

**General Practice  
Inspection (announced)**  
Betsi Cadwaladr University  
Health Board  
Kinmel Bay Medical Centre

02 February 2016

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

## Contents

1.	Introduction .....	2
2.	Context.....	4
3.	Summary.....	5
4.	Findings .....	7
	Quality of patient experience .....	7
	Delivery of safe and effective care .....	11
	Quality of management and leadership.....	20
5.	Next steps .....	23
6.	Methodology.....	24
	Appendix A .....	26
	Appendix B .....	40

## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at Kinmel Bay Medical Centre, The Square, Kinmel Bay, LL18 5AU on 02 February 2016. Our inspection team comprised of an HIW inspection manager (inspection lead), HIW corporate services manager, a GP and practice manager (peer reviewers) and two representatives from the North Wales Community Health Council<sup>1</sup> (CHC).

HIW explored how Kinmel Bay Medical Centre met the standards of care set out in the Health and Care Standards (April 2015).

Inspections of General Medical Practice (GP) inspections are announced and we consider and review the following areas:

- Quality of the patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect

---

<sup>1</sup> Further information about North Wales CHC can be obtained via <http://www.wales.nhs.uk/sitesplus/900/home>.

- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person
- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

## 2. Context

Kinmel Bay Medical Centre provides services to approximately 7,200 patients in the Kinmel Bay, Towyn, Pensarn, Belgrano and Bodelwyddan (north of the A55) area of Conwy and Denbighshire. The practice forms part of GP services provided within the geographical area known as Betsi Cadwaladr University Health Board.

The practice staff team includes three GP partners, one salaried GP, three practice nurses, two health care assistants/phlebotomists, eight reception/administration staff, a practice manager and an assistant practice manager. At the time of this inspection, there was a vacant fifth GP post. The practice was also engaged in training doctors in general practice and a GP registrar regularly formed part of the team.

The practice provides a range of services, including:

- General health advice and treatments
- Special clinic appointments, including
  - Diabetes management
  - Antenatal care
  - Cardiovascular disease management
  - Immunisations and child development
  - Asthma and Chronic Obstructive Pulmonary Disease (COPD) management
  - Acupuncture
  - Chronic kidney disease
  - Cryotherapy
  - Registration medical checks
  - Cervical screening
  - Coils and contraceptive implants
  - Holiday vaccinations
  - Minor surgery
  - Phlebotomy

We were accompanied by two local members of the CHC at this inspection. Their role was to seek patients' views with regard to the service provided through the distribution of questionnaires and via face to face conversations with patients and/or their carers.

### 3. Summary

HIW explored how Kinmel Bay Medical Centre met standards of care as set out in the Health and Care Standards (April 2015).

Whereas the majority of patients were satisfied with the services received from the GPs and nurses, we found that their experience was being significantly affected by the practice appointment system. All of the patients we saw spoke about difficulties in getting a pre-booked appointment or the lengthy wait during the open surgery period.

Although the practice were trying to recruit to a vacant GP post, this was unlikely to address the significant problems we identified. As a result we have included several improvements in this report, the most urgent being for the practice to urgently liaise with the local health board to consider possible solutions to reduce the negative impact on patients.

The general services being provided by GPs and nurses, however, were overall very good. Patients were being supported to manage their own health conditions where possible. The quality of record keeping was also good and there were effective processes in place to manage incoming and outgoing correspondence.

All the areas we looked at were visibly clean. However we have advised on how the cleaning schedule and management of waste could be improved in some areas.

We have requested that the practice consult with the local health board with regard to the unsuitability of the current environment, which is compounded by the large number of patients and continued increase in demand for the service. Other reasonable adjustments should be considered in accordance with the Equality Act 2010.

All the staff we spoke with were friendly and professional in their manner and approach.

There were effective clinical governance arrangements in place. However, we advised that improvements were needed to the practice management, ensuring that information and policies/procedures are readily available, organised and appropriately maintained.

Although staff told us they had received or attended training courses, a system needs to be developed to monitor staff members' progress with their learning

and development needs. We advised the practice managers to re-introduce a programme of annual staff appraisals as this was last completed during 2014.

The matters noted within this report, regarding the challenges with recruiting GPs, the high volume of patients and restricted space in the current building, gives rise to significant concerns regarding the practice's future resilience and sustainability.



## 4. Findings

### *Quality of patient experience*

**Whereas the majority of patients were satisfied with the services received from the GPs and nurses, we found that their experience was being significantly affected by the practice appointment system. All of the patients we saw spoke about difficulties in getting a pre-booked appointment or the lengthy wait during the open surgery period.**

**Although the practice were trying to recruit to a vacant GP post, this was unlikely to address the significant problems we identified. As a result we have included several improvements in this report, the most urgent being for the practice to urgently liaise with the local health board to consider possible solutions to reduce the negative impact on patients.**

CHC members obtained 26 patient questionnaires. A report of CHC's overall findings is included in Appendix B of this report.

*People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical psychological, social, cultural, language and spiritual needs. (Standard 4.1-Dignified Care)*

Although there were a small number of positive comments from patients, the majority indicated that their experience was being affected because of significant problems getting through by telephone to make pre-booked appointments and/or waiting a long time (usually well over an hour) for an open surgery same day appointment. We heard that patients often queue outside the practice from approximately 7.30 a.m. to wait for the surgery to open to get a same day appointment.

During the inspection, we observed three patients giving up waiting and walking out without being seen. One patient told us that he was uncomfortable being in an enclosed environment for long periods. He had already been waiting for an hour and we found that there were still six patients to be seen ahead of him. We also learned of parents who found it difficult to occupy babies and young children for such long waiting times during open surgery. The last person to be seen during the morning was a parent and young child, some 2½ hours after they first arrived in the practice. The parent expressed concerns because the

child, who had been unwell during the past few months, had missed a lot of school due to the long waits at the practice. The child concerned had missed school all morning and school lunch that day as they had been unable to get a pre-booked appointment.

Out of the total 26 patients who completed the CHC questionnaire, 23 of them added further comments about their negative experience of the appointment system. One of the patients summed up the problem by stating “*Not enough doctors, too many patients*”. Another patient said “*Close it and start again!*” North Wales CHC has subsequently provided HIW with a full list of the patients’ comments which gives clear examples of the impact on some of them. Therefore, with the CHC’s consent, the full list of these anonymised comments have been sent to the local health board and practice to consider.

We had a lengthy discussion with one of the GP partners and practice managers about these problems. We were informed that Kinmel Bay Medical Centre had always been a busy practice. However the situation worsened in 2015 when two partners retired. These vacancies have not been filled despite the practice advertising since September 2015.

We were informed about various options that had been considered by the GP partners to minimise the impact on patients during this difficult period. We were told there had been discussions at cluster meetings and with the health board to seek other opinions on possible solutions. There was a large notice in the waiting room alerting patients to the current GP crisis and newsletter bulletins and the practice leaflet promoted patients to take preventative measures, where possible, to maintain good health.

### ***Improvement needed***

***In view of the impact on patients, as expressed in North Wales CHC’s questionnaires, the GP partners and health board must urgently consider what can be done to improve this situation.***

***HIW is to be provided with a copy of the action plan agreed upon.***

*People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health Services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback. (Standard 6.3-Listening and Learning from Feedback)*

Patients have opportunities to provide their feedback about the services. For example, the practice website and patient information booklet invites patients to make any comments or suggestions. At the time of our inspection the practice had distributed a patient questionnaire to seek their views about the appointment system, the 'My Health online'<sup>2</sup> facility, overall access to the building and the general approach by reception staff. We were provided with the results of the November 2014 questionnaire findings, which had been distributed as part of the practice involvement with the local GP cluster<sup>3</sup>. We saw that there was a mix of very positive and negative comments by patients (negative comments again were mostly regarding the appointment system). However, the practice had not developed an action plan therefore managers were unable to demonstrate how patients' comments had been acted upon.

### ***Improvement needed***

***The practice should clearly demonstrate how patient feedback is acted upon, and where possible, used to improve overall services.***

We looked at the complaints file and at a sample of the complaints received in the last three months. We were satisfied that these had been followed up and responded to appropriately. The NHS Putting Things Right<sup>4</sup> complaints procedure was displayed in the waiting room. Although the practice leaflet and website informs patients how they can make a complaint, we suggested that the practice internal complaints procedures be displayed alongside these, which we saw were consistent with the Putting Things Right arrangements.

Staff informed us that patients regularly comment about the waiting times or appointment system with reception staff. However there were no records kept for these types of comments. Therefore, to help managers get a clearer picture

---

<sup>2</sup> The My Health Online gives patients the opportunity to book GP appointments, order repeat prescriptions and update their details via the internet. Further information can be obtained via: <http://www.wales.nhs.uk/nwis/page/52549>

<sup>3</sup> Health boards have formally developed arrangements for small groups of GP practices to work collaboratively to develop services in the community, which are referred to as GP clusters.

<sup>4</sup> The NHS 'Putting Things Right' describe the arrangements for handling and responding to complaints about NHS healthcare services in Wales.

about how patients feel, we advised that a log of comments be kept and closely monitored.

***Improvement needed***

***We advised the practice to keep a log of informal complaints, compliments and suggestions. This should help managers to monitor the type of comments received and, where practicable, to take appropriate mitigating actions.***

A number of patients indicated that reception staff were unhelpful. However one of the patients named a receptionist who they said was very helpful. Another patient commented that staff are brilliant. Most of the patients rated the greeting, understanding, treatment explanations and medical history awareness by the GPs and nurses as excellent or very good. However a small number of patients also rated their experiences in these areas as poor or very poor.

As the practice was already in the process of obtaining their own patient questionnaire which covered the areas above, we advised that the responses to the question, including the helpfulness of receptionists be considered. We discussed possible options that could be considered to improve the standards.

***Improvement needed***

***We have advised the practice to analyse the patient questionnaires they distributed in February 2016, which includes patient views about the helpfulness of reception staff. Depending on the type of responses and comments received, managers should consider what could be done to improve patient experience and customer services.***

## *Delivery of safe and effective care*

The general services being provided by GPs and nurses were overall very good. Patients were being supported to manage their own health conditions where possible. The quality of record keeping was also good and there were effective processes in place to manage incoming and outgoing correspondence.

All the areas we looked at were visibly clean. However we have advised on how the cleaning schedule and management of waste could be improved in some areas.

We have requested that the practice consult with the local health board with regard to the unsuitability of the current environment, which is compounded by the large number of patients and continued increase in demand for the service. Other reasonable adjustments should be considered in accordance with the Equality Act 2010.

### **Staying healthy**

*People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manager their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)*

Patients are empowered to manage their own health conditions where possible. The practice nurses run various clinics to educate and support patients. When appropriate and with the patient's consent, patients are referred onto the Expert Patient Programme (EPP)<sup>5</sup>. We spoke with one of the practice nurses who specialises in diabetes care and teaches patients on the EPP. She was keen to promote this service and, although the time nurses had to support patients in the surgery was restricted, we found that patients still benefitted from learning how to manage their condition.

---

<sup>5</sup> EPP Cymru provides a range of self-management health and well being courses and workshops for people living with specific health conditions or for those who care for someone with a health condition. Further information can be obtained via:

<http://www.wales.nhs.uk/sites3/home.cfm?orgid=537>

We looked at a sample of patient records completed by each GP and two of the practice nurses who are trained in prescribing medication. The quality of these records was generally very good. We found that there were robust procedures for processing correspondence received from other health professionals.

We saw several health promotion leaflets in the waiting area which provided patients with information on how to stay healthy and included contact details of various helplines and support services. The patient leaflet provides useful practical advice on diet, nutrition, general health and fitness.

The service works closely with other health professionals, including community district nurses, community psychiatric nurses, health visitors and midwives.

### **Safe care**

*People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented. (Standard 2.1-Managing Risk and Promoting Health and Safety)*

We looked at maintenance checks and saw valid documentation to demonstrate that health and safety checks were being regularly undertaken. The practice policies were available on the computer system. However we found that staff did not have easy access to these.

### ***Improvement needed***

***Staff should be provided with access to the up to date electronic versions of policies and procedures.***

We were provided with a copy of the practice continuity and recovery plan. This plan was designed to ensure that the business could continue to run in the event of unforeseen events or significant incidents. We saw that the plan included contingency arrangements for potential building problems, electronic and communication systems failure and epidemic/pandemic. However, it did not include anything about long term staff absences or recruitment difficulties, such as the current GP recruitment crisis.

In light of the patient feedback, it is imperative that the practice continuity plan is updated to include information about the current GP recruitment crisis. It is very concerning to have seen some patients giving up waiting and walking out of the surgery without being seen. In these circumstances there is a risk that patients' health could deteriorate.

### ***Improvement needed***

***The potential risks to patients' health caused by the current difficulties faced by the practice should be urgently considered by the practice, in consultation with the local health board. This should form part of the business continuity and recovery plan.***

*Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections. (Standard 2.4-Infection Prevention and Control (IPC) and Decontamination))*

We observed that hand sanitizers were available throughout the building for patients and staff, to help prevent the spread of possible infections. Aside from some minor dusting needed in the disabled toilet, all the areas we saw were visibly clean. The cleaning schedules listed the rooms to be cleaned. However, we advised the practice to add specific items, furniture and soft furnishings to be cleaned in each one. This should help to ensure that all areas of the premises are maintained and cleaned to a standard that facilitates infection prevention and minimises the risk of infection.

We saw that sanitary waste bags were available in the disabled and female toilets. The disabled toilet also contained a nappy changing facility. However there was only one open top general waste bin in this toilet. Therefore, improved facilities are required in line with the healthcare waste guidelines below.

### ***Improvement needed***

***The practice should take appropriate steps to improve their management of 'offensive/hygiene' waste, as defined within the Health and Safety Executive (HSE) 'Managing offensive/hygiene waste safely' 2014 guidelines.***

All healthcare professionals who may come into direct contact with patients' blood or blood-stained body fluids, for example from sharps, should have received sufficient Hepatitis B (Hep B) vaccination. The list of staff Hep B vaccination dates and status that we were provided with was not up to date, therefore it was not possible to ascertain all of the staff members' immunity status, although we received verbal confirmation that all the staff were adequately immunised. The assistant practice manager began the process of reviewing and updating this information during our visit.

### ***Improvement needed***

***The practice is to provide written notification to HIW to confirm that all the GPs, nurses and any other staff who may come into direct contact with blood and bodily fluids, have received the necessary levels of Hep B immunisation.***

One of the practice nurses had booked to attend an Infection Prevention Society conference in April 2016. The assistant practice manager was currently acting as infection control lead for the practice.

*People receive the right medicines for the correct reason, the right medication at the right dose and at the right time. (Standard 2.6)*

A local health board's pharmacy technician was present during our inspection and visits the practice twice weekly. Part of her role is to assist the practice with medication queries, prescribing systems and medication auditing.

We found that a new repeat prescriptions system had been implemented approximately six months previously. The CHC findings and our review of complaints indicated that some of the patients were dissatisfied with the new system. However, when this was explained to us, we found that there were clear protocols in place to prevent unnecessary medication waste and possible misuse. When we looked at the written information available to patients, we found that the new system was described and gave clear instructions about how to order repeat prescriptions. We advised the practice to monitor any concerns raised by patients regarding the current repeat prescribing system. These comments can then be followed up with individual patients if needed.

*Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7- Safeguarding Children and Safeguarding Adults at Risk)*

We spoke with a few staff members who informed us that they had received child protection training, although they could not recall the date. One of the staff thought they had completed adult safeguarding training, but again could not recall when. The staff training records were out of date therefore it was not possible to ascertain whether all staff had received safeguarding training, the training dates and whether this covered children and adults.

### ***Improvement needed***



***All staff should have appropriate training to recognise and act on adult and child safeguarding issues and concerns.***

***The practice should update the training log with the dates and due dates of child and adult safeguarding training. A copy is to be provided to HIW as evidence.***

### **Effective care**

*Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1-Safe and Clinically Effective Care)*

We looked at a sample of accidents, incidents and significant events records. Although these were well documented in terms of the incident as it happened, the final action resulting from one of the significant events had not been clarified, although was confirmed to us verbally by the practice manager. We were informed that significant events are discussed in staff meetings so that lessons can be learned from these.

A record of significant events is also recorded on the Datix<sup>6</sup> system. We were informed that the practice staff team does not consistently receive feedback about these from the health board. Therefore, this should be followed up between the practice manager and health board to see what can be done to improve the feedback process.

*In communicating with people health services proactively meet individual language and communication needs. (Standard 3.2-Communicating Effectively)*

We found that the internal communication systems between the clinical, administrative and reception team were effective. There were robust procedures in place to process internal communication and correspondence.

The practice communication methods include a website, patient leaflet (which is available in English and Welsh) and regular newsletters. Thus the patients are kept up to date regarding current issues and developments. However, we

---

<sup>6</sup> Datix is a patient safety software used by the NHS for the purpose of healthcare risk management, incident and adverse event reporting.

observed that most of the written information at the practice was displayed in English only. We were informed that a minority of Welsh speaking patients attend the practice. None of the current staff members speak Welsh.

There was no evidence that any other aids had been considered for people with additional communication needs, for example a hearing loop and Braille.

### ***Improvement needed***

***The practice should consider the specific language and communication needs of the patients who use the service and, where practicable, tailor their communication methods accordingly.***

### **Dignified care**

*People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner (Standard 4.2- Patient Information)*

We observed that information about the practice chaperone procedures (for patients wishing to be accompanied during certain procedures), were displayed in all the consulting rooms and the waiting area. Consulting rooms included curtains that could be drawn around the treatment area for added privacy.

Patients were called from the waiting room in person by the GP or nurse their appointment was with. One of the patients informed us that there used to be an electronic call system and suggested if this system was re-introduced, it may reduce the waiting time slightly as the GP/nurse would not have to come out of their consulting room to get them. The patient said that, given the volume of patients waiting to be seen, this could reduce the time, especially those patients at the end of the open surgery list. This suggestion should be explored further by the practice.

### **Timely care**

*All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right time, in the right place and with the right staff. (Standard 5.1-Timely Access)*

Although the practice was striving to provide timely access by inviting patients, who had been unable to get a pre-booked appointment, to the open surgery when they would be guaranteed to see a GP that day, the waiting time (usually

over 1 and up to 2½ hours according to patients and also as we observed) for this service was concerning. However, we were informed that patients who had pre-booked appointments were being seen promptly. For example, 50 patients had been seen within good time that morning. Another 35 patients had turned up to the open surgery, hence there was inevitably a long waiting time for those towards the end of the waiting list.

Staff informed us that the hospital collect blood and other specimens at around 10.30 a.m., which is very early. This meant that the two phlebotomists have to work together from 8.30 a.m. to get everything ready for collection by 10.30 a.m. The number of people in the waiting room at a busy time of day could be more spread out if the specimens were collected later in the day or if there were two collections. The practice had raised this with the health board in the past but no change had been made. Therefore we would suggest the practice requests the health board to review this arrangement as a means of improving the current situation (including patient experience).

The GP partner and practice managers we spoke with acknowledged the long waiting time for patients attending open surgery was unsatisfactory and was inevitably frustrating for patients. However having exhausted all other possible solutions they felt the safer option was to continue offering patients to come into the open surgery where they were guaranteed to be seen that day. In the meantime, the practice will continue with their efforts to recruit additional GPs and to liaise with the local cluster and local health board regarding the situation. Our improvements on page 8 and 13 of this report should take this standard regarding timely access into account.

We found that patients had prompt access to family planning and contraceptive services.

### **Individual care**

*Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation (Standard 6.2- Peoples Rights)*

Kinmel Bay Medical Centre was purpose built and opened in 1992. Whereas the general access to the practice was good, as all the areas accessed by patients were on the ground floor, people's ease of movement through the practice premises was affected by the volume of patients using the service and hence the restricted space. The waiting area was full for most of the morning and lunchtime period, which we were told represented a typical day. A small number of patients were standing up as there was not enough seating for them.

The waiting room comprised of chairs in fixed rows. These were the same height and none of these chairs had arm rests (which can be helpful for people with mobility/transfer problems). There was no additional room for people using a wheelchair and the space to manoeuvre a pram or pushchair was restricted. Because of the restricted space, there was a trip hazard, for example to people using walking aids.

There were two sets of entrance doors to the practice which had to be manually opened. The outer doors were not visible from the reception desk, however staff pointed out that there is a door bell. Therefore as a short term solution, we suggested that a notice be displayed next to this, advising people to ring the bell if they need assistance to enter the practice.

The disabled toilet was located further inside the building, thereby patients need to negotiate another door. There was no signage from the waiting room to indicate the location of the toilet, which we recommended the practice should introduce. The height of the reception desk was high and the information leaflet display units were above wheelchair height.

There were parking spaces immediately outside the practice. However, none of these had been marked for disabled parking.

#### ***Improvement needed***

***The practice should consider all of our findings with regard to the environment. Other reasonable adjustments should be made to improve the environment, in line with the Equality Act 2010.***

We did not see the practice environmental risk assessment on this occasion. We were informed that Kinmel Bay Medical Centre had been on the local health board's priority list for a move to larger premises for several years. However no progress had been made. Some areas were showing signs of wear and tear, such as the seating and carpet in the waiting room and corridors. There was evidence that, because of the volume of patients using the practice (which we were told increases weekly), the current building is unsuitable.

#### ***Improvement needed***

***The practice should liaise again with the health board to agree and expedite a long term solution with regard the unsuitability of the current environment, given the large volume of patients and increased demand for the service.***

***HIW should be notified in writing about the outcome of the option(s) agreed and timescales.***

***In the meantime, the practice should review the environmental risk assessment to ensure that any potential health and safety risks are minimised as far as possible.***

One of the radiators in the corridor was very hot. This corridor led to the GP consulting rooms, therefore we advised the practice to take appropriate steps, for example to fit a radiator cover or a heating control device, to prevent the risk of people being scalded.

***Improvement needed***

***Appropriate action should be taken to prevent the risk of scalds/burns when radiators are fully on.***

## *Quality of management and leadership*

There were effective clinical governance arrangements in place. However, we advised that improvements were needed to the practice management, ensuring that information and policies/procedures are readily available, organised and appropriately maintained.

The matters noted within this report, regarding the challenges with recruiting GPs, the high volume of patients and restricted space in the current building, gives rise to significant concerns regarding the practice's future resilience and sustainability. Therefore improvements, taking these matters into account, have been included in our report.

Although staff told us they had received or attended training courses, a system needs to be developed to monitor staff members' progress with their learning and development needs. We advised the practice managers to re-introduce a programme of annual staff appraisals as this was last completed during 2014.

### **Governance, leadership and accountability**

*Effective governance, leadership, and accountability in-keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.*

We found that there were good clinical governance systems in place. For example, the GP partners meet regularly to discuss clinical guidelines and developments. They also meet monthly with the practice managers to discuss the overall practice governance and management. Internal audits were being undertaken, although not as many had been completed in 2015 due to the GP staffing crisis.

We advised that some of the practice management systems needed to be tightened up. The current practice manager was due to retire shortly and the role was being taken over by the current assistant practice manager. Not all the information we needed was readily available to us. Some of the files we looked at contained both current and out of date information and were generally disorganised. Other matters have already been mentioned previously in this report, for example policies were not readily accessible to staff, information about training was out of date, as was the staff members' Hep B records.

### ***Improvement needed***

***Overall management systems need to be improved so that information is readily available to staff, files are better organised and a system is in place to archive out of date information.***

The practice manager could not locate a whistleblowing policy. Although staff confirmed they all worked very well as a team and would feel able to raise any concerns with the GPs and managers if they needed, there should be a procedure to support this.

***Improvement needed***

***A whistle blowing policy should be in place to enable staff to raise, in confidence without prejudice, concerns over any aspect of service delivery, treatment or management.***

Overall, we were concerned regarding how resilient and sustainable this practice is, given the extreme pressure and challenges. This is compounded with factors such as difficulties in recruiting GPs, the high volume of patients and continued increased demand for the service, restricted space and no capacity for this growth. Therefore we have included improvements under the relevant sections of this report that should be considered by the practice, in consultation with the health board where needed.

*Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need. (Standard 7.1-Workforce))*

The staff team told us that they received protected time for learning and development purposes. However, we found that this time was also being used for other purposes, such as attending cluster meetings and to catch up with the backlog of work.

The staff training matrix had not been updated in the last few years. The assistant practice manager informed us that each staff member kept their individual training certificates. Therefore there was no up to date record of whether staff were up to date with their training requirements. Some of the staff were able to recall receiving training on dementia (December 2015) and mental health (the staff member could not recall the date). We found that none of the administrative and reception staff had received an annual appraisal since 2014, due to staff changes and work pressures.

***Improvement needed***

***All staff should have an annual appraisal and a personal development plan.***

***The practice must be able to demonstrate that staff are appropriately trained, qualified and competent for the work they undertake.***



## 5. Next steps

This inspection has resulted in the need for the GP practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Kinmel Bay Medical Centre will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures

- Exploration of the arrangements in place with regard to clinical governance.

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

We provide an overview of our main findings to representatives of the practice at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the practice and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

**Appendix A**

**General Medical Practice:**

**Improvement Plan**

**Practice:**

**Kinmel Bay Medical Centre, The Square,  
Kinmel Bay, LL18 5AU**

**Date of Inspection:**

**02 February 2016**

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the patient experience</b>					
8	<p><b><i>In view of the impact on patients, as expressed in North Wales CHC's questionnaires, the GP partners and health board must urgently consider what can be done to improve this situation.</i></b></p> <p><b><i>HIW is to be provided with a copy of the action plan agreed upon.</i></b></p>	6.3	<p>In 2015, two of the partners retired. We are actively attempting to recruit replacement partners. In order to provide patients with the greatest access to GP appointments, we focussed on an Open Access system. The feedback from patients as expressed in the results of the CHC questionnaire demonstrated that patients were unhappy with the following aspects of the appointment system: lack of advance appointments, "sit and wait" time of up to 2 hours, lack of timed</p>		

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			<p>appointments, overcrowded waiting room. The feedback from our own Access questionnaire undertaken throughout February, also showed a significant increase in dissatisfaction since 12 months previously, for much the same reasons. After careful consideration we have adopted a new appointment system which provides some advance appointments bookable up to 2 weeks ahead, some advance appointments bookable up to 2 days ahead, timed book-on-the-day appointments, and also more telephone appointments. Where demand each day is in excess of these appointments, excess urgent requests are triaged by the GPs, with appointments reserved in the afternoon to accommodate these.</p> <p>We have already copied the preliminary findings of the HIW report to the Health Board, along with details of our new appointment system and have arranged a</p>		

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			<p>meeting with Clare Darlington (Assistant Area Director of Primary Care and Commissioning – Central), Christopher Lube (Head of Clinical Governance, Quality and Improvement) and Chris Stockport (Assistant Medical Director, Primary Care). We have also been discussing the situation with Dr Mark Walker (Interim Executive Medical Director). The meeting is planned for 3rd May.</p> <p>The Cluster is also fully aware of the recruitment issues and recruitment is included in the cluster action plan as a priority; this will be carried over into the next Cluster plan for 2016-17.</p>	Practice Manager	1.6.16
9	<b><i>The practice should clearly demonstrate how patient feedback is acted upon, and where possible, used to improve overall services.</i></b>	6.3	The feedback from the CHC questionnaire, this report and our own questionnaire has resulted in a review and changes to the appointment system as detailed above. We will obtain patient	The feedback from the CHC questionnaire , this report and our own questionnaire	The feedback from the CHC questionnaire, this report

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			feedback in one year to ensure that the patients experience has been enhanced.	has resulted in a review and changes to the appointment system as detailed above. We will obtain patient feedback in one year to ensure that the patients experience has been enhanced.	and our own questionnaire has resulted in a review and changes to the appointment system as detailed above. We will obtain patient feedback in one year to ensure that the patients experience has been enhanced.
10	<b><i>We advised the practice to keep a log of informal complaints, compliments and suggestions. This should help managers to</i></b>	6.3	A log of informal complaints, compliments and suggestions has now been introduced.	Practice Manager	Completed

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<i>monitor the type of comments received and, where practicable, to take appropriate mitigating actions.</i>				
10	<i>We have advised the practice to analyse the patient questionnaires they distributed in February 2016, which includes patient views about the helpfulness of reception staff. Depending on the type of responses and comments received, managers should consider what could be done to improve patient experience and customer services.</i>	6.3	This analysis has been completed and included with this Action Plan. With regard to the Reception Staff, it is important to note that our own questionnaire results indicate that 93% of respondents regard the staff as friendly and approachable. This is consistent with our historic findings. It is difficult to equate the results of those surveys with the reference within the report which states that 'a number of patients indicated that reception staff were unhelpful'. We will continue to monitor this to ensure that the standard already achieved is maintained.	Practice Manager	Completed
<b>Delivery of safe and effective care</b>					
12	<i>Staff should be provided with access to the up to date electronic</i>	7.1	Staff have access to all policies on the shared drive. They are filed in	Practice Manager	30/6/16



Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<i>versions of policies and procedures.</i>		various locations and Management can provide advice if any staff are unable to locate a particular policy. Review and tidy up of the electronic policies and procedures is regular and continual.		
13	<b><i>The potential risks to patients' health caused by the current difficulties faced by the practice should be urgently considered by the practice, in consultation with the local health board. This should form part of the business continuity and recovery plan.</i></b>	2.1	<p>This is currently being urgently considered by the Practice.</p> <p>At the time of the inspection the Local Health Board had not been directly consulted for advice. The Health Board was aware of the recruitment situation via the Cluster Group. Since the inspection, we have contacted the relevant personnel in BCUHB directly regarding the recruitment difficulties as outlined above (6.3).</p> <p>A statement has now been included in the Business Continuity Plan as follows:</p> <p>'Failure to recruit a replacement GP Recruitment poses a serious risk to the continuity of the Practice and every effort will be made to rectify</p>	Practice	Completed

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			this including liaison with the Local Health Board'.	Manager	
13	<b><i>The practice should take appropriate steps to improve their management of 'offensive/hygiene' waste, as defined within the Health and Safety Executive (HSE) 'Managing offensive/hygiene waste safely' 2014 guidelines.</i></b>	2.4	A separate receptacle will be provided in the female and disabled toilets for disposal of offensive/hygiene waste.	Practice Manager	Completed
14	<b><i>The practice is to provide written notification to HIW to confirm that all the GPs, nurses and any other staff who may come into direct contact with blood and bodily fluids, have received the necessary levels of Hep B immunisation.</i></b>	2.1 and 2.4	We confirm that all GPs, nurses and staff who may come into contact with blood and bodily fluids have received the necessary levels of Hep B immunisation, or are in the process of completing their immunisation course.  A copy of the current Hep B register has been provided to HIW as evidence.	Practice Manager	Completed
15	<b><i>All staff should have appropriate training to recognise and act on adult and child safeguarding issues and concerns.</i></b>	2.7	The training log will be updated at the end of each month. All staff attended a practice POVA session on 16/6/2010. Now that further	Practice Manager	30/4/16

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<p><b><i>The practice should update the training log with the dates and due dates of child and adult safeguarding training. A copy is to be provided to HIW as evidence.</i></b></p>		<p>Safeguarding training has been made available online, staff are working through the updated nhs e-learning training during PET. Several staff members have completed this in March/April. Child protection training was also undertaken by the whole practice together in 2010; since then staff members have undertaken online training at various points from 2013 onwards as it has become available to them. Several staff members are working through the CP online learning modules over the next month. A copy of the updated training log will be provided to HIW as evidence on or shortly after 30.4.16.</p>		
16	<p><b><i>The practice should consider the specific language and communication needs of the patients who use the service and, where practicable, tailor their communication methods</i></b></p>	3.2 and 4.2	<p>We use the most appropriate method available when assisting patients with specific language and communication needs. This includes Internet based translation sites, the Interpretation Service, relatives, patient advocates, carers.</p>		

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<i>accordingly.</i>		<p>We have considered the use of portable hearing loops and have sought advice from RNID. The advice given was that the confines of the building would not produce any benefit to the patient experience were a loop to be installed.</p> <p>All staff and clinicians are sensitive to patients with special requirements and to vulnerable patients and major alerts are added to patient records when we become aware of these needs.</p> <p>Whilst we do not have any fluent Welsh speakers, most staff are confident in greeting patients in Welsh when appropriate. Staff are being encouraged to take advantage of the online training which is pending for release. We are able to provide some posters and patient leaflets in Welsh and the website includes information in Welsh. We are in the process of using the BCU Translation Service</p>	Practice Manager	31.5.16 (dependent on time taken by other

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			to produce a Welsh version of our recently updated Practice leaflet.		providers)
18	<b><i>The practice should consider all of our findings with regard to the environment. Other reasonable adjustments should be made to improve the environment, in line with the Equality Act 2010.</i></b>	2.1	<p>We have very recently been notified that some improvement grant funding is available, subject to acceptance of our application, for provision of automatic doors and hard floor in consultation rooms. We are also considering other environmental issues identified at the inspection, eg the height of the reception counter, review of seating to provide a varied selection of chairs in the waiting area (this option would need to be considered alongside the restrictions on space in the waiting room referred to in the report).</p> <p>The small car park on our premises allows for 14 parking spaces. There are 2 signs at the entrance to indicate that parking is reserved for vehicles transporting the disabled and for staff. It is not possible to</p>	Practice Manager	Unknown and dependent on factors outside the control of the Practice

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			extend the parking facility on the present site and a new location would be required to facilitate this. Signage regarding access to the disabled toilet will be put in place	Practice Manager	31/5/16
18-19	<p><b><i>The practice should liaise again with the health board to agree and expedite a long term solution with regard the unsuitability of the current environment, given the large volume of patients and increased demand for the service.</i></b></p> <p><b><i>HIW should be notified in writing about the outcome of the option(s) agreed and timescales.</i></b></p> <p><b><i>In the meantime, the practice should review the environmental risk assessment to ensure that any potential health and safety risks are minimised as far as possible.</i></b></p>	2.1 and 6.3	<p>The Health Board is already aware of the shortcomings of the premises and have confirmed that the provision of improved premises is a high priority within the Primary Care Estates Strategy. No timescale has yet been indicated for this but the issue remains current in the Cluster action plan for the coming year.</p> <p>A copy of this report has been forwarded to the Health Board to emphasise once again the need for improved premises.</p>	Practice Manager	<p>Unknown and dependent on factors outside the control of the Practice</p> <p>Completed</p>
19	<b><i>Appropriate action should be taken to prevent the risk of scalds/burns</i></b>	2.1	The radiator will be replaced with a Stelrad Low Surface Temperature	Practice Manager	31/07/16

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<i>when radiators are fully on.</i>		radiator or equivalent. The new radiator will meet NHS Guidance for 'safe hot water and surface temperature'.		
<b>Quality of management and leadership</b>					
21	<b><i>Overall management systems need to be improved so that information is readily available to staff, files are better organised and a system is in place to archive out of date information.</i></b>	Governance Leadership & Accountability and 7.1	Out of date files are being systematically identified and archived or updated as applicable. Key policy and reference documents are available on the shared drive as well as in paper format at workstations for rapid access.	Practice Manager	31.7.16
21	<b><i>A whistle blowing policy should be in place to enable staff to raise, in confidence without prejudice, concerns over any aspect of service delivery, treatment or management.</i></b>	7.1	The culture of the Practice is such that all staff are encouraged to highlight areas of concern. Policies exist regarding bullying and harassment and a 'Whistle Blowing' policy will be introduced and discussed at the next monthly staff meeting to be finalised by June.	Practice Manager	30/6/16
21-22	<b><i>All staff should have an annual appraisal and a personal development plan.</i></b>	7.1	Staff appraisals have been conducted annually since 2004. Not all staff received an appraisal in 2015 due to planned extended	Practice Manager	30/5/16

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<p><i>The practice must be able to demonstrate that staff are appropriately trained, qualified and competent for the work they undertake.</i></p>		<p>leave. Appraisals are scheduled to take place in May 2016. A GP always undertakes appraisals for clinical staff.</p> <p>Staff Training Records will be fully maintained in electronic format. Staff are also encouraged to keep their own records and certificates. We are aware of the statutory training requirements and also mandatory training for practice staff. Most of this training is now online and all staff access nhs e-learning. Time is provided for this during PET. Clinicians attend all necessary update training, which will be evidenced by appraisal and revalidation.</p>	Practice Manager	With immediate effect

**Practice representative:**

**Name (print): PETER W DUTTON / Jenifer Whyler**



**Title: PRACTICE MANAGER**

**Date: 3/3/16 Revision 12/04/2016**

## Appendix B

### Community Health Council Report

**Report from North Wales Community Health Council**



Visit Summary	
Practice:	Kinmel Bay Medical Centre
Date / Time:	2 <sup>nd</sup> February 2016
CHC Team:	North Wales Community Health Council Mrs Nerys Cossey – Member (Lead) Miss Joy Baker – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

### Patient Feedback

The CHC visiting were able to speak to, and undertake a patient survey with, 26 patients during this joint visit.

*The main issues expressed were:*

Very few appointments can be booked in advance so turning up and waiting is a daily occurrence. Arrive before 10:30 and wait 1 to 2 hours to be seen. Many patients give up or go to Ysbyty Glan Clwyd Emergency Department.

There is a lack of continuity of care due to the poor access to appointments.

More than half of patients report that most reception staff had a poor attitude.

*The main positive comments were:*

General feedback on doctors and nurses was complimentary.

The surgery holds a clinic once a week for prescription drug dependency / sleep problems

## **Observations**

### *Environment - External*

Disabled access to premises – the doors are heavy and not assisted, a patient at the door cannot easily be seen by reception staff. No designated disabled parking and the car park full for the entire visit.

### *Environment - Internal*

The waiting area has fixed single-level seating with no arms and no real space for wheelchair users. No magazines or leaflets were available in the waiting area.

The surgery has a children's area however this has no facilities.

### *Communication & Information on Display*

Good information point, however this is in the hall not the waiting area and most just walk past it. There were a few posters only in the waiting area.

No notice or forms on how to complain about this practice or how to talk to the Practice Manager.

No hearing loop, no staff trained in BSL / Makaton / Lip Reading.

No out of hours number on display (answer-phone gives this number in the message)