

General Practice Inspection (Announced)

Meddygfa Padarn Surgery /

Hywel Dda University Health
Board

Inspection date: 27 September 2017

Publication date: 28 December 2017

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Meddygfa Padarn Surgery at Penglas Road, Aberystwyth SY23 3DU, within Hywel Dda University Health Board on 27 September 2017.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), one GP peer reviewer, one practice manager peer reviewer and a lay reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Staff we spoke with were happy in their work
- Patients confirmed that they were satisfied with the care offered
- The environment was clean, friendly and welcoming
- There was evidence of clear information sharing with patients
- Confidentiality, privacy and dignity were maintained
- There was bilingual and braille signage throughout the building
- Good development and training of management staff
- Detail in patient records were good
- Good reporting of incidents to the health board.

This is what we recommend the service could improve:

If there are lots of improvements, include a reference to Appendix A here for further details. .

- Some areas of diagnostic coding could be improved
- All staff require Hepatitis B vaccination
- Improved recording of minor concerns
- Review appointment system
- Streamlining of staff meetings / cohesive meetings

3. What we found

Background of the service

Meddygfa Padarn Surgery currently provides services to approximately 11,500 patients (which increases to 11,800 with students during University term times) in the Aberystwyth area. The practice forms part of GP services provided within the area served by Hywel Dda University Health Board.

The practice employs a staff team of 23 which includes Senior GP partners, GP's, nurses, health care support workers, a practice manager, receptionists and administration staff

The practice provides a range of services, including:

- General health care
- Travel vaccinations
- Immunisations
- Minor operations
- Contraceptive services
- Counselling services
- Medicals
- Clinics (asthma, diabetes, well woman, well man, smoking cessation)

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall patients were satisfied with the care and treatment received. Facilities were of a very high standard and were accessible to all. Information was clearly available on a range of health needs. Staff were friendly and seemed competent in the work they were required to undertake. The Welsh language was promoted and there was signage in braille throughout the building.

However, patients overwhelmingly suggested that improvements could be made to the appointment system.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 17 were completed and returned. Patient comments on the day included the following:

"The doctors are brilliant, they really talk on your level."

"Very friendly staff that explain things perfectly."

"The practice is great for emergency appointments - but I need to be able to book routine appointments." This was a constant theme throughout the returned questionnaires.

Staying healthy

Patients told us that staff talked to them and helped them understand their medical conditions.

We found that patients were being encouraged to take responsibility for managing their own health through the provision of health promotion advice from staff and written information within the waiting areas, on the web-site and within the practice's information leaflet.

People with caring responsibilities were given advice and information about other organisations and services that may be able to provide them with support. The practice had a designated carers' champion.

We considered the physical environment and found that patient confidentiality and privacy had been considered and the physical environment was of a very high standard. The reception area was separated from the waiting area by a desk. Staff could attend to patients using wheelchairs at the reception desk by means of a lowered desk area. There was also a designated confidential room behind the main desk for private conversations.

People who have caring responsibilities e.g. for spouses, partners, children or other relatives, are identified by the practice so that additional support can be offered.

The practice was part of a local 'Cluster¹' group of seven practices and engaged effectively with the other practices in the group. The practice was currently creating a "federation" whereby the cluster would be identified as a limited company. This would ensure that the smaller rural practices were supported by the larger practices. This is an example of innovative and forward thinking.

Dignified care

Patients told us that staff treated them with dignity and respect. We saw staff greeting people in a professional yet friendly manner at the reception desk and during telephone conversations.

Telephone calls were managed in a separate room behind the reception area, on the first floor of the building or in an area away from the main reception desk so as to maintain privacy and confidentiality.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Screens were also provided around examination couches. This meant that staff were taking appropriate steps to maintain patients' privacy and dignity during consultations.

¹ A practice cluster is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. They bring together GP practices, District Nursing, Frailty, Public Health Wales, Primary and community mental health services and the voluntary sector.

Patient information

The practice made efforts to provide patients with relevant information about the services available.

Information for patients about the practice's services was available in leaflet form and on the practice's website. This provided useful information, including details of the practice team, opening hours, out of hours arrangements, appointment system and the procedure for obtaining repeat prescriptions.

A range of information was displayed and readily available within the waiting area. This included information on local support groups, health promotion advice and self care management of health related conditions. There was a designated board displaying information specifically for carers.

Communicating effectively

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. There was a written policy on the use of chaperones and staff had received appropriate training. The right to request a chaperone was displayed through posters in patient areas and in consulting/treatment rooms.

We were told that there were a number of Welsh speaking patients registered with the surgery and that many of the current staff members spoke Welsh. We found that information (posters and leaflets) was available in both Welsh and English and that translation services could be accessed for those people who required information or services in other languages.

The practice had a hearing loop to aid communication with those patients with hearing difficulties.

Timely care

Patients told us about their dissatisfaction with the current appointment system. It seemed that routine appointments were difficult to obtain (some stating they had to wait three weeks) but emergency appointments were easy to get hold of.

Subsequently patients told us that everyone booked emergency appointments, which compromised the emergency accessibility.

An online booking facility was not available although the practice used My Health Online² for repeat prescriptions. We therefore suggested that they encourage patients to use this system to cancel any appointments no longer required. This would reduce phone calls and offer more available appointments.

The nursing team see patients presenting with minor, general illnesses. 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. Patients stated that appointments with nurses were timely, usually on the same day.

We found that referrals to other specialists were made in a timely fashion.

Improvement needed

The practice needs to explore more timely ways to manage the routine appointment system.

Individual care

Planning care to promote independence

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

The practice was located within a purpose built building. Disabled access to the building was good.

There was parking linked to the practice with designated disabled spaces.

² <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

All the consulting rooms were located on the ground floor to ensure ease of access.

People's rights

The practice had made arrangements to make services accessible to patients with different needs and language requirements.

Staff stated it was rare that patients required a language other than English. However, if patients did present as non English speaking then staff had access to translation services. Staff also stated that non English speaking patients usually attend in the company of relatives who are able to translate conversations.

Listening and learning from feedback

There was a formal complaints procedure in place which was compliant with 'Putting Things Right'³. Information about how to make a complaint was displayed in the reception/waiting area and also included in the patient information leaflet. 'Putting Things Right' information leaflets and posters were also available within the reception/patient waiting areas.

Emphasis is placed on dealing with complaints at source in order for matters to be resolved as quickly as possible and to avoid any need for escalation. However not all minor concerns were recorded. We suggested that all complaints are recorded whether received verbally or in writing. This would be in line with the 'Putting Things Right' guidance and would also allow concerns to be monitored, looking at themes and trends. All complaints are brought to the attention of the respective key team co-ordinator who will deal with them in line with the practice's policy.

There was a box located in the waiting area for people to post comments about the service.

³ Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

There was no patient participation group at present, although the practice manager stated that this would be set up when the "federation" had been established.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that 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.

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

Suitable arrangements were in place to ensure the safe prescribing of medicines and to learn from any patient safety incidents. The sample of patient records we reviewed was of a good standard.

There was a robust internal communication system in place to ensure that there are no unnecessary delays in processing referrals, correspondence and test results.

There was a safeguarding of children and vulnerable adults policy in place and staff had completed training in this subject.

General and more specific risk assessments were undertaken and any areas identified as requiring attention were actioned.

Safe care

Managing risk and promoting health and safety

During a tour of the practice building, we found all areas to where patients had access to be very clean and uncluttered which reduced the risk of trips and falls. The practice building was maintained to a high standard both externally and internally.

General and more specific risk assessments had been undertaken with the practice manager having responsibility for the whole building.

Infection prevention and control

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 were visibly clean.

We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitizers were also readily available around the practice.

We saw that waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste was securely stored until it could be safely collected. There was a formal waste collection and disposal contract in place.

We were informed that when minor surgery procedures were undertaken, all instruments/equipment were single patient use.

There was a clear and detailed infection control policy in place. Staff were aware of the policy and its content.

Not all staff had current Hepatitis B immunisation status. This needs to be addressed.

Improvement needed

All staff should have confirmation of their current Hepatitis B vaccination status.

Medicines management

We found that medication management systems were good and safe and in line with the health board's prescribing formulary and guidance.

Patients could access repeat prescriptions by calling into the surgery in person, online or through other agencies such as the local pharmacy.

Any queries relating to medication were logged on the computer system and reviewed by one of the doctors.

Safeguarding children and adults at risk

We found that there were child protection and adult safeguarding policies in place and flowcharts which included local contact numbers for reporting.

One of the GPs and one of the management team assumed a lead role in the safeguarding of adults and children within the practice and had received training at an appropriate level on the subject.

Adult and child safeguarding cases were flagged up on the electronic system so that staff were aware of such issues.

Effective care

Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events. They regularly reported through the health board Datix⁴ system which is noteworthy practice.

We spoke with members of the practice team on the day of our inspection and were able to confirm that staff were encouraged and empowered to raise any concerns they may have about patients' and/or their own safety.

There were a significant amount of meetings being held at the practice. Weekly meetings were being held to discuss business matters. Bi-weekly meetings were held by the nurses. Separate meetings were held by the reception and administration staff. All these meetings were formally recorded. The GP's also had weekly training meetings however these were not recorded. We suggested that records were kept of these meetings to provide evidence of update for clinical revalidation.

We were not told of any full practice meetings. It would be beneficial if these were established (perhaps instead of one of the regular meetings) to ensure good communication throughout the practice as a whole.

⁴ Datix software is a tool used within the NHS used to record and analyse causes of adverse events and near misses

Improvement needed

It would be beneficial for good communication if the practice set up regular whole practice meetings.

Record keeping

We looked at a random sample of patient records and found a 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.

Designated administrative staff summarise patients' notes with the area medical director overseeing this process.

It would be beneficial if there were audits of the Read⁵ coding of diagnosis on patients records. We found that in some cases although there had been an initial diagnosis if there had been many consultations it was difficult to correlate current treatment with the original diagnosis.

Improvement needed

It would be advantageous for the practice to audit and review some areas of Read coding.

⁵ Read codes are the standard clinical terminology system used in General Practice in the United Kingdom.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

There was clear leadership and management at the practice. With all staff fully aware of what was expected of them.

We found a patient-centred staff team who told us they were well supported by colleagues within the practice. Staff were also positive about the training opportunities available.

We found that there was a formal staff recruitment process in place with background checks undertaken, as necessary, prior to employment.

There were clinical and general audit systems in place which allowed staff to reflect and make changes and improvements to practice. We found that there were robust clinical governance and auditing processes in place.

Governance, leadership and accountability

Overall, we found good leadership at practice level 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 told us that they felt well respected and supported by their colleagues.

There was a whistleblowing policy in place and staff told us they felt able to raise concerns with senior staff.

Staff had access to the health board intranet site which contained all relevant policies and procedures to guide staff in their day to day work.

Staff working within the practice often took on dual roles and worked flexibly. This meant that staff could provide cover for each other during absences, reducing the risk of disruption to services for patients.

There was an open and inclusive culture within the practice with evidence of informal communication taking place on a regular basis between staff members.

We found that there were robust plans in place which covered events such as pandemic/epidemic outbreaks, fire, flood and IT issues.

We also found that there was a practice development plan in place.

Staff and resources

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. This was reflected in the training matrix provided. We found that annual appraisals had been conducted on a regular basis.

We saw that there were formal recruitment policies and procedures in place with background checks undertaken, as necessary, prior to employment.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how GP practices are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

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

Further detail about how HIW inspects the [GP practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No issues were raised and resolved immediately.			

Appendix B – Immediate improvement plan

Service: Meddygfa Padarn Surgery

Date of inspection: 27 September 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues identified.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Meddygfa Padarn Surgery

Date of inspection: 27 September 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice needs to explore more timely ways to manage the routine appointment system.	1.1 Health promotion, protection and improvement	The appointment system is under constant review. Based on patient comments the practice is considering trialling a GP led telephone triage service one day a week in the first instance in order to make effective use of GP time and improve patient satisfaction.	Helen Bevan	Feb/March 18
Delivery of safe and effective care				
All staff should have confirmation of their current	2.1 Managing risk and promoting	All staff have now been offered the Hepatitis B vaccination and	Helen Bevan	December

Improvement needed	Standard	Service action	Responsible officer	Timescale
Hepatitis B vaccination status..	health and safety	immunisation status has been recorded on the Hepatitis B spreadsheet. All clinical staff have complied with the policy. Where other staff have refused this offer this has been recorded.		2017
It would be beneficial for good communication if the practice set up regular whole practice meetings.	3.1 Safe and Clinically Effective care	The practice has reviewed and implemented a new meeting structure on a regular basis to include specific staff groups i.e. Nurse Manager, Reception Supervisor. This in turn will ensure two-way feedback to the whole team.	Helen Bevan	December 2017
It would be advantageous for the practice to audit and review some areas of Read coding	3.5 Record keeping	After review of a random sample of clinical entries all clinical staff have been reminded to READ code and link the appropriate consultation to the diagnosis. This will ensure clarity in correlation of current treatment to original diagnosis.	Dr N Manning	December 2017
Quality of management and leadership				
No Improvements identified				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Helen Bevan

Job role: Practice Manager

Date: 7/12/17