

General Practice Inspection Report (Announced)

Hillcrest 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 healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

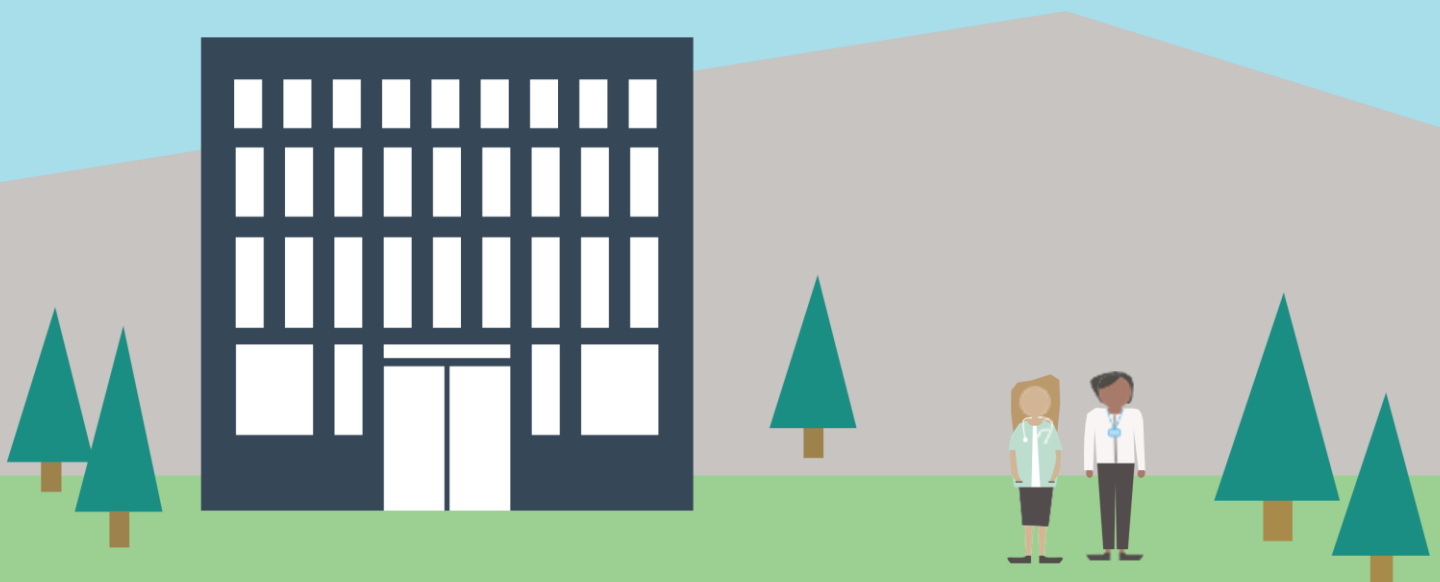
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Hillcrest Medical Centre within Betsi Cadwaladr University Health Board on 11 January 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector, a general practitioner, a registered nurse and a practice manager peer reviewer. The inspection was led by a HIW Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that Hillcrest Medical Centre was aiming to provide a high quality experience to their patient population.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

We found relevant and up to date information displayed in the reception and waiting area, in both English and Welsh.

This is what we recommend the service can improve:

- The health board must review the number of locum GP sessions arranged each day to ensure it is providing adequate number of appointments to its patients on a daily basis.

This is what the service did well:

- The practice had arrangements in place to protect patients' privacy, including dedicated areas for patients to have private conversations with staff
- There was good disabled access to the building, wheelchair users could access all consulting rooms, the reception, waiting area and toilet facilities.

Delivery of Safe and Effective Care

Overall summary:

We found a staff team who were very patient centred and committed to delivering a high quality service to their patients.

Information was available to patients bilingually to help them take responsibility for their own health and wellbeing.

The sample of patient records we reviewed were of good standard.

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

This is what we recommend the service can improve:

- Ensure handwashing taps in clinical areas are replaced with elbow operated taps, curtains replaced with binds and a new flooring installed
- Ensure a formal protocol and a risk assessment is developed for off site visits and shared with all staff.

This is what the service did well:

- Good record keeping
- Dedicated medicines management team
- Dedicated care co-ordinators.

Quality of Management and Leadership

Overall summary:

Hillcrest Medical Centre is managed by Betsi Cadwaladr University Health Board since 1 June 2021. We found that the support the practice has received from the health board since it took over management responsibility has enabled the practice to remain resilient and functioning.

The practice was well managed by a committed and dedicated practice manager who operated an open and approachable managerial ethos, which enabled staff to be confident to raise issues.

We found a very patient-centred staff team who were competent in carrying out their duties and responsibilities to provide the best service they could and were well supported by the health board.

We observed staff supporting each other, working very well together as a team.

This is what we recommend the service could improve:

- Review the clinical support arrangements and ensure all staff are aware what clinical support is available to them
- Ensure regular clinical meetings are conducted and information disseminated to staff.

This is what the service did well:

- Daily huddle meetings
- We witnessed all staff, clinical and non clinical, working very well together as part of a team
- Practice managed by a committed and dedicated practice manager.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection, we invited the practice to distribute questionnaires to patients to obtain their views on the service provided. In total, we received 24 completed questionnaires. Some of the patients did not answer all of the questions.

Some of the comments provided by patients included:

“My latest visit to the surgery was good but that is not always the case. Some of the reception staff can be rude and don't listen to what I am trying to explain to them. Doctors need to be available more. Lack of doctors in surgeries are putting pressure on the ambulance service and hospitals”

“Sometimes good sometimes not so good”

“When I had my appointment this week with nurse practitioner, she was great, brilliant actually very nice and have me on antibiotics. So that visit was OK but usually you can't get one at all”

Patients were asked in the questionnaire how the setting could improve the service it provides. Some of the comments provided included:

“More GP's”

“Offer routine appointments”

“More available appointments and open later”

“Improving telephone calls for appointments”

“I think there needs to be consideration of all patients and the introduction of much more telehealth options which they have gone and reduced”

“Reception need to be more helpful and more understanding”

Staying Healthy

Health Protection and Improvement

We viewed the changes that had been made to the practice environment in response to COVID-19. To protect against the risk posed by the virus, we saw that the following changes had been made:

- alcohol gel dispensers and facemasks placed at strategic locations throughout the practice
- social distancing signage displayed
- protective screen on reception desk
- toys removed from the waiting room.

We found that patients were encouraged to take responsibility for managing their own health, through the provision of health promotion advice available on the practice website and written information within the waiting area and consulting rooms which are given out to patients by staff.

No Smoking signs were displayed confirming that the practice adhered to the smoke free premises legislation.

Dignified care

Communicating effectively

We saw staff greeting patients in a professional manner, both face to face and over the telephone.

We considered the physical environment and found that patient confidentiality and privacy had been considered. The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff.

We were informed that several members of staff could communicate bilingually with patients, and this was advertised by the reception desk.

Telephone calls were received by the Care Co-ordination Team, in private and away from patients.

We were informed that daily huddle meetings were held where staff can discuss any issues with clinicians in a timely way.

A portable hearing loop was available to assist patients and visitors who have a hearing impairment. A self-service, touch screen facility was available by the entrance so that patients could check-in for their appointment.

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

The right to request a chaperone was clearly advertised around the practice. We were informed that the availability of a chaperone is also verbally offered to patients. We were informed staff members who act as chaperones have been provided with relevant guidance and training.

Patient information

Information on health related issues was available for patients within the waiting area and on the practice website. This included information on local support groups, health promotion advice and self-care management of health related conditions.

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described the process for keeping patients informed about any delays to their appointment times.

Information relating to practice opening times and out of hours service was available on the practice website and in the patient leaflet.

Timely care

Timely Access

The practice manager described the processes in place for patients to contact the practice by telephone. We were informed that there had been some technical issues with the telephone system which prevented patients from getting through in a timely manner. The practice manager informed us that, as a result of patients' feedback and concerns, a new telephone system was installed by the health board, which has improved telephone access for patients.

We found that the practice had a team of dedicated care co-ordinators who are trained to navigate and signpost patients to the appropriate professionals better placed to assist them.

We were told that patients are informed of the options available to them to access appropriate advice from health care professionals through the practice website and telephone message.

We were told that any patients who do not have access to a computer can access the service by telephone or by visiting the practice in person.

We found that patients' comments regarding in-person appointments were generally positive. However, patients' comments with regards to telephone and virtual appointments were mixed. We found that over two-thirds of patients who completed a questionnaire told us they were unable to get a same-day appointment and that they were not offered the option to choose the type of appointment they preferred.

We asked the practice manager what arrangements were in place for patients who may need a face to face appointment. We were informed that face to face appointments are now available and are offered to patients when they contact the practice to book an appointment. In light of the mixed responses received from patients with regards to accessing GP appointments, we recommend that the health board reviews the number of locum GP sessions available. **The health board must review the number of locum GP sessions arranged each day to ensure it is providing adequate number of appointments to its patients.**

Since the health board took over the management of the practice, it has been reliant on the use of locum GPs and this situation can be very difficult for the practice team to manage. The practice manager strives to ensure consistency by securing the same regular locum GPs if possible.

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

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.

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

People's rights

There was an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

Staff we spoke with were aware of their responsibilities in relation to equality and diversity.

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

There was good disabled access to the building. Wheelchair users and patients with mobility issues could access all consulting rooms, the reception, waiting area and toilet facilities. There were a number of parking spaces provided within the adjoining car park, with dedicated disabled parking bays.

Listening and learning from feedback

We saw that there was a comment box available for patients to provide feedback and / or suggestions. Patients could also provide feedback or raise concerns via the practice website. We were informed that any comments or feedback are reviewed and acted upon, if appropriate, by the practice manager. Details of the feedback analysis are also discussed at the local cluster group meetings.

There was a complaints policy in place. The procedures for making a complaint, or how to raise a concern, were clearly displayed in the waiting area.

We found that 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 are brought to the attention of the practice manager and the health board.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be well maintained internally and externally. During a tour of the building, we saw that all areas were clean and tidy.

There were no concerns expressed by patients over the cleanliness of the practice.

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly clean.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training.

Emergency exits were visible and a Health and Safety poster was displayed.

The practice had various risk assessments in place, such as, fire, environmental and health and safety. All risk assessments were current and regularly reviewed.

We were assured that the premises were fit for purpose, and we saw ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

There was a resuscitation policy in place and all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training.

Infection prevention and control (IPC) and Decontamination

There was a clear and detailed infection control policy in place, and we saw evidence that an audit had recently been completed.

We saw that staff 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 the curtains in the treatment rooms were disposable, meaning that they could be easily replaced should they become contaminated or dirty. This demonstrates a good commitment to infection prevention and control.

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

We noted that the handwashing taps in the clinical areas needed be replaced with elbow operated taps. The practice manager confirmed that plans are already in place for the handwashing taps to be replaced and funding for this work has been approved by the health board. **The health board must confirm and provide HIW with photographic evidence once the handwashing taps have been replaced with elbow operated taps.**

We were also informed that further refurbishment work is scheduled to take place over the coming months. We were told that all window curtains in clinical areas are to be replaced with blinds and new flooring installed. Once work has been completed, the practice will be redecorated. **The health board must confirm and provide HIW with photographic evidence when the new blinds and flooring have been installed.**

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

Medicines management

Repeat prescriptions could be requested in person using the repeat prescription box in the practice, by post, My Health Online facility, drop off at patients nearest chemist and by emailing the practice using their secure online form. It was noted that the practice endeavoured to dispense prescriptions within 72 hours. No telephone repeat prescriptions requests were accepted by the practice for safety reasons.

Prescription pads were stored securely.

We found that the practice had a dedicated medicines management team who regularly undertake case reviews and prescribing audits to ensure any medications that are no longer needed, or being taken, were removed from the repeat prescription list.

Safeguarding children and safeguarding adults at risk

The practice had access to the health board's child and adult safeguarding policies and procedures which included up to date contact details of designated people within the health board for staff to contact if they had any safeguarding concerns. All staff had received relevant safeguarding training. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

The practice manager described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks on staff appropriate to the work they undertake.

Medical devices, equipment and diagnostic systems

We found that portable electrical appliances were being tested on a regular basis.

It was confirmed that only single use medical equipment is used.

There were procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. There was a system in place to check the emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

We were told by staff that there was no formal sign out process, protocol or a risk assessment in place for any off-site visits that take place. We were informed that it is the individual clinician's responsibility to arrange, assess and replace any equipment used in the PPE bags on their return. **The heath board should ensure a formal protocol and a risk assessment is developed for off-site visits and shared with all staff.**

Effective care

Safe and clinically effective care

There were suitable arrangements in place to report patient safety incidents and significant events. The practice made use of the Datix system for reporting incidents.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all paper records were kept secure and electronic files were being backed up regularly.

Access to computer screens was secure and discreet. A data protection policy was in place to inform staff about what was required of them.

Record keeping

A sample of eight patient records were reviewed. We saw evidence that the team were keeping good quality clinical records. In all cases, the records 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.

In all cases, the records we reviewed were individualised and contained appropriate patient identifiers and reason for attendance. The records were clear, legible and of good quality.

Quality of Management and Leadership

Governance, Leadership and Accountability

Hillcrest Medical Centre has been managed by Betsi Cadwaladr University Health Board since 1 June 2021. The day to day management of the practice is the responsibility of the practice manager, who was extremely committed and dedicated to the role.

We found that the support the practice has received from the health board since it took over management responsibility has enabled the practice to remain resilient and functioning.

Staff members were respectful and courteous. Staff told us that they felt able to raise any issues with the practice manager and that issues would be addressed in a comprehensive and thorough manner.

We found a patient-centred staff team who were very committed to providing the best services they could.

Staff were positive about the working environment and told us that they felt well respected and supported by their colleagues. Some staff felt unsupported clinically due to the lack of clinical leadership on some days. We were informed that clinical support is made available to staff by a sessional, locum GP and contact details are held at the practice for those days when the clinical support is not on site. In light of the feedback we received from staff, we recommend that the health board reviews the current arrangement. **The health board should review the clinical support arrangements and ensure all staff are aware of what clinical support is available to them.**

Since the practice has been managed by the health board, the practice has experienced significant issues in recruiting permanent GPs. This has required locum GP coverage to provide the level of services needed. The health board is proactively attempting to recruit permanent GPs. Due to these reasons, continuity of care for patients is not at an optimum level. This has placed considerable pressures on certain staff working at the practice and the situation was very difficult for the practice team to manage. We were informed that the health board has recently appointed a salaried GP who will also become the full-time clinical lead at the practice. They will be taking up their role during February.

We saw no evidence of formal clinical meetings taking place. **The health board must ensure that regular clinical meetings are conducted, and information disseminated to staff.**

Local cluster group meetings were held, where all the local GP practices who are managed by the health board are brought together to share any learning. We were informed by the practice manager that the engagement with the cluster group was very good and practices were working well together.

We were told by staff that they have seen significant improvement at the practice since it was taken over by the health board.

Staff had access to policies and procedures to guide them in their day to day work. The practice manager was in the process of reviewing and updating all relevant local policies and procedures.

Workforce

The practice had an established reception and administration team in place. Discussions with staff indicated that they, generally, had the right skills and knowledge to fulfil their identified roles within the practice. Staff had received an annual appraisal and / or plans were in place.

All staff we spoke with confirmed they had opportunities to attend relevant training. We were provided with information which showed that the majority of staff had completed mandatory training and plans were in place for staff to renew their training where applicable.

We saw that there were formal recruitment policies and procedures in place.

4. Next steps

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 how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises 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 immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Hillcrest Medical Centre

Date of inspection: 11 January 2023

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on 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: Hillcrest Medical Centre

Date of inspection: 11 January 2023.

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/ Regulation	Service action	Responsible officer	Timescale
The health board must review the number of locum GP sessions arranged each day to ensure it is providing adequate number of appointments to its patients on a daily basis.	Standard 5.1 Timely Access	The Health Board Area Team & Practice Manager are working closely together to ensure that they are given the correct guidance on adequate sessions per practice daily to enable safe practice. We will continue to use the Locums to support the Practice until recruitment is at the full capacity. We are also continuing to focus on our recruitment and retention programme led by our Primary Care Academy, with a number of innovative schemes being implemented to attract additional GPs to the region. Likewise, we continue to	Viki Roberts Practice Manager Andrea Rogers- Area Team Programme Manager Rachael Page - Assistant Director of Primary Care	3-6 months - ongoing

		progress the recruitment and development of other health professional such as Advanced Nurse Practitioners who are able to support patients with a range of health issues and support the GPs'		
The health board must confirm and provide HIW with photographic evidence once the handwashing taps have been replaced with elbow operated taps.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	The estates department have been contacted to supply and fit the elbow operated taps asap.	Vikki Roberts Practice Manager David Prince/Arwel Hughes - Estates Arwel Hughes - Estates Manager	2 months
The health board must confirm and provide HIW with photographic evidence when the new blinds and flooring have been installed.		The Blinds have been measured and approved with a fitting date of 16/03/23.	Vikki Roberts - Practice Manager	2 weeks Once work has completed Practice Manager will forward photographic evidence
The health board should ensure a formal protocol and a risk assessment is developed for off site visits and shared with all staff.	Standard 2.1 Managing Risk	The practice has a lone worker policy and a home visit policy. Each home visit is assessed and if any risk identified such as	Vikki Roberts - Practice manager	immediately

	and Promoting Health and Safety	Vulnerable adult, the home visit would be performed by 2 clinical staff. If upon return from a visit the staff feels a risk assessment needs to be in place, they will complete the generic risk assessment and keep on file		
The health board should review the clinical support arrangements and ensure all staff are aware of these arrangements and what clinical support is available to them.	Standard 3.1 Safe and Clinically Effective Care	The Practice Manager and Lead supervisor will complete the notice board in the call centre each day to give staff a visual view of GP/ANP on site. The EMIS home page will also display the escalation details of who they should escalate to if needed. All staff are made aware in the daily huddle of which clinical staff we have in each day and if / what site the cross cover is. We have also added the escalation process and details to the EMIS home screen for staff to access. All the updates are emailed to all staff.	Vikki Roberts - Practice Manager Fiona Whitehead - Lead Supervisor Becci Jones - Practice Manager	

<p>The health board must ensure regular clinical meetings are conducted and information disseminated to staff.</p>		<p>The health board have confirmed PET session dates onto the calendar year. We will use these sessions to discuss SEA, Complaints, Training and Cluster meetings. In addition to these, we have set slot times within the Clinical template each week for the Practice clinical staff/ Leads to catch up and discuss any issues/queries or updates.</p>	<p>Vikki Roberts - Practice Manager Dr Ash - Clinical Lead</p>	<p>immediately</p>
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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 Hillcrest Medical Practice

Name (print): Vikki Roberts

Job role: Practice Manager

Date: 07/03/2023