



General Practice Inspection (Announced)

Clarence Medical Centre,
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 Clarence Medical Centre, West Kinmel Street, Rhyl, within Betsi Cadwaladr University Health Board on 31 August 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

Overall, we found evidence that the service was well managed and 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:

- Good quality of environment and facilities
- Ample patient information
- Holistic approach to the provision of care with good signposting to other services
- Very good record keeping and auditing processes
- Very good management overview of the service
- Good staff support.

This is what we recommend the service could improve:

- Availability of appointments
- Telephone call answering
- Portable appliance testing
- Data protection
- Some elements of staff training.

3. What we found

Background of the service

Clarence Medical Centre currently provides services to approximately 16,200 patients in the Rhyl area. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board. The practice has a branch surgery at Ty Elan, 1 Ffordd Elan, Rhyl.

The practice employs a staff team which includes seven GPs, eleven nurses, one advanced paramedic practitioner, one assistant practitioner, two health care assistants, patient service manager, support services manager, reception manager, management assistant, reception staff, administrative staff, caretaker and domestic staff.

The practice is a teaching/training practice and at the time of the inspection, there was one GP registrar and two foundation year 2 medical students on placements at the practice.

The practice provides a range of services, including:

- Minor surgery
- Blood pressure monitoring
- Children's services
- Antenatal care
- Contraception
- Medication advice
- Anticoagulation clinic
- Cervical smears
- Chronic disease management
- Immunisations
- Audiology

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/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 our 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 43 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. Responses were positive; just over three quarters of patients rated the service as either 'excellent' or 'very good'. Patients told us:

"Staff are very helpful and always cater for my needs"

"Generally first class; if only the appointment system was improved, would be second to none"

"I find all the reception staff, nurses and GP's very helpful and approachable"

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, and seeing the same doctor; these are discussed elsewhere in the report. Other patient comments included:

"Handle emergency appointments better"

“Make it clear to people when they should see the doctor and when not, and to use the chemist and get non prescription drugs”

“By having an undercover waiting area to shelter prior to practice opening at 8:30”

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 and on the practice's website. 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.

Two thirds of the patients who completed a questionnaire told us that they only sometimes get to see their preferred doctor. Patients commented:

“Sometimes it's not easy to see the doctor I want who knows my history, which is important”

“Keep our GP's. Locums don't know the patients!”

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 designed with this in mind. Telephone calls were taken away from the reception area to maintain patient confidentiality, and there was a room available adjacent

to the main reception for patients to hold private or confidential discussion with staff if they needed to.

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

The practice has a comprehensive and informative, bilingual website and patient handbook.

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 board displaying information specifically for carers. 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.

There were also television screens in the waiting area displaying health promotion information, and useful information about the services provided at the practice.

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.

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

Communicating effectively

The majority of 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 were always explained to them during their appointment in a way that they could understand, and all patients also told us that they were involved as much as they wanted to be in decisions made about their care.

We were told that there were a few Welsh speaking patients registered with the practice and that every effort was made for people to receive a service in a language of their choice. Two of the GPs, the patient services manager and a number of other staff members were Welsh speaking. Translation services were available for people wishing to communicate in languages other than Welsh or English.

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.

Timely care

All patients who completed the questionnaire told us that they were 'very satisfied' or 'fairly satisfied' with the hours that the practice was open. One patient suggested the following improvements in the questionnaire:

"Being able to see Dr/Nurse particularly during a course of treatment, also would like there to be at least one later evening per week to help patients working to avoid taking time off work for appointments"

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:

"Improve waiting times for phone calls"

"Have more telephone lines at peak periods. Some receptionists are given better customer service training"

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 Online¹ facility for appointments and repeat prescriptions in an attempt to ease pressure on telephone lines.

The nursing team and advanced paramedic practitioner 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 of increasing the availability of appointments and improving telephone access.

Individual care

Planning care to promote independence

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

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

The consulting rooms and treatment rooms were located on the ground and first floors. Access to the first floor was via a stairway and a lift. The consulting rooms and treatment rooms were spacious and well equipped.

The reception desk included a lowered area for wheelchair users.

¹ <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

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. However, we found that not all staff members had undertaken equality and diversity training.

Improvement needed

The practice should ensure that all staff undertake equality and diversity training.

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. Putting Things Right² posters and leaflets were also available within the waiting areas.

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 patient services manager, who would deal with them in line with the practice's policy.

There was a comments box in the waiting area and patients had access to an electronic patient satisfaction feedback system.

² <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

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 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 patient areas to be clean and uncluttered, which reduced the risk of trips and falls. The practice building was well 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 very 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 robust and safe.

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.

The practice employs a paediatric nurse practitioner who assumes a lead role in the safeguarding of children, with one of the GPs assuming a lead role in the safeguarding of vulnerable adults. Both have received safeguarding training at an appropriate level. 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.

We found that portable electrical appliance testing (PAT) was out of date.

Improvement needed

Measures must be set in place to ensure that all portable electrical equipment is tested 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. However, we found log-in details, including a password, to access

clinical software on display next to one of the computers in the administration staff office space.

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

Improvement needed

The practice must take measures to remind staff of the need to abide by data protection policies and procedures at all times.

Record keeping

We looked at a sample of patient records and found very good standards of record keeping. Notes contained sufficient detail of consultations between clinical staff and patients and it was possible to determine the outcome of consultations and the plan of care for the patient.

We found that there were robust records management, auditing and reviewing processes in place.

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 management team.

Staff were positive about the working environment and told us that they felt well respected and supported by their colleagues.

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

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.

Clinical governance arrangements were robust with regular, documented meetings taking place involving all the clinicians working at the practice.

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 group³. The engagement with the cluster group was reported as being very good with one of the GPs nominated as the cluster lead. The cluster lead and other members of the practice's management team attend 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 noted that not every staff member had completed training on all mandatory subjects.

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 conducted.

³ A practice cluster is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. They bring together GP practices, District Nursing, Frailty, Public Health Wales, Primary and community mental health services and the voluntary sector.

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

New staff are required to undertake formal induction and are provided with an employee handbook and induction pack.

Improvement needed

Measures must be set in place to ensure that all staff undertake mandatory training.

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: Clarence Medical Centre

Date of inspection: 31 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: Clarence Medical Centre

Date of inspection: 31 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				
The practice should continue to explore ways of increasing the availability of appointments and improving telephone access.	5.1 Timely access	Plan is to add this to the Management meeting agenda for weekly discussion; consider any innovation/software and hardware, which might improve service	Gwyn Hughes Patient Services Manager	Oct 2019
The practice should ensure that all staff undertake equality and diversity training.	6.2 Peoples rights	Identify staff members who have not undertaken the equality and diversity training and organise for them to undertake this training.	Management Assistant	Feb 2019
Delivery of safe and effective care				
Measures must be set in place to ensure that all portable electrical equipment is tested on a	2.9 Medical devices, equipment and	The caretaker has started undertaking a comprehensive database of all equipment and carry out pat testing as	Gwyn Hughes Patient Services	Feb 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
regular basis.	diagnostic systems	necessary.	Manager	
The practice must take measures to remind staff of the need to abide by data protection policies and procedures at all times.	3.4 Information Governance and Communications Technology	Provide all staff members with the data protection policy and obtain a signature of understanding, provide staff with extra GDPR training if required.	Support Services Manager	Jan 2019
Quality of management and leadership				
Measures must be set in place to ensure that all staff undertake mandatory training.	7.1 Workforce	Plan to keep an accurate staff database to identify those staff members who have not undertaken mandatory training organise time for them to complete as necessary	Management Assistant	Ongoing

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): Gwyn Hughes

Job role: Patient Services Manager

Date: 17/10/18