



General Practice Inspection (Announced)

Abertawe Medical Partnership,
Abertawe Bro Morgannwg
University Health Board

Inspection date: 13 February 2018

Publication date: 14 May 2018

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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 Abertawe Medical Partnership at 151, St. Helen's Road, Swansea, SA1 4DF, within Abertawe Bro Morgannwg University Health Board on the 13 February 2018.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), GP and practice manager peer reviewers 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

Patients provided positive feedback about their experiences of using Abertawe Medical Partnership at St. Helen's Road. Difficulty in getting an appointment, however, appeared to be a source of frustration for patients.

Whilst we identified areas of good practice we also found that improvement was needed to further promote safe and effective care to patients.

It was evident that significant efforts had been made to embed new management and working arrangements, whilst ensuring continuity of services to patients.

This is what we found the service did well:

- Patients provided positive comments about their experiences of using the practice
- An effective outreach service for the homeless was described
- We saw some excellent examples of record keeping and the quality of record keeping, overall, was of a very good standard
- We found significant efforts had been made to embed new management and working arrangements, whilst ensuring continuity of services to patients.

This is what we recommend the service could improve:

- The amount of information available in Welsh and other languages and formats
- Patients' access to appointments
- Aspects of medicines management and record keeping
- Mandatory staff training
- Formalising the arrangements for taking forward those actions identified within the practice development plan

- We required the practice to take immediate improvement action around promoting a safe environment and the summarising of patients' medical records.

3. What we found

Background of the service

Abertawe Medical Partnership currently provides services to approximately 6750 patients. Services are provided from two surgeries located in the city of Swansea, one at St. Helen's Road and the other at High Street. The practice forms part of GP services provided within the area served by Aberatwe Bro Morgannwg University Health Board.

Only the services provided from the surgery at St. Helen's Road were considered at this inspection. For ease of reading the term 'practice' is used throughout the report.

The practice employs a staff team which includes four GP partners, one salaried GP, four nurses, one healthcare support worker, one practice manager, one business manager and a team of receptionists/administration staff. A locum GP also works regularly at the practice.

The practice provides a range of services, including:

- General medical services
- Baby clinic
- Antenatal clinic
- Chronic disease monitoring clinics
- Sexual health and contraception
- Minor surgical procedures.

A number of healthcare professionals are attached to the practice including health visitors, a chiropodist (for diabetic patients), a pharmacist and a paramedic practitioner. Other services include a substance misuse service and a service for the homeless.

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.

Patients provided positive feedback about their experiences of using the practice. Difficulty in getting an appointment, however, appeared to be a source of frustration for patients.

We observed practice staff being polite and courteous to patients visiting the practice. Whilst efforts were made to promote patients' privacy and dignity we identified further improvement was needed in this regard.

A range of useful information was available. Further efforts needed to be made to make this available in other languages and formats. In addition the practice information leaflet needed to include more information.

Effective partnership working benefitted those patients who are homeless and needing to access primary medical services.

There was no Patient Participation Group. The practice needed to give consideration to setting up such a group.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the services provided. We also spoke to a number of patients attending the practice on the day of our inspection and invited them to complete a questionnaire. In total, we received 31 completed questionnaires, the majority of which were from long term patients at the practice (those that had been a patient for more than two years).

Patients told us that services are delivered in a safe environment, staff are very friendly and the doctors are very thorough. However, patients also pointed out issues with the current service, mainly around the ease of getting an appointment and the number of doctors available at the practice.

Staying healthy

A wide range of health promotion material, together with information on support groups was displayed within the waiting area. This meant patients had access to help and advice on a range of health and wellbeing related issues.

Whilst information was available, the practice could give further consideration to how best to display posters and leaflets. This is so patients and their carers can find information that is relevant to them more easily.

There was a designated notice board that had information displayed specifically for carers. This provided details of relevant organisations who carers could contact for help and advice to support them with their caring responsibilities. The practice should consider making the carers notice board more visible to patients and their carers, as it was located away from the main waiting area. The practice had a nominated carers champion. This is a member of staff who carers could go to for advice. We were told that patients' records could include a flag to identify carers. This provided an alert to those people who may need additional support when accessing services.

Dignified care

With the exception of a couple of patients, those that completed a questionnaire told us they felt that they had been treated with respect when visiting the practice.

The reception desk was located within the main waiting area. This arrangement presented challenges to protecting patients' privacy when staff were speaking with patients as they arrived. In addition, there were times when written patient information (name and date of birth) was visible to other patients waiting at the reception desk. The practice must, therefore, explore options on how privacy can be further promoted in this regard. We were told that a room was available should patients wish to speak to practice staff in private and away from the reception desk and waiting area. Computer screens were placed so that they were out of direct view of patients and visitors to the practice. This helped keep patients' information private.

Consulting and treatment rooms were located away from the main waiting area. This helped to reduce the likelihood of patients' consultations/conversations being overheard by people in the main waiting area. We saw the doors to these rooms were closed at all times when practice staff were seeing patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity. Screens or curtains were also available in these rooms and could be used to provide a greater level of privacy to patients.

The practice had a written policy on the use of chaperones. The use of chaperones aims to protect patients and healthcare staff when intimate examinations of patients are performed. Senior staff confirmed that all nurses were appropriately trained to undertake the role. Both male and female chaperones could be offered. There was information displayed within the main waiting area advising patients that they could request a chaperone to be present at their consultations.

We reviewed a sample of patient medical records. These did not always demonstrate that a chaperone had been offered. Our findings in this regard are described under the sub section - Record keeping.

Improvement needed

The practice is required to provide HIW with details of the action taken to:

- further promote patients' privacy when patients are speaking to staff at the reception desk
- prevent written patient information being visible to other patients waiting at the reception desk.

Patient information

The practice had produced a practice information booklet. This provided useful information about the practice, including the range of services available, details of the practice team, opening times and the arrangements for repeat prescriptions. The practice needed to consider what other useful information could be included, such as how to register as a new patient, how to contact the out of hours service, how patients can provide feedback and how the practice will use and protect patient information.

At the time of our inspection, a new website was being developed. When complete this should also provide another useful means of making information available to patients.

The practice operated a system of open access appointments (open surgery) every morning during the week (Monday - Friday). This meant that patients could attend the practice and wait to be seen by a GP or the nurse prescriber. The nature of these appointments mean that patients may have to wait for a long time to be seen. Reception staff confirmed that they would do their best to inform patients of an approximate waiting time to be seen.

We reviewed a sample of patient medical records. Overall, these showed that clinicians had provided information to patients and/or their carers about their health conditions and management and/or reason for referral to secondary care (hospital) services.

Improvement needed

The practice is required to provide HIW with details of the action taken to provide further information for patients within the practice information leaflet and by other appropriate means.

Communicating effectively

With the exception of one patient, all those that completed a questionnaire told us that they were always able to speak to staff in their preferred language. Patients we spoke to told us they were very satisfied with the way staff communicated with them and that GPs had explained their care and treatment to them.

Staff confirmed that they could use a translation service if this was required. A poster was displayed with a range of different languages. This can be used by patients to help them show staff what their preferred language is. Staff confirmed that a longer appointment could be arranged to allow additional time for patients who needed to use a translator.

A working hearing loop system was available to assist those patients with hearing difficulties (and who wear hearing aids) to communicate with staff.

Some written information was routinely available in both Welsh and English. Most, however, was available in English only. We were told that there were no Welsh speaking staff available at the practice. Staff told us that not many of their patients requested to communicate in Welsh and this was reflected in the comments made by patients. Given that the practice operates in Wales, however, the practice needed to consider providing more written information for patients in both Welsh and English. Information was not generally available in other languages or formats such as braille, large print or easy read.

Arrangements were described for managing internal and external communications. A system was in place for recording and informing relevant staff of incoming correspondence so that action could be taken as appropriate. We did identify improvement was needed, however, in relation to the arrangements for summarising information within patients' medical records. Our findings in this regard are described under the sub section - Record keeping.

We looked at a sample of discharge summaries received from local hospitals and found these varied in quality. Information received had been added to patients' medical records so that it could be considered by clinicians when planning patients' ongoing care and treatment.

Improvement needed

The practice is required to provide HIW with details of the action taken to make information available in Welsh and other languages and formats to meet the communication needs of the population that it serves.

Timely care

As previously described, the practice operated a system of open access appointments each morning during the week. On the day of our inspection the practice was very busy. We saw the receptionist advising patients on arrival that there may be a long wait to be seen. The practice may wish to explore other ways of keeping patients informed of the wait time on an ongoing basis during surgery times.

Pre bookable appointments were available each afternoon during the week with both the GPs and the nurse. The practice also offered home visits for housebound patients and those too unwell to attend for an appointment. A paramedic practitioner was attached to the practice and would complete home visits following triage by a GP. This helped promote a more timely service for patients. Nurse led clinics and those run by other healthcare professionals, attached to the practice, were also offered. This helped ensure that patients who needed them were offered consultations with an appropriate healthcare professional.

The majority of patients that completed a questionnaire told us that they were satisfied with the hours that the practice was open.

Patients we spoke to on the day of our inspection found the open surgery sessions beneficial and accepted they had to wait a long time to be seen. One patient however, told us that getting to the practice by the required time of 10:00am can be difficult for those with childcare responsibilities.

Most patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed one. One patient, however, spoke of difficulty in getting an appointment for children out of school hours; we were told there is often a two week minimum wait for appointments after 3.30pm.

There were a number of patients that felt it was 'not very easy' or 'not at all easy' to get an appointment. Additional comments made by one patient described difficulty in booking an appointment. The comments indicated that it was difficult to get through to the practice as the phone line is very busy and often by the time the call is answered; all the available appointments have gone. Patients told us that the average waiting time for an appointment was two to three weeks. Almost a quarter of patients that completed a questionnaire described their experience of making an appointment as 'poor' or 'very poor'.

We discussed our initial findings around patients' experiences of accessing appointments with senior practice staff. They explained that patients didn't necessarily have to wait two to three weeks for an appointment, unless it was with a particular GP of their choice. Further efforts may need to be made, therefore, to increase patients' awareness of the appointment system. Senior staff were considering ways of how to improve the provision of information to patients through innovative use of technology.

The practice was closed at weekends. Over two thirds of the patients that completed a questionnaire told us that they knew how to access the out of hours GP service. Arrangements should be made, however, to try and increase patients' awareness of the out of hours arrangements.

Senior staff confirmed that in house second opinions were used. These aim to ensure that patients receive the most appropriate ongoing care from the most appropriate healthcare professional.

Referrals to secondary care (hospital) services were made via the Welsh Clinical Communications Gateway (WCCG)¹. This provided an audit trail to show that referrals had been sent to, and had reached, the relevant hospital. We were also informed that referrals were made in a timely manner, either completed on the same day, or the day after this had been agreed with the patient.

Senior staff also confirmed that peer review of the outcomes of patient referrals took place for new GPs. This is a useful element of a practice's governance

¹ The Welsh Clinical Communications Gateway (WCCG) is a national system in Wales for the electronic exchange of clinical information such as referral letters.

arrangements. There was no peer review of individual GPs' patient referral patterns/rates, which is regarded as good practice within primary care. Senior staff explained that this had previously taken place and there were plans to reintroduce this.

Improvement needed

The practice is required to provide HIW with details of the action taken to improve patients' access to appointments. Consideration may need to be given to increasing patients' awareness of the appointment system.

Individual care

Planning care to promote independence

Practice staff explained that patients' records could include a flag to identify those patients with additional needs. This information would then alert practice staff so that suitable arrangements could be made as appropriate, for example, when arranging appointments.

There were arrangements in place to meet the needs of patients with additional health related conditions. Senior staff confirmed that regular health reviews of those patients with learning disabilities took place. In addition a substance misuse service was also provided.

The practice provided a nurse led outreach service for the homeless population in the locality. Effective partnership working between the practice team, community mental health teams and third sector (charity) organisations was described. Patients could be referred via charity organisations or they could refer themselves directly to the outreach team. This allowed patients who were homeless to access primary medical care and treatment.

People's rights

Our findings that are described throughout this section (Quality of patient experience) indicate that the practice was aware of its responsibilities around people's rights. For example, we saw that patients were treated with respect and that efforts were made to provide services to patients, taking into account their individual needs.

Listening and learning from feedback

We saw that a suggestion box was available at the reception desk. This could be used by patients to provide ad hoc feedback about their experiences. Staff confirmed that patient feedback was shared with them.

Senior staff confirmed there was no Patient Participation Group (PPG). This was despite efforts being made previously by the practice to establish such a group. A PPG would provide a forum for patients to engage with the practice team and to provide feedback with a view to improving services. Arrangements should, therefore, be made to try and establish a PPG.

The practice had a procedure in place for patients and their carers to raise concerns or complaints about the services they receive. The written procedure needed to be reviewed as it incorrectly referred to patients being able to ask for a review by the Independent Review Secretariat. This is out of date, and no longer forms part of the current arrangements associated with concerns (complaints) handling under Putting Things Right². In addition the contact details of the Community Health Council were incorrect.

Around two thirds of patients told us in the questionnaires that they would not know how to raise a concern or complaint about the services they receive at the practice. There was no information displayed at the practice informing patients how they may make a complaint. Following the inspection the practice confirmed that action had been taken to update the complaints procedure and display information on how patients could make a complaint. Details can be found in Appendix B.

Senior staff had maintained a summary record of complaints received at the practice. This would benefit from being further developed to demonstrate when complaints had been responded to the action taken as a result of any investigation. Senior staff confirmed that complaints were acknowledged the same day they were received and that they would be investigated, responded to and any learning shared with the practice team.

² Putting Things Right is the process for managing concerns in NHS Wales.

Improvement needed

The practice is required to provide HIW with details of the action taken to establish a Patient Participation Group.

Delivery of safe and effective care

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

Whilst we identified areas of good practice we also found that improvement was needed to further promote safe and effective care to patients.

Areas used by patients were generally clean and tidy. We did identify a number of environmental hazards to staff safety and required the practice to provide an immediate improvement plan to address this.

Treatment rooms were very cluttered and did not facilitate effective cleaning. Improvement was also needed around some aspects of medicines management.

Not all staff currently working at the practice had attended relevant safeguarding training. Staff also needed to attend update training in cardiopulmonary resuscitation (CPR).

We saw some excellent examples of record keeping and the quality of record keeping, overall, was of a very good standard. We identified that improvement was needed around the process for summarising patients' medical records and required the practice to provide an immediate improvement plan to address this.

Safe care

Managing risk and promoting health and safety

The practice operated out of a converted three storey building. Clinical facilities were located on the ground floor only.

The majority of the patients that completed a questionnaire felt that it was easy to get into the building that the GP practice is in. There was ramp access to the entrance of the building to help patients with mobility difficulties access the practice. This was fairly steep however, and so may present challenges to

patients in manually propelled wheelchairs. Some patients did tell us that the access ramp to the practice can be difficult if a person is immobile. There were no automatic doors at the entrance or internally, which would again assist those patients with mobility difficulties or parents with pushchairs. Staff confirmed, however, that they would assist patients if they were not accompanied by a family member or a carer. A small number of patients also spoke to us about how a lack of parking available at the practice can often be an issue for them when arriving for appointments. Whilst, is acknowledged that the current building presents challenges to the practice in addressing the above issues, the practice should explore what action can be taken to improve access for patients.

During the course of the inspection we saw that areas used by patients were generally clean and tidy and generally well maintained. We did, however, identify some potential environmental hazards to safety. These were mainly in relation to staff safety and included potential tripping and fire hazards. In addition, the treatment rooms were very cluttered and did not facilitate the effective cleaning of these rooms.

Whilst written risk assessments had been completed and action plans produced, these did not contain sufficient details of the action taken to mitigate these risks. This meant that HIW could not be assured that all appropriate action had been taken to eliminate or reduce these risks as far as possible to promote staff and visitor safety.

Our concerns regarding the above were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvement that was needed are provided in Appendix B.

There was a sub waiting area located at the entrance of the practice. On the day of our inspection, this area felt very cold and patients could not easily hear when they were being called to see the doctor or nurse. Arrangements need to be made to ensure this area is suitable to be used as a waiting area for patients.

We saw that relevant members of the practice team, who used computer equipment for many hours each day, had been subject to a display screen (DSE) risk assessment as required by health and safety legislation. Not all had been signed by the staff member, however, to demonstrate that they had been involved and agreed with the findings of the assessment. Arrangements need to be made to address this.

Improvement needed

The practice is required to provide HIW with details of the action taken to:

- ensure the sub waiting area near the entrance of the practice is suitable to be used as a waiting area for patients
- improve access to the building.

Infection prevention and control

There were no concerns given by patients over the cleanliness of the GP practice; a large proportion of the patients that completed a questionnaire felt that, in their opinion, the GP practice was 'very clean'.

Hand washing and drying facilities were provided in the clinical rooms and the toilet facilities. Effective hand washing is important to reduce the spread of infection. We saw that personal protective equipment (PPE) such as gloves and disposable aprons were available to clinical staff to reduce cross infection. Nursing staff confirmed that PPE was always readily available. Nursing staff also confirmed that only sterile single use instruments were used when performing procedures. The use of these helps prevent cross infection.

We saw that waste had been segregated into different coloured bags/containers to ensure it was disposed of safely.

As described earlier, the treatment rooms were very cluttered and did not facilitate effective and easy cleaning. In addition we identified that curtains and screens were non disposable and staff were not aware how often these should be washed or changed. We saw equipment trolley surfaces were in need of cleaning. The practice provided details of the action taken as part of its response to our concerns around the environmental hazards we identified. These can be found in Appendix B.

Practice staff confirmed that patients were able to use one of the clinical rooms (used for phlebotomy³) as a baby changing area. Given the intended clinical

³ Phlebotomy is the taking of blood.

use of this room, the practice must review this arrangement to promote patient safety and effective infection prevention and control.

The practice had an overall written policy for infection prevention and control. Senior staff confirmed that supplementary written infection prevention and control procedures were kept in the treatment rooms for staff to access. The overall policy was not dated and did not include a date by which it should be reviewed.

We saw evidence indicating that clinical staff had been immunised against Hepatitis B (a blood borne virus) to protect themselves and others in this regard.

Improvement needed

The practice is required to provide HIW with details of the action taken to relocate the baby changing area to a suitable room to promote patient safety and effective infection prevention and control.

Medicines management

Senior staff described that the local health board offered training to the practice team relating to prescribing. They confirmed that some staff had attended training and arrangements were being made to offer training to other members of the team.

The practice was using the local health board's formulary⁴. This meant that clinicians prescribed medication from a preferred list of medicines approved by the health board.

Within the sample of patient records we looked at, we saw that reasons for prescribing and discontinuing medication were clearly recorded. Recording this information helps inform decision making when reviewing treatment at future consultations.

⁴ A formulary is a list of medicines.

Senior staff confirmed that medications no longer being taken were removed from the repeat prescribing list. This was done opportunistically, rather than on a regular basis. Arrangements must be made, therefore, to implement a suitable process for the systematic review and removal of those medications no longer required.

Senior staff also described that non clinical staff updated patients' medication records based upon information supplied in correspondence (discharge summaries) following a patient's discharge from hospital. Whilst we were assured that GPs had oversight of this process, this should be kept under review to ensure that changes to patients' medication are managed safely.

There were a number of ways by which patients could obtain their repeat prescriptions and these were described in the practice information leaflet.

We were told that the practice used the Yellow Card Scheme⁵ to report concerns about adverse reactions to medication. This helped to monitor the safety and use of prescribed medicines. Arrangements were also described for reporting concerns (including medication related issues).

We saw that blank prescription forms were stored on an open shelf. Whilst this was located away from public areas, the practice should make arrangements to store these forms more securely to prevent unauthorised access to them.

We saw that the practice had equipment and drugs available for use in the event of a patient emergency (collapse) at the practice. Whilst a defibrillator⁶ was available, the practice should obtain and make available pads that are suitable for use on children (as recommended by the Resuscitation Council (UK)). We also identified that improvements could be made to improve staff access to the drugs used to treat anaphylaxis⁷ and angina (chest pain) and to

⁵ The Yellow Card Scheme helps monitor the safety of all healthcare products in the UK to ensure they are acceptably safe for patients and those that use them.

⁶ A defibrillator is a device that gives a high energy electric shock to the heart through the chest wall to someone who is in cardiac arrest to restore the heart's normal rhythm.

⁷ Anaphylaxis is a severe and potentially life-threatening allergic reaction.

ensure the safe storage of the oxygen cylinder. We informed senior staff of our findings so that corrective action could be taken.

We reviewed a sample of staff files and found that staff had not attended cardiopulmonary resuscitation (CPR) training within the last year. Arrangements must be made to support staff to attend suitable CPR training. Consideration should be given to guidelines⁸ issued by the Resuscitation Council (UK) who recommend that clinical staff receive annual updates. They also recommend that non clinical staff have annual updates. However, the guidelines state that a local risk assessment may be undertaken to assess the likelihood of them encountering a patient requiring resuscitation.

Improvement needed

The practice is required to provide HIW with details of the action taken to ensure the systematic review and removal of medications no longer required by patients.

The practice is required to provide HIW with details of the action taken to:

- promote timely access to drugs in the event of a patient emergency (collapse)
- ensure staff are adequately trained in CPR at a level appropriate to their role.

Safeguarding children and adults at risk

Written procedures in relation to safeguarding children and adults at risk were available. The safeguarding vulnerable adults procedure was not dated and did not include a date by which it should be reviewed.

Arrangements were described for recording and updating relevant child protection information on the electronic patient record system. Senior staff confirmed that an identified GP at the practice acted as a child and adult

⁸ Resuscitation Council (UK) Quality standards for cardiopulmonary resuscitation practice and training. Primary Care - Quality standards <https://www.resus.org.uk/quality-standards/primary-care-quality-standards-for-cpr/#training>

protection lead. This meant that staff had a local contact person to report, and discuss, concerns in relation to safeguarding issues. Senior staff described multidisciplinary working took place around safeguarding concerns but had identified improvement could be made to further promote effective communication. Action was described to make this improvement.

We found that not all staff had attended safeguarding training. The practice must, therefore, make arrangements to support staff to attend such training and at a level⁹ that is suitable to their role.

Staff we spoke to confirmed that should they have any concerns around a patient's welfare, they would report this to senior practice staff.

Improvement needed

The practice is required to provide HIW with details of the action taken to ensure staff complete safeguarding training at a level appropriate to their role.

Effective care

Safe and clinically effective care

Senior staff confirmed that patient safety incidents and significant events were discussed in practice meetings. We saw examples of completed significant event analysis reports that supported this. Where appropriate, discussions around such incidents/events also formed part of staff appraisals. These arrangements aimed to share relevant information with the practice team and identifying any learning.

We saw an example of a template that was used to report such incidents/events to the local health board so that details could be sent to the National Reporting and Learning System¹⁰.

⁹ Safeguarding children and young people: roles and competences for health care staff. Intercollegiate document, third edition: March 2014

<http://www.apagbi.org.uk/news/2014/safeguarding-intercollegiate-document-2014-released>

Senior staff confirmed that safety alerts were circulated to members of the practice team as appropriate. There was no system in place, however, to show whether staff had read them. The practice should implement a system to ensure that alerts have been read by staff. In addition, the practice may also wish to consider implementing a system to identify and prioritise those alerts that are most relevant to the practice.

Arrangements were also described for keeping staff up to date of best practice and professional guidance.

Record keeping

We reviewed a sample of electronic patient medical records. These were secure against unauthorised access and easy to navigate.

Overall, the quality of record keeping was very good. We identified examples of noteworthy practice, particularly by the nurse prescriber and the paramedic (attached to the practice and who attended home visits).

Generally, entries made in the medical records were clear and concise. The majority included sufficient clinical details to help inform decision making at subsequent consultations and plan patients' ongoing care and treatment. We saw that all the records included key information, such as the identity of the clinician recording the notes, the date, and the outcome of, the consultation. We saw that Read codes¹¹ were used effectively within the sample of records we reviewed.

Whilst most records showed they had been completed in a timely manner, we saw an example of where there had been a slight delay in entering paper based notes made from a home visit onto the electronic record. The practice had already identified this as an area for improvement and was looking at the use of

¹⁰ The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care.

¹¹ 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.

technology to address this. We also identified examples where the location of the consultation was not clear (i.e. whether it took place at the surgery at High Street or the surgery at St Helen's Road). Again, this must be addressed to ensure accurate records are maintained.

We identified that templates were used as a guide to achieving a consistent approach to record keeping. The practice should consider how these could effectively be used on more occasions to further promote consistent data capture.

As described previously, chaperones were available. The sample of records we reviewed did not always demonstrate that a chaperone had been offered and whether the offer had been accepted or not. Arrangements need to be made to ensure that patients are offered a chaperone and the outcome is recorded.

Senior staff confirmed that non clinical staff summarised information. Whilst we were told that these staff are experienced in summarising information, senior staff confirmed staff had not received specific training in this regard. In addition, routine checks by a suitable clinician on the quality or accuracy of the summarised information were not taking place. A notes summarisation policy was available dated July 2005. This had not been reviewed and was not routinely used by staff responsible for summarising information. The policy document clearly stated that summarisers should be either a clinician or fully trained in clinical record keeping, Read codes, clinical system and medical terminology. Our findings meant that HIW could not be assured that there was a safe and effective system in place for summarising patients' medical records. Our concerns regarding the above were dealt with under our immediate assurance process. Details of the immediate improvements that were needed are provided in Appendix B.

Senior staff confirmed that audits of patients' records were not routinely done. The practice should consider implementing regular audits as part of quality assurance activity at the practice.

Improvement needed

The practice is required to provide HIW with details of the action taken to:

- ensure notes made in patients' medical records accurately reflect where the consultations take place
- promote a consistent approach to data capture within patients' medical records

- ensure chaperones are offered and the outcome is recorded within patients' medical records
- audit records as part of quality assurance activity.

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.

In June 2017, two formerly separate practices merged to form the current practice.

A management structure was in place. It was evident that significant efforts had been made to embed the new management and working arrangements, whilst ensuring continuity of services to patients.

We did, however, identify that improvement was needed around areas associated with management and leadership. These were in relation to the arrangements for taking forward actions identified within the practice development plan, reviewing and updating written policies and procedures that underpin the operation of the practice and staff training.

Governance, leadership and accountability

Abertawe Medical Partnership was formed in June 2017 following a merger of two former practices, St. Helen's Medical Centre and High Street Surgery. The current partnership consisted of four GPs. A practice manager was in post and responsible for the day to day management of the practice.

It was evident from discussions with senior staff that since the merger significant efforts had been made to embed the new management and working arrangements. This was despite challenges as a result of the bringing together of two different computer systems, essential for the effective running of the practice. A focus on providing safe, effective and timely services to patients was demonstrated. Our conversations with staff and our observations on the day indicated that staff had adjusted well to working as one practice team across two sites.

Staff we spoke to felt that communication within the practice was good. Staff confirmed that they felt able to raise any work related concerns with their manager or other senior staff. They also felt that their concerns would be dealt with fairly and appropriately. This demonstrates an open reporting culture that promotes staff and patient wellbeing.

As described earlier, arrangements were in place to review and learn from significant incidents/events, patient feedback and complaints. These were considered at practice team meetings. In addition, we were told that time was set aside during meetings to discuss clinical cases as part of quality improvement activity. Senior staff confirmed that students on work placements conducted audits that inform practice. Whilst a system of annual audit by the practice was described as having taken place previously, senior staff explained that such audits had not been completed recently. The practice should, therefore, make arrangements to conduct relevant audits as part of the quality assurance and improvement activity.

During 2017, the practice had developed a three year practice development plan (PDP). Whilst this identified a number of actions, there were very few lead persons identified to take the work forward and no timescales for completion. Senior staff needed to ensure arrangements are formalised and put in place to complete the actions identified within the PDP.

A range of written policies and procedures was available to guide staff in their day to day jobs. During the course of our inspection, we found a number of these were not dated and it was not clear whether they had been reviewed and updated. Senior staff had identified this was an area for improvement and were taking action to address this.

The practice was part of a local GP cluster¹², with one of the GP partners being the cluster lead. We were told that the GP partner and practice manager attended cluster meetings regularly. This helps promote cluster working and engagement.

¹² A GP practice 'cluster' is a grouping of GPs and practices locally determined by an individual NHS Wales Local Health Board. GPs in the clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients

Improvement needed

The practice is required to provide HIW with details of the action taken to:

- identify appropriate lead persons and timescales for the actions identified within the practice development plan
- ensure that policies and procedures are regularly reviewed and updated as appropriate.

Staff and resources

Workforce

Staff we spoke to were able to describe their particular roles and responsibilities, which contributed to the overall operation of the practice.

Comments from staff were mixed around the amount of training they had attended. We reviewed a sample of staff files, and overall found limited evidence of training. There was no agreed list of mandatory training topics. Consideration must be given, therefore, to identifying suitable topics. Senior staff had developed a training matrix. This would benefit from being developed further so that it demonstrates, at a glance, a full list of mandatory training topics, the date individuals have completed training and when updates are required.

Staff we spoke to confirmed that they had not received an appraisal of their work in the last year. Senior staff explained that due to the merger a decision had been made to delay conducting appraisals to allow staff the opportunity to settle into the new working arrangements. These were, however, due to be conducted in the near future. Appraisals help to identify training and development needs and provide an opportunity for managers to provide staff with feedback about their work.

We reviewed a sample of staff files. Whilst all staff had contracts of employment and job descriptions, with the exception of one, there was no evidence of staff recruitment checks on file. This was attributed to staff having worked at the former practices (prior to the merger) for a long time. Senior staff confirmed that Disclosure and Barring Service (DBS) checks had recently been requested. There was no system to routinely check GP and nurse registration with professional bodies to ensure these staff remained entitled to practice.

Improvement needed

The practice is required to provide HIW with details of the action taken to:

- identify mandatory training topics and to demonstrate that staff are up to date with relevant training
- ensure appropriate pre employment and ongoing recruitment checks are conducted for new staff and existing staff
- conduct annual staff appraisals.

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
Our immediate concerns were dealt with via HIW's immediate assurance process - see Appendix B.			

Appendix B – Immediate improvement plan

Service: Abertawe Medical Partnership

Date of inspection: 13 February 2018

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
<p>The practice is required to provide HIW with details of the action taken to promote a safe environment for staff working at and visitors to the practice.</p> <p>Advice to be sought as necessary from the Health and Safety Executive or other appropriate person.</p>	Standard 2.1	<p>Rubber grips missing on stairs. To replace missing grips. Employees have been made aware of the risk and to take care on steps until rubber grips are re-layed a sign has been displayed.</p>	Gemma Grey	22/02/2018
		<p>Trailing leads around the office. To secure leads to wall- weekly inspection to ensure no trailing leads-all staff informed to notify PM if they can notice any trailing leads.</p>	Gemma Grey	22/02/2018
		<p>Clutter in Treatment rooms. Nursing staff to de-clutter and re-organise rooms-protected time set aside in</p>	Gemma Grey	22/02/2018

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		rota to deliver this.		
		Hygiene of treatment room trolleys. Nurses to clean down trolleys every day to meet satisfactory cleaning standard-weekly spot checks will be carried out.	Gemma Grey	22/02/2018
		Treatment room curtains. Dispose of old curtains-new disposable curtains ordered-will be renewed according to company expiry date.	Gemma Grey	01/03/2018
		Complaints form updated.		
		Suggestion and complaints procedure poster displayed in waiting room.	Gemma Grey	22/02/2018
		[Named] HR company is updating occupational manual, specific to this practice.	Gemma Grey	May 2018
		Lone worker policy now in place.	Gemma Grey	Immediate
		Oxygen cylinder now moved to a more appropriate place.	Gemma Grey	Immediate

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The practice is required to provide HIW with details of the action taken to ensure a safe and effective process is in place for summarising patients' medical records.	Standard 3.5	Immediate action- GP's to summarise.	Dr C Todd	Immediate
		Long Term action- Proforma will be designed adapted to read codes and a new policy will be introduced. Nurses to prepare notes, GP's to check, 2 trained members of the admin team to code into patient notes. Proforma designed and discussion in next practice meeting 26/02/2018.	Dr C Todd	April 18

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): Gemma Grey
Job role: Practice Manager
Date: 20/02/2018

Appendix C – Improvement plan

Service: Abertawe Medical Partnership

Date of inspection: 13 February 2018

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				
<p>The practice is required to provide HIW with details of the action taken to:</p> <ul style="list-style-type: none"> further promote patients' privacy when patients are speaking to staff at the reception desk prevent written patient information being visible to other patients waiting at the reception desk. 	4.1 Dignified Care	<p>Due to the layout of reception we have displayed patient posters, that state if patients would like to discuss anything with a receptionist there is a private room that is accessible to them.</p>	Gemma Grey	Completed
		<p>Patient information/correspondence is no longer administered in patient designated areas eg: front reception.</p>	Gemma Grey	Completed
<p>The practice is required to provide HIW with details of the action taken to provide further information for patients within the practice</p>	4.2 Patient Information	<p>Our updated new website. Introduction of our practices Quick Response Data Scanner advice pod.</p>	Gemma Grey	April 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
information leaflet and by other appropriate means.				
The practice is required to provide HIW with details of the action taken to make information available in Welsh and other languages and formats to meet the communication needs of the population that it serves.	3.2 Communicating effectively	Regular updates of our language interpretation service board. Our new website has a choice of different languages. Practice leaflet can be requested in a different language. On request we will endeavour to find alternate language leaflets.	Gemma Grey	Ongoing
The practice is required to provide HIW with details of the action taken to improve patients' access to appointments. Consideration may need to be given to increasing patients' awareness of the appointment system.	5.1 Timely access	Our new website and the Quick Response scanner advice pod provides patients with appointment information, we have now added signs to the surgery doors providing patients with appointment information.	Gemma Grey	April 2018
The practice is required to provide HIW with details of the action taken to establish a Patient Participation Group.	6.3 Listening and Learning from feedback	We currently have on display in the waiting room a poster to inform patients that we are looking for volunteers to create our own Patient Participation Group. This has also been added to our	Ellen Debusse	May 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>website.</p> <p>Consider actively contacting patients by phone to encourage engagement.</p>		
Delivery of safe and effective care				
<p>The practice is required to provide HIW with details of the action taken to:</p> <ul style="list-style-type: none"> ensure the sub waiting area near the entrance of the practice is suitable to be used as a waiting area for patients improve access to the building. 	2.1 Managing risk and promoting health and safety	<p>The foyer is not a patient waiting area, we have now removed chairs from that area and relocated them to the main reception area.</p> <p>Patients with significant mobility problems we have agreed they are able to use the staff entrance with assistance from reception, this information is also available on practice posters, practice leaflet and practice website.</p>	Gemma Grey	Completed
<p>The practice is required to provide HIW with details of the action taken to relocate the baby changing area to a suitable room to promote patient safety and effective infection prevention and control.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>We are purchasing a baby changing unit adapted for patient safety, which will be allocated in the lower ground toilet.</p>	Gemma Grey	May 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice is required to provide HIW with details of the action taken to ensure the systematic review and removal of medications no longer required by patients.</p>	<p>2.6 Medicines Management</p>	<p>Annual Care Home reviews by Cluster Pharmacist carried out on an annual basis.</p> <p>The practice also utilise the EMIS QoF data to enable identification of patients requiring their annual review.</p> <p>Attending cluster presentation for prescribing clerk role, in line with ABMU launch of new scheme.</p> <p>To cascade practice staff instruction when processing repeat prescriptions to ensure that all medication requested is as required. Any medication identified as no longer being required will be sent to GP's for authorisation/removal of medication, also recorded in patient notes.</p>	<p>Gemma Grey</p>	<p>Ongoing</p>
<p>The practice is required to provide HIW with details of the action taken to:</p> <ul style="list-style-type: none"> • promote timely access to drugs in the event of a patient emergency 		<p>The Nurses have now reviewed and updated the emergency trolley, all staff are aware of where the trolley and drugs</p>	<p>Gemma Grey</p>	<p>Sept 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>(collapse)</p> <ul style="list-style-type: none"> ensure staff are adequately trained in CPR at a level appropriate to their role. 		<p>are kept.</p> <p>To be arranged for the next practice training session.</p>		
<p>The practice is required to provide HIW with details of the action taken to ensure staff complete safeguarding training at a level appropriate to their role.</p>	<p>2.7 Safeguarding children and adults at risk</p>	<p>Four members of staff have already completed safeguarding training, arrangements have been made for the remaining members to complete at a level appropriate to their role, via our cluster funded online training [named provider]</p>	<p>Gemma Grey</p>	<p>June 2018</p>
<p>The practice is required to provide HIW with details of the action taken to:</p> <ul style="list-style-type: none"> ensure notes made in patients' medical records accurately reflect where the consultations take place promote a consistent approach to data capture within patients' medical records ensure chaperones are offered and 	<p>3.5 Record keeping</p>	<p>I can confirm there has been data migration issues with the old clinical system merging with our new clinical system. Post-merger our system now defaults to what site you log in at. We have also addressed the fact there are training issues within the new clinical system that need to be addressed including Read code. Training to be arranged.</p> <p>Chaperone poster displayed in</p>	<p>Gemma Grey</p>	<p>Sept 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>the outcome is recorded within patients' medical records</p> <ul style="list-style-type: none"> audit records as part of quality assurance activity. 		<p>reception, chaperone policy distributed among all staff and clinicians reminded to add read code.</p> <p>Six monthly random selection of five sets of notes per clinician, auditing by Practice Manager for the above</p>		
Quality of management and leadership				
<p>The practice is required to provide HIW with details of the action taken to:</p> <ul style="list-style-type: none"> identify appropriate lead persons and timescales for the actions identified within the practice development plan ensure that policies and procedures are regularly reviewed and updated as appropriate. 	Governance, Leadership and Accountability	<p>Senior Partner, Dr Ceri Todd and Practice Manager, Gemma Grey to work together to identify and carry out actions.</p> <p>Set calendar reminder and allocate time to review. [Named] HR company to review policies that specific to our practice.</p>	Ceri Todd & Gemma Grey	Ongoing
<p>The practice is required to provide HIW with details of the action taken to:</p> <ul style="list-style-type: none"> identify mandatory training topics and 	7.1 Workforce	Set calendar reminder for each update	Gemma Grey	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>to demonstrate that staff are up to date with relevant training</p> <ul style="list-style-type: none"> ensure appropriate pre employment and ongoing recruitment checks are conducted for new staff and existing staff conduct annual staff appraisals. 		<p>training, co-ordinate training for all non-clinical and clinical staff.</p> <p>As part of our induction checklist we will carry out recruitment checks.</p> <p>Currently in process of staff appraisal every March.</p>		

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): Gemma Grey

Job role: Practice Manager

Date: 26/03/2018