Asthma/COPD/diabetes/heart disease clinics
- Ante-natal
- Cytology
- Hypertension
- Women's health and family planning
- Minor surgery
- Travel immunisations
- ECG/spirometry
- Baby clinic
- Counselling (via GP referral)
- Dietician (via GP referral)
- Non NHS services (e.g. insurance claim forms)

### 3. Summary

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

Overall, we found evidence that Markham Medical Centre provides safe and effective care.

This is what we found the practice did well:

- Patients were happy with the service provided
- Staff knew patients well and there was good continuity of care
- Suitable arrangements were in place to reduce the risk of the spread of infections
- Patient records were of a good standard.
- Staff we spoke with were happy in their roles and felt well supported
- Staff were proactive in making improvements to services and we could clearly see where changes had been made.

This is what we recommend the practice could improve:

- Several aspects of the use of the electronic system required review to ensure consistent recording
- Review the dispensary's security arrangements
- Ensure the health and safety policy covers all mandatory areas and a fire risk assessment is undertaken
- We advised the practice to ensure they recorded when policies were updated and how they communicated policies to staff.

## 4. Findings

### *Quality of patient experience*

**Members of the local Community Health Council (CHC) spoke with patients and used questionnaires to obtain patients' views. CHC questionnaires were completed by patients both prior to, and during, the inspection. 88 questionnaires were completed in total. Overall, patient satisfaction was very high.**

**Staff knew patients and their family/carers well and we found people were treated with dignity and respect by staff. The practice had a system in place to enable patients to raise concerns/complaints and to provide feedback on services.**

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 and access to appointments.

Some comments made by patients, for the practice to consider, indicated that patients would like to feel less rushed and suggestions were made for appointments to be available after 6.30pm and for magazines to be put in the waiting area.

*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 and respect 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. It was clear that staff knew patients and their families extremely well and they placed an emphasis on meeting patients' individual needs with respect and kindness.

The reception area was separated from the patients waiting area by a built up desk and there was a discreet alcove within reception where staff could make and answer telephone calls. This gave privacy to staff answering the telephone and enabled documents to be shielded from view. Staff also told us that they

could use private rooms to discuss any sensitive issues with patients, to maintain confidentiality. Staff could attend to patients using wheelchairs through an open door to the waiting area.

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.

In the records we reviewed we saw that GPs had documented patients' consent to examinations, the use of chaperones and full details of the advice offered to patients.

We saw there was a written policy on the use of chaperones and staff told us that the nurse and health care assistant, who were clearly trained in this area, acted 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 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)*

There was a complaints process in place and methods to empower patients and their families/carers to provide feedback on their experiences of using the practice.

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. There was also information on the website. This meant patients could easily access this information from the practice should they require it. The written procedure was comprehensive and 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 CHC information visibly displayed in waiting areas.

We saw that there was an old version of the complaints procedure displayed in one area of the waiting room and we advised staff to replace this with the up to date version.



We saw that staff maintained records of complaints and very few complaints were received. From the records we inspected, we could see that staff had taken appropriate action and had adhered to specified timescales in resolving concerns.

The practice gathered patient feedback through patient questionnaires, when required, and by the use of a suggestion box. The practice had last used patient questionnaires two years ago and had gathered specific feedback about the doctor as part of the doctor's revalidation process, more recently. There was a suggestion box in place and staff told us they discussed any suggestions made during practice meetings. The practice should consider formalising the process of gathering their own patient feedback so that they can demonstrate that patients are supported to provide feedback on an ongoing basis.

Staff told us that no patients had come forward to show interest in a patient participation group so they had not pursued this as a further means to provide feedback on services.

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

**Overall, we found the practice had arrangements in place to promote safe and effective patient care. We found a staff team who were patient centred and committed to delivering a high quality service to their patients, whom they knew well and who received good continuity of care.**

**Information was available to patients to help them take responsibility for their own health and well being and to signpost carers to help and support available to them. There was a full and detailed practice leaflet available for patients.**

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

**Suitable clinical procedures were in place to reduce the risk of the spread of infections.**

**Internal communication systems were in place which aimed to avoid unnecessary delays in referrals, correspondence and test results.**

**There were child protection and protection of vulnerable adults policies in place and staff had completed up to date training in these areas.**

**The sample of patient records we reviewed were of a good standard. We found improvements could be made to the use of the electronic system to ensure consistent recording of home visits and categorisation of patients' conditions.**

**Improvements are needed to ensure the practice has an up to date health and safety policy in place and that fire risks are assessed and fire training undertaken.**

### **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)*

There was a wide range of information available to help patients to take responsibility for their own health and well being. There was information 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 practice had been part of a pilot to bring primary and secondary care together as one point of access for patients accessing mental health services. Although the pilot had now ended, staff told us this had been beneficial in expanding services to patients. The practice also ran a smoking cessation clinic to support patients around this area of health improvement.

There was information available for carers in the waiting area. The practice is advised to consider making this more visible. The practice maintained a carers register. We suggested the practice nominate a carer's champion to promote knowledge and best practice around 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)*

During a tour of the practice building we found all areas occupied by patients to be clean, tidy and uncluttered which reduced the risk of trips and falls. Overall, the practice building was suitably maintained, both internally and externally.

There was a health and safety policy in place but this requires review and updating to ensure it covers all mandatory areas. There were other policies in place which covered aspects of health and safety such as waste management and sharps injuries. However, the policies available did not cover all health and safety requirements such as fire safety and manual handling. We advised staff to consult the Health and Safety Executive to ensure they complied with all relevant health and safety requirements.

### ***Improvement needed***

***The practice must ensure there is a full, localised, up to date health and safety policy in place that covers all mandatory areas.***

We found that there was a display screen equipment policy held at the practice and staff were offered a formal risk assessment of their office work station/desk area.

There was a system in place in regards to the Control of Substances Hazardous to Health (COSHH).

We saw some individual risk assessments of the environment which covered specific practice areas and showed where actions had been taken to minimise

risks. We advised staff to consult the HSE to ensure their risk assessments demonstrate that they have considered the whole environment and not just those specified areas.

There was a fire emergency action plan in place and a fire log book to show that fire equipment had been checked and serviced. Staff told us they did not currently have a fire risk assessment in place and staff had not completed fire training.

***Improvement needed***

***The practice must ensure that fire risks are assessed and actions taken to minimise risks. Staff should be trained in the actions to take in the event of a fire.***

There were clear business contingency plans in place to manage disasters and significant health emergencies.

*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 full, clear, detailed infection control policy and procedure in place for staff to follow. Staff had received training in infection control. The nursing team carried out infection control checklists and audits which enabled them to monitor compliance with infection control procedures.

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 clean and cleaning records were kept. 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 and sharps were securely stored until they 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.

Senior staff described that that all clinical staff were expected to ensure they received Hepatitis B vaccinations as required to protect themselves. Records were kept centrally and monitored by the practice manager.

*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 dispensing of medicines to patients.

We found the repeat prescribing policy and arrangements to be particularly robust and staff had a good awareness of situations which prompted discussion with the doctor or practice nurse before issuing medication, to ensure safety in these processes.

Patients could access repeat prescriptions by calling into the surgery in person, by post, online or via a chemist. The practice used the health board's formulary<sup>1</sup>.

Medication reviews took place in a number of ways, either opportunistically when patients attended appointments, via chronic disease clinics, or, organised through the practice pharmacist.

Arrangements were in place to remove medication no longer needed by patients from repeat prescribing lists.

There was a pharmacist who worked across the Neighbourhood Care Network (NCN)<sup>2</sup> and gave support to the practice. Prescribing audits were carried out by both the doctor and through the NCN.

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<sup>1</sup> The **formulary** lists all medicines approved for use in primary and secondary care in Aneurin Bevan University Health Board

<sup>2</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.

The entrance to the dispensary was of a 'stable door' design and the top half of the door tended to stay open to allow staff to interact with patients whilst still maintaining a level of security. However, we noticed there were times when the door to the dispensary was left open, both with the staff member present and when the staff member was absent. We also saw that the bottom half of the door was secured by a bolt which could be easily opened from the outside. This meant that we could not be assured that there were sufficient security measures in place around medication stored in the dispensary. We suggested that the practice review security in this area, perhaps as part of carrying out an overall environmental risk assessment. Controlled drugs were appropriately and securely stored.

### ***Improvement needed***

***The practice should review both the physical environment and arrangements for access to the dispensary, to ensure there is sufficient security in place to prevent access by unauthorised persons and to protect staff.***

*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 full, detailed and up to date child protection and protection of vulnerable adults (POVA) policies in place which guided staff on the actions to take and their roles and responsibilities in reporting suspected abuse. Local contact numbers were available for ease of access for reporting. There was a designated lead for child protection.

Staff had recently undertaken child and adult protection training. We saw that one staff member had not completed the online adult protection training but subsequently completed it on the day of our inspection. The doctor was booked to attend update training the day after our inspection. This meant that staff were receiving training to identify and manage issues of child and adult protection.

There were processes in place to manage child and adult protection cases. Staff flagged child and adult protection cases on the electronic system so that staff were alerted to these cases. There were registers in place recording those patients who were vulnerable, such as patients with mental health needs, learning disabilities and carers. A social worker was due to start imminently to provide support to practices across the NCN.

## **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.

We were able to follow through the actions taken in relation to one significant event and clearly saw how working practices had changed as a result. This meant that learning from significant events was implemented to make improvements.

Staff told us meetings were held to update staff on any changes to practice, policies, to discuss significant events and safety alerts but that these tended to be informal and not always minuted. We advised the practice to minute meetings to demonstrate an audit trail and as a way of recording the decisions made.

We saw that staff reviewed significant events 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, concerns and patient feedback as a whole, to assist with monitoring and making ongoing overall improvements to services.

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

Staff told us that they would produce information in different formats for patients 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.

There were systems to ensure that any messages and requests for house calls were entered onto the electronic system and the doctor was able to view the messages and prioritise accordingly.

Staff told us that, if any urgent results or correspondence were received in the absence of either doctor, they would pick them up and action where needed on the other's behalf.

Staff advised that they received discharge summaries from secondary care electronically within Aneurin Bevan University Health Board and in a timely way which helped to ensure they had up to date information about patients. However, there were sometimes challenges when receiving discharge summaries from other health boards, particularly those patients discharged from Prince Charles Hospital. Staff told us these summaries were sometimes of poor quality. This was being taken forward by the NCN. There was a system in place for ensuring discharge summaries were passed on to the doctor in a timely way.

*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 member of clinical staff working at the practice and overall found a very good standard of record keeping. Notes contained sufficient detail of consultations between clinical staff and patients and it was possible to determine the outcome of consultations and the plan of care for the patient.

We noticed there was a practice of READ coding<sup>3</sup> according to the method of consultation, e.g. telephone consultation, instead of by the patient's presenting problem/condition, e.g. chest pain. This meant that when viewing patient records it was not immediately identifiable how many times previously the patient had presented with the same problem. It also meant that the practice was not able to audit according to patients' conditions.

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<sup>3</sup> **Read codes** are a set of clinical computer generated codes designed for use in Primary Care to record the every day care of a patient. The codes also facilitate audit activity and reporting within primary care.



### ***Improvement needed***

***The practice should review its method of READ coding to ensure that patients' conditions are easily identifiable and that the system supports effective audit.***

In one case we saw that the home visit date was marked as the date the entry was made onto the system rather than the date that the home visit had occurred. This meant that it was more difficult to follow a clear sequence of events.

### ***Improvement needed***

***The practice should ensure that all home visits are entered onto the system as the date they occurred to enable a clear sequence of events to be viewed.***

We noticed, in several entries, that the initials next to the entry were those of the doctor, rather than the staff member making the entry. We checked this with staff to make sure that each staff member had their own log in details and were therefore accountable for their entries. Staff confirmed that they had their own log in details but in the case of one staff member they hadn't been able to change the staff initials on the system to reflect their own. The staff member was signing each entry to take accountability. However, we advised the practice to resolve this, to ensure entries were clearly linked at first glance, to the person inputting.

### ***Improvement needed***

***One staff member required their initials to be correctly updated on the electronic system, to ensure entries could clearly be linked to them as the inputter.***

### **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)*

Information for patients about the practice's services was available within a practice leaflet. This was comprehensive and 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. There was also comprehensive information available on the practice's website.

We were told that the practice leaflet would be produced in other formats and languages on request. We advised the practice to make information available in Welsh and other formats according to the needs of the practice population. The practice should consider how to make their practice leaflet as accessible as possible to those patients who speak different languages or those patients requiring large print or other accessible formats, in a proactive way.

The practice had a hearing loop which they used to aid communication with those patients with hearing difficulties. One staff member was able to communicate using British Sign Language and there was a Welsh speaking member of staff.

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.

Due to the small size of the practice and staff team, many of whom had worked at the practice for 20+ years, there was good continuity in patients' care and treatment.

We saw that the out of hours number displayed on signs outside the practice required updating to ensure they were accurate.

### ***Improvement needed***

***Out of hours contact numbers should be updated to ensure they provide accurate information to patients.***

### **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 in person at the practice, by telephone and online. Patients could book urgent appointments on the same day and routine appointments were available two weeks in advance. Staff told us that they would always try to accommodate anyone who had an urgent need for an appointment on the same day. Patients provided positive feedback in questionnaires around access to appointments.

The nursing team were able to see patients presenting with minor general illnesses (described as non urgent) if needed. The nursing team also ran a number of clinics for patients with chronic health conditions so that they could access the care and treatment they needed without having to see a doctor.

Staff explained the referral process and we saw that there were procedures in place to ensure urgent referrals were acted on immediately and routine referrals processed in a systematic way. Electronic referrals were made where possible. There was a system in place to check that all referrals had been received.

### **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 team knew patients well and made adjustments according to people's individual needs based on this knowledge.

The practice building had been purpose built as a general practice health care facility around 23 years ago. There was level access making it accessible to patients with mobility difficulties and those patients who used wheelchairs.

There was an electronic sign which indicated when staff were ready to see patients. Staff knew patients well and we saw reception staff calling patients into their appointments when extra prompts were needed.

Arrangements were in place to protect the privacy of patients.

## *Quality of management and leadership*

**The practice had a clear management structure in place. We found a patient-centred staff team who told us they were well supported. Staff were also positive about the training opportunities available. We advised the practice to ensure they were monitoring and supporting staff compliance with ongoing training requirements.**

**There were systems in place which allowed staff to reflect and make changes and improvements to practice. We advised the practice to record when policies were reviewed and communicated to staff.**

## **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 effective leadership and a stable, patient-centred staff team who were committed to providing the best services they could, to their patients. Staff were positive about the working environment and felt ownership over the practice, taking responsibility over different areas. Staff told us they felt able to raise concerns and were particularly positive about the support they received from senior staff.

There was a whistleblowing policy in place but this did not clearly identify appropriate external bodies that staff could contact to raise concerns, nor did it include information about the Public Interest Disclosure Act (PIDA) 1998.

### ***Improvement needed***

***The practice should update the whistleblowing policy to ensure there is sufficient detail in supporting staff to raise concerns.***

The practice had a range of relevant written policies and procedures to guide staff in their day to day work. In some cases, we found duplication with several versions of the same policies. We could also not be assured that these were updated on an ongoing basis as some policies lacked review dates. We suggested the practice add review dates and consider how to demonstrate that they had been communicated to staff.

### ***Improvement needed***

***The practice should ensure that policies are updated, and communicated to staff on an ongoing basis.***

Staff working within the practice often took on dual roles. This meant that staff could provide cover for each other during absences, reducing the risk of disruption to services for patients. However, there were challenges associated with this due to the small size of the practice. We also found that some staff were choosing to work longer hours. Staff viewed this as a temporary measure whilst future plans were being confirmed.

The practice manager and doctor met every day. Staff told us they met to discuss practice issues, mainly in an informal way and on a daily basis, due to the small size of the practice. There were also practice meetings which were minuted, although overall communication tended to be more informal. We advised the practice to keep notes of the important points of any informal meetings held between these times, to ensure a clear audit trail is in place.

Staff told us about a number of audits they carried out as a way to monitor and improve practice. We could also clearly see where changes had been made as a result of significant events in order to improve services for patients. The practice had a detailed and reflective Practice Development Plan which they had developed through their NCN. This clearly identified the practice's aims and we could see that progress had been made in some areas. Senior staff told us about their future plans for the practice and they were working collaboratively with another practice in this regard.

Senior staff from the practice attended the NCN meetings and used this forum as a way to generate quality improvement activities and to share good practice. The nurse also attended practice nurse meetings which involved an element of continued professional development and helped to keep them informed of practice developments and reduced isolation.

*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 and indicated they were happy in their roles. All staff we spoke with confirmed they had

opportunities to attend relevant training and were very positive about training opportunities available. 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 checks were carried out prior to employment.

The practice kept individual certificates of staff training records but did not currently assess staff's training needs both individually and as a whole on an annual basis or have a clear idea about mandatory training topics, including, for example, fire safety. We could therefore not be assured that the practice supported staff to stay up to date with ongoing training requirements.

***Improvement needed***

***The practice should ensure they can demonstrate how staff are supported to stay 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 Markham Medical Centre 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:** Markham Medical Centre

**Date of Inspection:** 20 October 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the patient experience</b>					
	None identified				
<b>Delivery of safe and effective care</b>					
9	The practice must ensure there is a full, localised, up to date health and safety policy in place that covers all mandatory areas.	2.1; Health and Safety Executive	All Health & Safety policies to be reviewed and updated to ensure that they cover all mandatory areas	HD	December 2016
10	The practice must ensure that fire risks are assessed and actions taken to minimise risks. Staff should be trained in the actions to take in the event of a fire.	2.1; Health and Safety Executive	Fire risk assessments are now in place for the practice re: practice building in accordance to the Business Fire Safety Standards training of all staff will be	LW	December 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			completed regularly in the actions to take in the event of fire.		
12	The practice should review both the physical environment and arrangements for access to the dispensary, to ensure there is sufficient security in place to prevent access by unauthorised persons and to protect staff.	2.1; 2.6	A risk assessment had been completed following the HIW inspection. The door and the locking system for the door are to be replaced.	LW	January 2016
15	The practice should review its method of READ coding to ensure that patients' conditions are easily identifiable and that the system supports effective audit.	3.5	The practice has put into place an agreed template of Read Codes to aid the most common conditions for all clinicians to support their consultations to enable effective auditing.	LW/NH	December 2016
15	The practice should ensure that all home visits are entered onto the system as the date they occurred to enable a clear sequence of events to be viewed.	3.5	The practice held an all staff meeting to discuss this concern. GP's are now fully updated and will be compliant to correctly input date specific home visits.	LW	November 2016
15	One staff member required their initials to be correctly updated on the electronic system, to ensure entries could clearly be linked to them as	3.5	The practice has now been able to rectify this problem via the IT/Links department. The staff member inputting the data is now	NH	November 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	the inputter.		linked and correctly identified.		
16	Out of hours contact numbers should be updated to ensure they provide accurate information to patients.	4.2	This has been completed and updated.	LW	December 2016
<b>Quality of management and leadership</b>					
18	The practice should update the whistleblowing policy to ensure there is sufficient detail in supporting staff to raise concerns.	Governance, Leadership and Accountability; 7.1	The practice has reviewed and updated this policy. It now clearly specifies in detail how to raise concerns and how staff would be supported through the process.	LW	December 2016
19	The practice should ensure that policies are updated and communicated to staff on an ongoing basis.	Governance, Leadership and Accountability ; 7.1	The practice has put into place a process via sent email/read delivery system for all policies when they have been updated. Also any updated policy will be mentioned in staff meeting and within minutes accordingly.	LW	December 2016.

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
20	The practice should ensure they can demonstrate how staff are supported to stay up to date with ongoing training requirements.	Governance, Leadership and Accountability ; 7.1	The practice will use the 'training assessment tool' at appraisals annually to enable and demonstrate that all staff are being supported to stay up to date with their training requirements.	LW	March 2017

**Practice representative:**

**Name (print):** .....Mrs Liz Waters.....

**Title:** .....Practice Manager.....

**Date:** .....5th December 2016.....

## Appendix B

### Community Health Council Report

#### ANEURIN BEVAN COMMUNITY HEALTH COUNCIL REPORT



SUBJECT:	PATIENT SURVEY REPORT FOR JOINT HIW INSPECTION OF MARKHAM MEDICAL CENTRE
REPORT OF:	PPE/MONITORING & SCRUTINY OFFICER
STATUS:	FOR INFORMATION
CONTACT:	SARA NEWNES
DATE:	26 <sup>TH</sup> OCTOBER 2016

#### **PURPOSE**

To inform Committee of the outcome of a survey undertaken during the joint HIW inspection of Markham Medical Centre.

#### **BACKGROUND**

The Aneurin Bevan Community Health Council conducted a joint inspection with HIW of Markham Medical Centre. Patient surveys were delivered to the surgery to be completed prior to the inspection, and were also completed with CHC members on the day of the inspection. Patients of the surgery were asked 15 questions relating to their experiences with their GP surgery.

In total, 88 patients took part in the survey and their feedback shall be reported below.

#### **FINDINGS**

- 1) The majority of patients had been registered with the surgery for over 10 years (63.6%). 17.1% had been registered for 5-10 years, 12.5% had been registered 1-5 years and 6.8% for less than a year.

- 2) Patients were asked for their feedback on the surgery openings times to which, 69.3% felt they were “very good”, 20.5% felt they were “good” and 9.1% felt the opening times were “satisfactory”. 1.1% of patients felt that the opening times were unsatisfactory.
- 3) When asked how the patients rated the appointments booking system at the Surgery; 62.5% felt it was “very easy” to get an appointment and 29.5% felt it was “easy”. 8% felt that it was “difficult” or “very difficult”.
- 4) Comments made by the 8% of patients who did not feel it was easy to book an appointment include issues such as not being able to get emergency appointments, needing family members help to book appointments because the surgery is busy and having to book appointments a week in advance.
- 5) Patients were asked how long they usually have to wait for an appointment with a GP of their choice; 20.5% of patients stated that they would have an appointment within 24 hours, 32.9% stated 24 to 48 hours and 40.9% stated 48 hours or more. 5.7% of patients did not answer this question.
- 6) Similarly, patients were asked how long they usually had to wait for an appointment with any GP. 23.9% of the respondents stated they could access an appointment with any GP within 24 hours and 31.8% stated it would be between 24 and 48 hours. 40.9% of patients stated that it would be more than 48 hours before they could get an appointment with any GP and 3.4% did not answer the question.
- 7) Patients were asked if they were seen at their allotted appointment time; 67% of patients stated they had been seen on time, with 14.8% stating they had not. 18.2% of patients did not answer the question.
- 8) Of the respondents who were not seen on time; 53.8% stated they were seen within 10 minutes and 30.8% were seen within 20 minutes of their original appointment time. 7.7% waiting longer than 20 minutes and 7.7% did not answer the question.
- 9) With 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>Not answered</b>
<b>Access i.e. ramps, steps etc.</b>	87.5%	6.8%	0%	0%	5.7%
<b>Helpfulness of reception staff</b>	86.5%	4.5%	1.1%	1.1%	6.8%
<b>Cleanliness of waiting area</b>	89.8%	5.7%	0%	0%	4.5%

<b>Seating arrangements</b>	89.8%	3.4%	1.1%	0%	5.7%
<b>Information display</b>	85.2%	9.1%	1.1%	0%	4.6%
<b>Toilet facilities</b>	81.8%	11.4%	1.1%	0%	5.7%

10) When asked which professional they were visiting today; 52.3% of patients were there to see their GP, 33% were seeing a nurse, 5.7% were seeing both and 1.1% stated "other". 7.9% did not answer the question.

11) The patients who stated they were at the surgery to see "other" were attending appointments with a counsellor, health visitor or midwife.

12) With regards to the GP service, it was asked how the patients rated the service the GP provides, their feedback is as follows:

<b><u>GP</u></b>	<b>Excellent</b>	<b>Good</b>	<b>Poor</b>	<b>Very Poor</b>	<b>Not answered</b>
<b>Greeting</b>	51.2%	10.2%	0%	1.1%	37.5%
<b>Understanding of concerns</b>	42.1%	14.8%	1.1%	1.1%	40.9%
<b>Treatment explanations</b>	43.2%	14.8%	1.1%	1.1%	39.8%
<b>Awareness of your medical history</b>	37.5%	19.3%	2.3%	1.1%	39.8%

13) With regards to the practice nurses, it was asked how the patients rated the service the nurses provide, their feedback is as follows:

<b><u>Nurse</u></b>	<b>Excellent</b>	<b>Good</b>	<b>Poor</b>	<b>Very Poor</b>	<b>Not answered</b>
<b>Greeting</b>	70.5%	4.5%	0%	1.1%	23.9%
<b>Understanding of concerns</b>	67.1%	3.4%	0%	1.1%	28.4%
<b>Treatment explanations</b>	67.1%	3.4%	0%	1.1%	28.4%
<b>Awareness of your medical history</b>	64.8%	9.1%	0%	1.1%	25%



14) Patients were asked for their overall opinion of the GP surgery. The majority (56.8%) of the patients felt that the surgery was excellent. 25% felt the surgery was very good, 5.7% felt it was good and 1.1% that it was “fair”. No patients stated that the surgery was poor or very poor. 11.4% did not answer the question.

15) The majority of additional comments made by patients were positive and included:

*“Always helpful and professional.”*

*“Excellent GP practice! 3 year old seen on the same day.”*

*“Very friendly staff and very understanding and relaxed.”*

Other comments included that appointments sometimes feel rushed and that the doctor is reluctant to examine patients. Patients feel that appointments after 18:30 would be beneficial for those who work and a suggestion of having magazines in the waiting area was made.

## **CONCLUSION**

Overall, the patients of Markham Medical Centre appear to be satisfied with the level of service they received. Over 90% of patients are happy with the opening times, although 1.1% did state that they are unsatisfactory. Whilst the majority of patients did not have an issue with the appointment booking system, 7.9% did and this focused on having to book appointments a week in advance. 40.9% stated that they had to wait more than 48 hours to see a GP of their choice. The same number stated they had to wait more than 48 hours to see any GP, although the figures improved slightly for being seen within 24 hours. Patients are generally seen at their appointment time or within 10 minutes, however, there were a large number of patients who stated they were seen within 20 minutes or waited longer than this.

Patients are happy with the facilities at their surgery, with very small numbers rating aspects as “poor” or “very poor”. The feedback on the GP services showed that there are areas for improvement, particularly with the GP being aware of a patients’ medical history. Similar feedback was received regarding the nursing services, although the respondents were generally more complimentary of the nurses.

Patient feedback was found to be positive of the surgery and only 1.1% of patients rating the surgery as anything other than “excellent”, “very good” or “good”. Patients would like to be able to book appointments without having to wait a week and to not feel rushed once they get to see a GP.

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