

General Practice Inspection (Announced)

Overton Medical Practice, Betsi
Cadwaladr University Health
Board

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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 Overton Medical Practice, 15 High Street, Overton, Wrexham, within Betsi Cadwaladr University Health Board on 9 August 2018.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), HIW Head of Partnerships, Intelligence and Methodology (shadowing), 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

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:

- Signposting to other professionals or services
- Record keeping
- Clinical overview and auditing
- Good internal communication process
- Good links with vulnerable and hard to reach patients
- Cohesive and inclusive management team.

This is what we recommend the service could improve:

- Display Putting Things Right¹ information within the waiting area
- Provide more health promotion information in Welsh
- Display consistent information relating to opening times
- Continue to explore ways to improve availability of appointments
- Re-locate the bell in reception

¹ <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

- Provide space at the reception desk for wheelchair user to have private discussions
- Improve consistency of read coding
- Link conditions to medication within notes
- Some aspects of staff training.

3. What we found

Background of the service

Overton Medical Practice currently provides services to approximately 6,680 patients in the Overton area of Wrexham and North Shropshire. The practice has a branch surgery located at Chapel House, High Street, Bangor on Dee. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board.

The practice employs a staff team which includes three GP partners, Advanced Nurse Practitioner, two Practice Nurses, one trainee Practice Nurse, two Health Care Assistants, Business Manager, Operational Manager, reception and administration staff. Dispensary staff are employed in the branch surgery. There were two trainee GP registrars on placement at the practice at the time of the inspection. There was one vacancy for a salaried GP.

The practice provides a range of services, including:

- Routine health checks
- Blood test including anticoagulant (INR) monitoring
- Immunisation
- Chronic disease management
- 8 week Baby Checks
- Management of the Menopause
- Minor Surgery
- Near Patient Testing for patients on drugs used for the treatment of rheumatoid arthritis, erythropoietin and methylphenidate

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 told us that they were treated with dignity and respect by staff. The practice had a system in place to enable patients to raise concerns and complaints, and the practice was able to demonstrate that they considered patient feedback to improve services.

Patients made positive comments, particularly about the relationships they had with staff.

Prior to the inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. On the day of the inspection our inspectors also spoke to patients to find out about their experiences at the practice.

In total, we received 47 completed questionnaires. The majority of the patients who completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

Patients were asked in the questionnaire to rate the service provided by this GP practice. Views were mixed; just over two thirds of patients rated the service as either 'excellent' or 'very good', but other patients rated the service as either 'good' or 'fair'.

Patients were asked in the questionnaires how the GP practice could improve the service it provides. A number of patients raised some common issues with us, notably around the difficulty in making an appointment at the practice. Patient comments included:

“By having extra appointments on stand by for people that work, don't always get in when they want”

“To have less than a 4 week wait to see a doctor”

“Increased opening hours to make appointment booking with a preferred GP easy”

“The staff through to admin are always, polite, friendly and helpful. Very easy to get an appointment, if you don't mind waiting 4/5 weeks for it. Not very easy to see someone within a couple of days unless you ask for an urgent slot”

Patients were asked on the questionnaires how the GP practice could improve the service it provides; patient comments included:

“Better aftercare when leaving hospital after operations”

“Understand disabilities are more than 'looking disabled'. I often find it difficult to get my prescriptions”

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 area. Reception staff had received training to signpost patients to other professionals and organisations better placed to assist them to ease the pressure on the clinical staff within the practice.

People with caring responsibilities were identified and given advice and information about other organisations and services that may be able to provide them with support.

Dignified care

All but one of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice.

Almost two thirds of the patients who completed a questionnaire told us that they only sometimes get to see their preferred doctor. One patient commented:

“Increased opening hours to make appointment booking with a preferred GP easier”

We saw staff greeting people in a professional yet friendly manner at the reception desk and during telephone conversations.

We considered the physical environment and found that patient confidentiality and privacy had been considered and the physical environment had been

adapted, as much as would allow. Reception staff told us that telephone calls could be taken away from the reception area and that they could use one of the consulting rooms, if available, to discuss any sensitive issues with patients, should the need arise.

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.

There was a written policy on the use of chaperones. The right to request a chaperone was advertised through posters in the waiting area and in consulting/treatment rooms. The majority of staff had completed chaperone training.

Patient information

As previously mentioned, information for patients on health related issues was available in leaflet form 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 leaflet holder containing information specifically for carers located in the main entrance foyer. The practice website also has a section on long-term conditions which provides patients with advice on their illnesses and signposting to other resources and organisations available to support them.

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times, and we saw a practice policy to support this arrangement.

All but two of the patients who completed a questionnaire told us that they would know how to access the out of hours GP service. We found that the out of hours arrangements were detailed in the practice leaflet and on the practice website.

Information relating to practice opening times was advertised on the practice website, patient leaflet and on the notice posted by the main entrance.

Communicating effectively

All patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

The vast majority of patients who completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand. They also told us that they are involved as much as they wanted to be in decisions made about their care.

We were told that there were very few Welsh speaking patients registered with the practice. However, every effort was made for people to receive a service in a language of their choice. One member of staff employed at the practice was Welsh speaking and translation services were available for people wishing to communicate in languages other than Welsh or English. We recommended that steps be taken to ensure that patient information leaflets and posters be made available bilingually, in Welsh and English, where possible.

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

We found that there were robust processes in place to manage incoming correspondence and information was appropriately entered onto the electronic records management system.

Improvement needed

Steps should be taken to ensure that patient information leaflets and posters are made available bilingually, in Welsh and English, where possible.

Timely care

While most patients who completed the questionnaire told us that they were satisfied with the hours that the practice was open, over a third of patients said that it was 'not very easy', or 'not at all easy', to get an appointment when they needed one. Some patients provided the following comments in the questionnaires:

"[The practice could improve the service it provides] by having extra appointments on stand by; people that work don't always get in when they want"

"Make routine appointments easier to get"

When asked to describe their overall experience of making an appointment, the majority of patients who completed a questionnaire described their experience as 'very good' or 'good'. However, some patients commented in the

questionnaires that it can be difficult to get through on the telephone to book an appointment; comments included:

“Not always easy to get through to reception on phone - answer machine”

“Telephone wait time / cut off when on hold”

Patients were able to pre book routine appointments in advance, Monday to Friday. Same day, urgent appointments were also available.

The practice made use of My Health Online² facility for appointments and repeat prescriptions in an attempt to ease pressure on telephone lines.

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.

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

Improvement needed

The practice should continue to explore ways to improve the availability of appointments and to make it easier for patients to book appointments.

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.

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

The practice was located within a purpose built building. There was good disabled access to the building with a number of parking spaces within the adjoining car park.

All the GP consulting rooms and treatment rooms were located on the ground floor. The consulting rooms and treatment rooms were spacious and well equipped.

The reception desk provided a shielded section for patients to hold confidential discussions with staff. A small bell was located within this shielded area for patients to summon reception staff. The reception desk also included a lowered area for wheelchair users. However, there was no bell within this area and no shielded facility. We recommended that consideration be given, during future alterations, to providing an area of the lowered section of the reception desk for wheelchair users to hold private discussions. We also recommended that the bell on the reception desk be placed in a more prominent position and be made accessible to wheelchair users.

Patients had access to a Social Prescriber who could offer advice on how to be more active, be more socially connected and how to adopt a healthier, more independent lifestyle.

Improvement needed

Consideration should be given, during future alterations, to providing an area of the lowered section of the reception desk where wheelchair users can hold private discussions.

The bell on the reception desk should be placed in a more prominent position and be made accessible to wheelchair users.

People's rights

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

Staff we spoke with were aware of their responsibilities in relation to equality and diversity. We were informed that equality and diversity training was included within the mandatory online training tool and reflected in all personnel training plans.

Listening and learning from feedback

The majority of patients told us in the questionnaires that they would know how to raise a concern or complaint about the services they receive at the practice.

There was a formal complaints procedure in place and information about how to make a complaint was posted in the reception/waiting area. However, we recommended that 'Putting Things Right' posters and leaflets be made available to patients in the waiting area.

Emphasis was 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. All complaints were recorded whether received verbally or in writing. All complaints were brought to the attention of the business manager who would deal with them in line with the practice's policy.

Steps were being taken to reinstate the patient participation group and to recruit new members. Information relating to the patient participation group was displayed in the main entrance foyer. We suggested that the information board be moved to a more prominent location within the waiting area so that patients would be more inclined to take time to read it and to become involved in the group.

Improvement needed

Putting Things Right posters and leaflets should be made available to patients in the waiting area.

The patient participation group information board should be moved to a more prominent location within the waiting area.

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 were generally of a very good standard.

There was an effective internal communication system in place.

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

All of the patients who completed a questionnaire felt that it was easy to get into the building that the GP practice is in.

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

General and more specific health and safety risk assessments were undertaken annually.

Infection prevention and control

There were no concerns expressed by patients over the cleanliness of the GP practice. All of the patients who completed a questionnaire felt that, in their opinion, the GP practice was clean.

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 minor surgery procedures were taking place at the practice and that instruments used during these procedures were single patient use only. This meant that instruments did not have to be decontaminated, and so promoted effective infection prevention and control.

There was a clear and detailed infection control policy in place.

Medicines management

We found that medication management systems were generally robust and safe. Medication was sometimes prepared at the Bangor on Dee branch and brought to the main surgery in Overton to be handed to patients. Although not all staff working in the Overton practice, who are involved in this process, had received medication dispensing training, we were advised that the preparation, packaging, labelling and record keeping is all undertaken by trained dispensers in the Bangor on Dee branch who send across prescriptions in sealed bags addressed to the patient. The staff at Overton then confirm the identity of the patient before handing the medication over to them.

We found that regular audits were being undertaken in order to ensure consistency of prescribing across all clinicians.

Patients could access repeat prescriptions by calling into the surgery in person, by fax, or online.

A pharmacist employed by the health board attended the practice on a weekly basis to provide guidance and support to staff, and to ensure that prescribing activities were in line with local and national guidelines.

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 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. We also found that all other staff had received safeguarding training to a level appropriate for their roles.

Adult and child safeguarding cases are flagged up on the electronic records system. There were also good systems in place to identify and highlight those patients regarded as hard to reach, who may require additional help due to social isolation, mental health needs and learning disabilities.

Medical devices, equipment and diagnostic systems

Emergency drugs and equipment kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried on a regular basis.

Portable electrical appliance testing was being undertaken on a regular basis.

Effective care

Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events. Significant events were being recorded and discussed at practice meetings and minutes were circulated to those staff members unable to attend.

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

Information governance and communications technology

We found that there were clear information governance policies and procedures in place. Staff members we spoke with were aware of how to access this information.

We found that there was sufficient storage space available for patient records.

Record keeping

We looked at a 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. However, we found that read coding³ was inconsistent.

We also found that medication was not always being linked to medical conditions within the notes.

Improvement needed

Measures must be taken to ensure that staff are entering read coding information in a consistent manner.

Medication should be routinely linked to medical conditions within patients' notes.

³ Read codes are the standard clinical terminology system used in General Practice in the United Kingdom. It supports detailed clinical encoding of multiple patient phenomena including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms and observations; laboratory tests and results; diagnoses; diagnostic, therapeutic or surgical procedures performed; and a variety of administrative items.

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.

We found a patient-centred staff team who told us they were well supported by colleagues within the practice.

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.

Governance, leadership and accountability

We found a patient-centred staff team who were committed to providing the best services they could. There was good support from the lead GP and practice manager.

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 all relevant policies and procedures to guide them 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.

There was a practice development plan in place. This was being reviewed and updated on a regular basis.

The practice was part of a local cluster group. The engagement with the cluster group was reported as being very good with one of the GPs, business manager and operations manager attending cluster meetings on a regular basis.

Staff and resources

Workforce

Discussions with staff and a review of a sample of staff records indicated they generally had the right skills and knowledge to fulfil their identified roles within the practice.

We were provided with information relating to mandatory training and were informed by the business manager that mandatory training was managed utilising an online training and administration tool and that all staff had completed mandatory training over the past two years.

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. We found that team and individual annual appraisals were being undertaken.

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 summarizes 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 concerns requiring immediate action were identified during this inspection.			

Appendix B – Immediate improvement plan

Service: Overton Medical Practice

Date of inspection: 9 August 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
No immediate assurance issues were identified during this inspection.				

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: Overton Medical Practice

Date of inspection: 9 August 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				
Steps should be taken to ensure that patient information leaflets and posters are made available bilingually (Welsh and English), where possible.	3.2 Communicating effectively	We have established a good relationship with the Translation Service who are assisting us with copy Welsh posters and leaflets.	Business Manager	Extant leaflets complete. Ongoing as necessary
The practice should continue to explore ways to improve the availability of appointments and to make it easier for patients to book appointments.	5.1 Timely access	Availability of appointments was reviewed at the Senior Management Business Meeting of 19 Jul 2018 (only three weeks ahead of the inspection). Nine action points were established in order to mitigate against waiting times for routine appointments and these have	Operational Manager	Initiated 19/07/2018. To be reviewed for effectiveness 18/10/2018.

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>been implemented. Subsequently the practice has been joined by 2 x GPR which has significantly improved capacity. Prior to this, the Business Strategy Plan dated 22 Jun 2018 established a patient information campaign to help patients better identify the correct clinician/service for their need. This remains live.</p>		
<p>Consideration should be given, during future alterations, to providing an area of the lowered section of the reception desk where wheelchair users can hold private discussions.</p>	<p>6.1 Planning Care to promote independence</p>	<p>There are no funded opportunities to remodel the extant reception desk. There is now signage informing patients that if they wish to have a confidential conversation they can ask to be taken to a private area</p>	<p>Operational Manager</p>	<p>Implemented 10/08/2018</p>
<p>The bell on the reception desk should be placed in a more prominent position and be made accessible to wheelchair users.</p>		<p>More than one bell made available so that there is clear access to a bell regardless of patient approach to the reception desk.</p>	<p>Operational Manager</p>	<p>Implemented 20/08/2018</p>
<p>'Putting Things Right' posters and leaflets should be made available to patients in the waiting area.</p>	<p>6.3 Listening and Learning from feedback</p>	<p>'Putting Things Right' posters and leaflets in Welsh and English have been made available.</p>	<p>Operational Manager</p>	<p>Implemented 10/08/2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The patient participation group information board should be moved to a more prominent location within the waiting area.		The practice has limited opportunity to move the notice board into the waiting area from the atrium. Instead we have embraced a Cluster initiative utilising public Wi-Fi and QR Code display that will enable patients to access much public health, practice and patient participation information on smart devices. Wi-Fi installation has been ordered and the South Wrexham Cluster actively procuring the QR Code facility. We will continue to display hard copy posters and information as wall space and building ergonomics allow.	Business Manager	Dec 2018
Delivery of safe and effective care				
Measures must be taken to ensure that staff are entering read coding information in a consistent manner.	3.5 Record keeping	The practice has a template in place recording examination findings including read coding. This has been brought to the awareness of all clinicians.	Partner	Implemented 17/08/2018
Medication should be routinely linked to medical conditions within patients' notes.		The doctors have discussed linking medication to diagnosis, especially for anti-biotic, and have agreed and	Partner	Confirmed at meeting 20/09/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		confirmed steps to ensure links are recorded.		
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): A C J MARRIOTT

Job role: Business Manager

Date: 21/09/2018