

**General Practice
Inspection (Announced)**
Llandrindod Wells Medical
Practice
Powys Teaching Health
Board

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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 to Llandrindod Wells Medical Practice at Spa Road East, Llandrindod Wells LD1 5ES on 24 January 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Powys Community Health Council.

HIW explored how Llandrindod Wells 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.

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

2. Context

Lladrindod Wells Medical Practice currently provides services to approximately 10,300 patients in the Lladrindod Wells and surrounding area. The practice forms part of GP services provided within the area served by Powys Teaching Health Board.

The practice employs a staff team which includes 8 GPs, a practice manager, office manager, four qualified nurses, three health care support workers, a practice pharmacist, three medical secretaries, a clerical assistant and seven medical receptionists.

The practice provides a range of services, including:

- Family planning
- Baby and immunisation clinic
- Diabetic clinic
- Cervical smears
- Minor surgery
- Anticoagulation management
- Smoking cessation
- Travel clinics
- Invest in your health and wellbeing course

We were accompanied by a local member of the Community Health Council (CHC) at this inspection.

3. Summary

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

Overall, we found evidence that Llandrindod Wells Medical Practice provides safe and effective care and treatment, which is delivered by a galvanised and committed group of staff.

This is what we found the practice did well:

- Feedback from patients about their care was consistently positive. Patients reported that they were treated with compassion, dignity and respect.
- Staff were proactive in supporting patients to live healthier lives through a targeted approach to health promotion and education. This was highlighted in the 'Invest in your Health' programme which was being delivered. In addition there was a range of information available to inform and assist patients to help them understand the care and treatments available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff worked in a collaborative and courteous manner always promoting the concept of patient centre care and treatment.
- The practice provides a good variety of appointments, which can be booked a month in advance or patients can turn up on the day. In addition the practice also utilises an email consultation approach that enables patients to email specific health related questions to their doctor.

This is what we recommend the practice could improve:

- Improve and promote the utilisation of the Welsh language within the practice.
- The practice needs to improve information available at the practice for patients on how to complain. Minimal information was available in the waiting room.
- Staff files need to be reviewed to ensure up to date information such as contracts of employment, references and training records are included and maintained.

- Comments received from the suggestions box and the outcomes of the annual questionnaires need to be summarised and made available to the public.
- The practice must review the security of the medical records room.

4. Findings

Quality of patient experience

As part of this inspection activity, a member of the Powys Community Health Council (CHC) sought patients / relatives views on the day of the inspection and in addition questionnaires had been issued by Powys CHC prior to the inspection.

Ten patients / relatives discussions were held on the day of the inspection conducted by a member of the CHC. All highlighted without fail that they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment.

Information for patients about the services provided at the practice was available. It was observed during our visit that staff treated patients with kindness and respect, and maintained patients confidentiality. The practice had good facilities and was well equipped to treat patients and meet their needs.

The report compiled by Powys Community Health Council can be found at Appendix B

Dignified care

Standard 4.1 Dignified care

People's experience of healthcare 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.

Throughout the inspection we observed patients being treated in a polite, courteous and dignified manner by all staff. Patients were assisted at the reception area in a professional and welcoming manner.

There were clear notices strategically placed throughout the practice including the waiting room that informed patients that they could have a chaperone during their consultation should they wish. Designated staff were identified as chaperones.

The reception and waiting areas were spacious and well set out. There was a good range of information available in the form of posters, leaflets and on the televisions. The practice has a hearing loop system available if required.

Access into the building was good and there was ample space for people with mobility aids to manoeuvre in a safe and non intrusive manner.

During the entire visit it was identified that when patients were having their consultation the doors were always closed in order to ensure patient confidentiality.

Standard 4.2 Patient information

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 make an informed decision about the care as an equal partner.

Standard 3.2 Communicating effectively

In communicating with people health services proactively meet individual language and communication needs.

The reception and waiting areas were spacious and well set out. There was a good range of information available in the form of posters, leaflets and on the televisions. It was noted that the practice could do more to promote the utilisation of the Welsh language in these areas as there was limited information available through the medium of Welsh. We were informed that a GP was able to undertake some / part of a consultation if required through the medium of Welsh.

The practice had a fully functioning easy to use website, which contained a good range of information regarding health and its management. There was a substantial list of medical conditions and explanations available. The practice had also developed a 'Patient Charter' which contained invaluable information in relation to the standards of service the practice would offer all its patients.

Improvement needed

The practice is to ensure that the information available in the Welsh language receives the same weight and level of attention as that of the English language.

Standard 6.3 Listening and learning from feedback

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.

The practice has a current complaints policy and procedure in operation. This was also highlighted in the 'Patients Charter'. A reference to the complaints process was also available by the suggestions / comments box. There were no clear and concise notices / posters stating the complaints process available, either at the reception area or waiting room. In addition there was no information available in relation to Powys CHC and their role as an independent statutory organisation which represents the interests of patients and the public in the National Health Service in Powys. The practice is advised to contact Powys CHC and obtain relevant information packs that can be used in the practice.

The practice had a suggestions box available in the waiting room, but it was noted by the practice manager as not be a very useful tool for gathering patients views.

Improvement needed

The practice must ensure that there is clear information available throughout the practice identifying how patients / relatives can raise a concern / complaint.

Delivery of safe and effective care

Overall, we found the practice had systems in place to ensure the delivery of safe and effective patient care. All staff spoken with during the course of the inspection demonstrated a clear and consistent commitment to providing holistic patient care and treatment. Patients were observed to be assisted by all staff on the day of the inspection in a calm and dignified manner.

The practice had appropriate arrangements in place to ensure that medication management was undertaken in an informed and inclusive manner. The Local Health Board provides a pharmacist one day a week to help with the management of medication within the practice.

There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. The virtual ward round & community resource team concept was in operation at the practice¹. Clinicians and allied health personnel met daily to discuss patients presently in the community. The virtual ward concept can be used if appropriate as a driver for reducing patients admittance to hospital if their medical and care needs can be managed safely in the community.

Staff had access to information and equipment needed to provide safe and effective care. All clinical rooms visited contained a flow chart and information in relation to vulnerable children and adults.

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)

Patients could check in for appointments either by presenting to reception staff, or by using an electronic touch screen installed in the reception area.

¹ ¹ Virtual wards use the systems and staffing of a hospital ward, but without the physical building. Their aim is to reduce hospitalisation through multidisciplinary case management for the patient at home

There were a number of information boards in the reception / waiting areas which were tidy, with clearly displayed information posters and leaflets available. Televisions in the waiting areas had health issues and presentations playing for patients while they waited, which were informative and of a good quality.

Health posters and leaflets available in the waiting areas included:

- Alzheimer's society
- Eye care services
- Carers support
- Volunteering opportunities
- Tai Chi
- Welsh national Exercise referral service
- Hard of Hearing club
- MIND & LGBT
- Adoption
- Mental health help line

There was also a specific children's information board available. This included information such as:

- Meningitis
- Rubella
- Mumps
- Measles
- Baby massage

Safe care

Standard 2.1 Managing risk and promoting health and safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.

Throughout the premises we found that all areas occupied by patients were clear from obstruction, clean, neat and tidy. There was good access for people with disabilities. There was a designated children's waiting area which was stimulating and comfortable for children to wait. There was a dedicated baby changing facility also available. We were informed patients could be taken to an alternate area should they wish to have a confidential discussion with a member of staff. Notices were also viewed in the waiting room advising patients that chaperones were available if required.

It was observed that a patient's toilet facility was located next to the door which entered the medical records room. The door to the medical records room was left open and could pose a significant data protection issue. This issue was discussed with the practice manager on the day of the visit.

Improvement needed

The practice must ensure that the room which stores the patients' records is always securely locked in order to prevent any data protection breaches.

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

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.

The practice has an infection control policy and procedure in place. The entire practice appeared to be kept clean to a high standard and no areas of poor maintenance or practices were observed during the visit.

Clinical rooms contained sufficient amounts of personal protective equipment such as gloves and plastic disposable aprons. There were hand sanitizers also available within the practice.

Standard 2.6 Medicines management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

Llandrindod Wells Medical Practice is not a medicine dispensing GP practice. We were told that they had a good relationship with local pharmacies that dispense medication for their patients. Three receptionists were on rolling rotas managing the day to day repeat prescription requests. Repeat requests can be made in person, over the telephone, via the health online portal or at two of the local pharmacies.

The pharmacist helps with the medication management and undertakes medication audits and financial evaluations.

Standard 2.7 Safeguarding children and adults at risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

Clinical rooms all had clear and concise flow charts in relation to safeguarding processes for children and adults. We were informed that all staff had received training in relation to safeguarding. New staff would receive internal safeguarding training during their induction.

Effective care

Standard 3.1 Safe and clinically 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.

We spoke to the practice manager who explained the systems in place for the sharing and dissemination of patient safety incidents or significant events amongst clinical staff. Staff attend regular practice meetings where these issues and safety alerts were discussed / analysed and all meeting minutes were available for scrutiny.

Records of significant events were viewed and they contained relevant and pertinent information. It was also identified that the doctors present in the practice met up daily and had the ability to discuss concerns / events during those times.

Record keeping

Standard 3.5: Record keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.

The practice utilises an electronic task based system which was reported to be working well. Patients test results such as blood results are received by the practice electronically. All discharge summaries of patients discharged from hospital are received in hard format and are then scanned and kept on the patient's individual file.

Medical records viewed as part of the inspection and were clear, accurate and contained all information necessary to audit the patient consultation. Referrals were also documented accordingly. All home visits undertaken by the clinicians were recorded in the patient's records on the same day.

Quality of management and leadership

Llandrindod Wells Medical Practice has a clear and collaborative management structure in place. The staff team were well established and confident about their roles and responsibilities. The practice manager had extensive experience in managing a medical practice.

Staff noted that they could escalate any concerns / worries in an open and transparent manner. Regular formal practice meetings and daily informal discussions were held.

Presently there was not a patient's participation group in operation at the practice. This could potentially be an area that the practice may wish to re-evaluate as when such a group is well managed they can be an invaluable source of information, which can assist with the governance of the practice.

Governance, leadership and accountability

Health and Care Standards, Part 2 - 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 that there was effective leadership operating at the practice. The over arching ethos in operation was to promote patient-centred care. Most of the team of staff at the practice had been there for numerous years. Throughout the visit it was demonstrated that staff were enthusiastic and committed to providing the best possible services and outcomes for their patients.

Senior clinicians from the practice attend 'cluster' meetings with other local practices and these meetings are used as a channel to discuss issues and promote good practice.

We viewed examples of minutes from team meetings which all confirmed that there was open discussions taking place between staff and that the culture at the practice encouraged openness.

The practice had a patient comment / suggestion box available in the waiting room. Unfortunately we were informed that it was poorly utilised by patients. A possible cause of this was that it was located in an area which was not very conspicuous. The practice should evaluate if there is a better position for the box to be located. It was also identified that no formal report was constructed

providing a full summarisation of the comments / suggestions received by the practice and what actions had resulted as a consequence.

Improvement needed

The practice should ensure that regular reports of the comments / suggestions received and the actions resulting of these comments are reported back to the practices patients in a formal and timely manner.

Staff and resources

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

All staff spoken with during the inspection were happy in their roles and felt well supported. There were clear lines of accountability and the nursing staff had all been supported in order undertake revalidation with the Nursing and Midwifery Council².

During the inspection staff confirmed they had enough opportunities to attend training relevant to their roles and responsibilities.

A staff file viewed did not contain a signed contract of employment and training logs did demonstrate that some training was not in date and required to be up dated. The practice is to ensure that all staff files contain all the necessary employment documents and that all staff receive training in a timely manner and that all records are maintained accordingly.

Improvement needed

The practice should ensure that all staff files are up to date and include all employment details such as signed contracts of employment and that training of all staff is undertaken in a timely manner.

² Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the Nursing and Midwifery Council

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 Llandrindod Wells 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, measurable, 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.

5. 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: Llandrindod Well Medical Practice

Date of Inspection: 24/01/2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
8	The practice is to ensure that the information available in the Welsh language receives the same weight and level of attention as that of the English language.	4.2 & 3.2	1. The Practice will ensure that key documents given to patients : - Practice Leaflet - “How we use your information” - Patient Charter are translated into Welsh. 2. Every effort will be made to ensure that posters and leaflets in Welsh are sited next to the English versions.	Practice Manager Practice Manager	2017/18 and then be ongoing Immediately

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			3. Explore opportunities to add Welsh presentations on the Jayex screens in the waiting room.	Practice Manager	April 2017
			4. Enlist help of translation services to ensure signage is available in both English and Welsh.	Practice Manager	December 2017
9	The practice must ensure that there is clear information available throughout the practice identifying how patients / relatives can raise a concern / complaint.	6.3	1. More signs to be displayed in both English and Welsh in the Reception area and at other key positions in the building informing patients how to raise any concerns . 2. Leaflets to be freely available and on display at the Reception desk explaining the Complaints Procedure. 3. Will ask translation services to provide a Welsh version of the Complaints leaflet 4. Move the complaints box to a more visible position with good signage.	Office Manager Practice Manager Practice Manager Office Manager	April 2017 2017/18 December 2017 April 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Delivery of safe and effective care					
12	<i>The practice must ensure that the room which stores the patient's records is always securely locked in order to prevent any data protection breaches.</i>	2.1	Arrangements being made to have a key code entry system to the back door to Reception.	Practice Manager	As soon as possible
Quality of management and leadership					
16	The practice should ensure that regular reports of the comments / suggestions received and the actions resulting of these comments are reported back to the practices patients in a formal and timely manner.	Governance , Leadership and accountability 7.1	The results of patient surveys, will in future, be displayed in the waiting room and on the Practice website.	Practice Manager	Within thirty days of completion
16	<i>The practice should ensure that all staff files are up to date and include all employment details</i>	Governance , Leadership and accountability	All staff information to be available in the staff members file and completed within appropriate timescales.	Practice Manager	Within four weeks

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	<i>such as signed contracts of employment and that training of all staff is undertaken in a timely manner.</i>	y 7.1	<p>Training attended and training plans will continue to be kept in the main file as inspected by HIW.</p> <p>Importance of providing Certificates for training attended to be highlighted with staff to ensure they are credited for their participation in training.</p> <p>All training certificates to be checked against record of staff attending events to ensure that proof of attendance is available.</p>	<p>Practice Manager</p> <p>Practice Manager</p>	<p>Immediately</p> <p>On-going</p>

Name (print): Mrs M Lloyd

Title: Practice Manager

Date: 22nd March 2017

Appendix B

Community Health Council Report

Report from Powys Community Health Council



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary

Practice: Llandrindod Wells Medical Practice

Date / Time: Tuesday 24th January 2017 from 9.30am

CHC Team: Powys Community Health Council

Cllr Rosemarie Harris

Purpose of Visit: To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

The CHC member was able to speak to, and undertake a patient survey with, ten patients during this joint visit.

Observations

Environment - External

- The external area was clean and tidy, with an adjacent parking area.
- There was good disabled access.
- A chemist is based next door to the Practice.
- From the conversations with patients, it was noted that many patients come from the rural hinterland of Llandrindod Wells. All the patients spoken to had travelled by car and it was reported that public transport would be an issue if needed.

Environment - Internal

- The surgery was warm and clean, with good access to toilets.
- A Hearing Loop was in place with the relevant signs. It was reported that no one asks to use it.

Communication & Information on Display

- Reception staff were welcoming and helpful.
- Notice boards included lots of information.
- There was a range of information leaflets on display but no information about the Community Health Council was seen.
- There was a TV screen with a rolling programme of information about

healthcare.

- There were also very clear screens which showed the patient's name when they were called for their appointment

- The CHC member did not meet any Welsh speakers. It was reported that one

GP is able to speak some Welsh; otherwise, there are no Welsh speaking staff but this was not a problem for the patients who were spoken to on the day of the inspection.

- The HIW and CHC inspectors met GPs and the Practice Manager for coffee. It was noted that this is a daily practice for the GPs. This is a good opportunity to share information.

Cllr Rosemarie Harris

CHC Member