

**General Practice  
Inspection (announced)**  
Betsi Cadwaladr University  
Health Board, Plas Menai  
Surgery

3 September 2015

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.....	3
3.	Summary.....	4
4.	Findings .....	6
	Quality of patient experience .....	6
	Delivery of safe and effective care .....	8
	Quality of management and leadership.....	18
5.	Methodology.....	20
6.	Next steps .....	22
	Appendix A .....	23
	Appendix B .....	29

## 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 Plas Menai Surgery, Penmaenmawr Road, Llanfairfechan, Conwy, LL33 0PE on 3<sup>rd</sup> September 2015.

HIW explored how Plas Menai Surgery 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
- 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.

## 2. Context

Plas Menai Surgery currently provides services to approximately 7,650 patients. The surgery has a staff team which includes three GP partners; four salaried GPs; three practice nurses; one health care assistant; a practice manager, a deputy practice manager and seven reception/administrative staff.

The Plas Menai site is also occupied by independent tenants, including a pharmacy, health visitors, district nurses and a social work team and a veterinary practice.

Plas Menai Surgery offers placements to qualified doctors in general practice and undergraduate training to medical students. Other professionals attached to the practice are a midwife, a community psychiatric nurse, a dietician and a pharmacy advisor.

There is a branch surgery at the neighbouring village of Penmaenmawr. Most of the management and administrative work for both these branches is undertaken at the Plas Menai site. This report relates specifically to our inspection of Plas Menai GP Surgery.

The surgery provides services in the following areas (as cited in the patient information leaflet):

- Asthma, diabetes, and healthy heart
- Antenatal and child health development
- Cervical cytology and sexual health
- Travel immunisation
- Teen clinic
- Adult and child immunisations
- Minor surgery/cautery/liquid nitrogen
- Osteopathy
- Private medical research

### 3. Summary

HIW explored how Plas Menai Surgery met standards of care as set out in the Health and Care Standards (April 2015).

Patients' views about the services provided at Plas Menai Surgery were obtained by members of the North Wales Community Health Council (CHC). Overall, the 20 patient questionnaire responses indicated that patients were satisfied with the services received, including the helpfulness of reception staff and the welcome and information provided by GPs and nurses. Eight of the patients expressed dissatisfaction with the appointment system.

The practice complaints procedures were consistent with the NHS Putting Things Right arrangements. A couple of amendments were required to ensure consistency between the English and Welsh language versions, which the practice manager agreed to action. We have advised the practice to implement a system for obtaining patient feedback about the service.

We found that the GP practice team was well supported by other health professionals and specialist services. There were effective systems in place and we found that staff could easily access the practice policies and procedures. We saw that the quality of record keeping between GPs was consistent and satisfactory. GPs were adhering to local and national clinical guidelines. Therefore, overall, the patients were receiving appropriate and timely advice and treatment.

We observed that patients were treated with respect and dignity and that the availability of information to them was good. However, taking the patients' views into account, we have advised the practice to consider how the appointment system could be improved.

We found that the practice team were experiencing challenges. For example we were informed that the information received from local hospital services was inconsistent, that there was a lack of training availability for a GP practice staff through the local health board and that there were difficulties in recruiting new GP partners. These issues were affecting the team from progressing with their personal development plan. We have therefore included some suggestions or recommendations for improvements in these areas.

Staff members' knowledge of equality and diversity, also child and adult abuse procedures could be strengthened further through more robust practice procedures and training/ awareness sessions. In general there should be more

opportunities for staff to work collaboratively and, where possible, to learn from events

Our discussions with several staff members indicated that they were generally well supported and worked effectively together as a team. We have advised managers to conduct annual staff appraisals and to monitor staff training requirements.

Consideration should be given to implementing systems for undertaking internal audits and clinical peer reviews. This should assist managers towards the future planning and development of the service.

## 4. Findings

### *Quality of patient experience*

Patients' views about the services provided at Plas Menai Surgery were obtained by members of the North Wales Community Health Council (CHC). Overall, the 20 patient questionnaire responses indicated that patients were satisfied with the services received, including the helpfulness of reception staff and the welcome and information provided by GPs and nurses. Eight of the patients expressed dissatisfaction with the appointment system.

The practice complaints procedures were consistent with the NHS Putting Things Right arrangements. A couple of amendments were required to ensure consistency between the English and Welsh language versions, which the practice manager agreed to action. We have advised the practice to implement a system for obtaining patient feedback about the service.

We were accompanied by two members of the North Wales Community Health Council (CHC) during the morning of our inspection. Their role was to seek patients' views with regard to services provided by Plas Menai Surgery through the distribution of questionnaires and via face to face conversations with patients and/or their carers. Twenty questionnaires were completed. The CHC have produced a report which provides an analysis of the information gathered. That report can be found at Appendix B.

*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)*

We observed patients being spoken with in a polite and respectful manner by the receptionists as they came in. A couple of patients needed assistance to enter the building and we saw that staff members were prompt in providing the support needed. Telephone conversations with patients (incoming and outgoing calls) were made within the confines of the office at the rear of the reception area. This ensured that people in the waiting area could not overhear confidential information regarding other patients.

We discussed the use of staff chaperones and found that, where needed, this role is undertaken by the nurses or reception staff. However, most of these staff members were females therefore the practice should monitor the demand for a male chaperone service to ensure that male patients are not unreasonably



disadvantaged, for example if their appointment was delayed until a male chaperone was available.

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)

We saw a notice by reception inviting patients to write to the practice manager regarding any comments, suggestions or complaints they may have. The practice complaints procedure was consistent with the NHS arrangements (known as 'Putting Things Right'), and we saw several NHS Putting Things Right notices and leaflets on display for patients in the waiting area. However there was a slight difference in the Welsh language version of the complaints procedure as it did not include the contact details for other relevant organisations, as was contained in the English version. Also, there was a different health board contact detail between the practice and patient complaints procedures. Therefore the practice manager agreed to review and update this information.

We saw that the practice had issued patient surveys in November 2014 on behalf of the local health board. We were informed that a previous survey had been undertaken during 2013 by the Community Health Council. However we found that the practice did not have a regular system for obtaining patient feedback. We discussed various methods that could be considered, for example by issuing regular patient surveys, development of an online system or the introduction of a patient participation group.

***Improvement needed***

***We advised the practice managers to develop a regular system for obtaining patient feedback. The practice should demonstrate that patient feedback has been used to shape and/or improve standards.***

## ***Delivery of safe and effective care***

**We found that the GP practice team was well supported by other health professionals and specialist services. There were effective systems in place and we found that staff could easily access the practice policies and procedures. We saw that the quality of record keeping between GPs was consistent and satisfactory. GPs were adhering to local and national clinical guidelines. Therefore, overall, the patients were receiving appropriate and timely advice and treatment.**

**We observed that patients were treated with respect and dignity and that the availability of information to them was good. However, taking the patients' views into account, we have advised the practice to consider how the appointment system could be improved.**

**We found that the practice team were experiencing challenges. For example we were informed that the information received from local hospital services was inconsistent, that there was a lack of training availability for a GP practice staff through the local health board and that there were difficulties in recruiting new GP partners. These issues were affecting the team from progressing with their personal development plan. We have therefore included some suggestions or recommendations for improvements in these areas.**

**Staff members' knowledge of equality and diversity, also child and adult abuse procedures could be strengthened further through more robust practice procedures and training/ awareness sessions. In general there should be more opportunities for staff to work collaboratively and, where possible, to learn from events.**

### **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)*

We saw several health promotion leaflets in the waiting area, providing patients with information on how to stay healthy. There was a private room which patients who wanted privacy could use, including mothers who were breast feeding.

The practice had close links with community services such as district nursing, health visiting and the social work services, whose teams were based elsewhere in the practice building. We saw information to patients regarding the assistance available through voluntary organisations. A member of the local Citizens Advice Bureau attended the practice once weekly to provide advice to patients.

We were informed that the practice has a register of carers. However, the carer's information would only be noted if this was made known to staff. We saw that the questionnaire for new patients did not have a field for capturing a carer's name and contact details.

***Improvement needed***

***We advised the practice to consider a method for capturing information about carers. This should assist staff to consider the needs of carers and to signpost them to relevant information and services that may be of benefit to them.***

We were provided with a copy of the practice personal development plan, which highlighted some of the challenges currently experienced by practice staff. We saw that the practice was not always receiving discharge information from hospitals in a timely manner and there was a lack of training opportunities available through the local health board for GP practice staff. The practice had identified the overall aims and objectives to resolve these issues. However the specific actions on how these issues could be resolved, by whom and timescales were unclear or had been left blank on the copy of the plan provided to us. We were informed that a couple of the GPs had recently relinquished their partnership and there were difficulties in recruiting GPs. Therefore this was affecting staff from being able to proactively forward plan for the future.

***Improvement needed***

***The practice should consider how they can progress with their personal development plan in a way which will promote the health and wellbeing of patients and in planning for future services.***

From our discussions with staff we found that all public health alerts are circulated via the practice email system and that a communications book is also used to share information. Patients are referred on for specialist services such as smoking cessation and weight reduction clinics.

## **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 saw that the practice had policies and procedures in place, which were easily accessible to staff. Risk assessments had been undertaken and were being reviewed on a regular basis, ensuring that systems were in place to prevent risks where possible. New risks were being appropriately identified. For example, we found that the practice had risk assessed the potential outbreak of Ebola. They also regarded the difficulties in recruiting GPs as a risk and were actively trying to recruit new GPs.

We looked at a sample of 3-4 patient records per GP. Overall, we found that the standard was satisfactory. There was sufficient information about patients' health condition, any investigations needed and the options for managing their health and wellbeing. However the information in one of the records we looked at was insufficient. Further comments about this can be found under the safeguarding section of this report (page 12).

We saw that environmental risk assessments and maintenance checks were being undertaken. A log of the equipment service dates and due dates was being maintained for this purpose.

*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))*

The practice infection control policy included a checklist and guidelines for staff to follow. This policy had been reviewed and updated during 2014. We found that staff had received the required Hepatitis B vaccinations.

We observed that there were hand gels in various parts of the building. Also, each toilet contained liquid soap and disposable paper towels to prevent cross contamination.

All the areas we looked at during the inspection were visibly clean. We saw documentary evidence that contracts were in place for the collection and disposal of waste.

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

We saw that there were effective systems to ensure that patients were in receipt of regular medication reviews. GPs were found to have kept a record of any adverse reactions or side effects experienced by patients in their individual notes.

A prescribing advisor visits the practice annually specifically to provide advice and any developments/updated information regarding medicines. The GPs were found to follow the repeat prescribing policy and were adhering to the National Institute of Care and Excellence (NICE) guidelines. We were informed that there were no known medication errors by the practice staff.

We were informed that a number of staff were responsible in the repeat prescriptions process. However there was no documentary evidence that staff had received any formal training in this respect.

***Improvement needed***

***The practice should identify and arrange suitable training for staff members who are involved in the repeat prescribing process.***

We were provided with a medication audit on opiates (medication containing opium or its derivatives, used in medicine for inducing sleep and relieving pain) for non malignant pain. However this document was not dated and, at the time of our inspection, had only been partly completed, although the findings from the first set of data were satisfactory.

***Improvement needed***

***The practice should ensure that they have robust systems in place for the completion of medication audits, including analysing the information and implementing actions as a result.***

*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)*

One of the GP's was a nominated lead for child protection. However, not all the staff we spoke with knew who the child protection lead was. We were informed that staff had received child protection training and had access to a current policy to support them in their daily work.

During our inspection of patient records, we found information regarding a child who, potentially, was at risk. However, the GPs records were not sufficiently detailed therefore it was unclear whether the appropriate child protection protocols had been followed on this occasion. As a result, HIW issued an immediate assurance letter and improvement plan to request that the practice urgently address the issue. Consequently, we received further information from the practice, which provided us with sufficient assurance that the appropriate child protection protocols had subsequently been followed.

During the course of our conversation about this matter, we were concerned that, despite recent training, staff were not adequately aware of the safeguarding protocols that should have been urgently followed up in this instance.

***Improvement needed***

***HIW is to be advised of the actions taken by the practice to ensure that all staff are aware of the procedures to follow in the event of child and/or adult abuse being alleged or suspected.***

***Staff members should ensure that patient records contain sufficient information regarding any allegations and/or information received about child or adult protection/safeguarding matters.***

We were informed that the Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (2013<sup>1</sup>) and the local authority's safeguarding processes) are accessible to staff. However staff members had not received any specific training in this area.

***Improvement needed***

***Adult safeguarding/POVA training should be sourced and made available to staff as soon as possible.***

***An adult safeguarding/POVA procedure should be developed to ensure that staff know what action to take in the event of possible adult abuse being suspected/alleged.***

---

<sup>1</sup> Available via <http://ssiacymru.org.uk/pova>

## **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 were informed that local and national clinical guidelines were being discussed during regular clinical practice meetings at the practice. However, there was no evidence to demonstrate that information following serious incidents and significant events was being shared amongst the whole practice team.

### ***Improvement required***

***The practice is advised to formalise their system of sharing information regarding serious incidents and significant events amongst the whole practice team.***

We found that there were effective systems in place to disseminate information about patients who had died, thereby preventing unnecessary stress to their relatives/representatives.

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

The provision of signage within the practice environment and the availability of written information were good. Most information was available in Welsh and English.

We observed that the receptionist spoke fluently in Welsh with the Welsh speaking patients who came in. We were informed that other practice staff could speak Welsh, which therefore enables patients to speak in their preferred language.

The passenger lift signs were displayed in writing and in Braille.

Although a loop system was available in the reception area, this was not in working order during our inspection. One of the reception/admin staff we spoke with was not aware that there was a loop system at the practice.

### ***Improvement needed***

***The loop system should be regularly checked to ensure that it remains in working order.***

***Staff members should be reminded to consider the assistance/aids that could be utilised to meet people's individual communication needs.***

We considered the internal communications system and found that there were effective systems in place for processing day to day information. Incoming correspondence was being processed by nominated staff members. (For GP practices this involves summarising and coding patient information under a set of clinical terms). Staff were also using the electronic systems and a day/communications book to share information amongst themselves.

However we found that there was a lack of formal meetings between all the practice staff. For example, whereas we found that there were regular clinical practice meetings, the nurses did not regularly attend these due to time constraints. Receptionist/administrative staff and practice team meetings were infrequently held.

### ***Improvement needed***

***Consideration should be given to improving collaborative and team working/learning opportunities amongst practice staff.***

We were informed that the information received from hospitals following a patient's hospital admission was inconsistent. Therefore this is an example of the sort of issue which could be discussed by the practice at a staff meeting, with a view to identifying particular issues and any potential action for improvement.

### **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 saw that patients had access to a variety of health/lifestyle information in the waiting room. There was also information with regard to support services and organisations that could be contacted.

Whereas some of the information was grouped together in accordance to their theme, for example carers information and women and baby matters, we found that some notices were randomly displayed amongst other topics that were irrelevant to that particular subject matter. Therefore patients could miss particular information relevant to their area of need.



Also, combined with the notices on display in the waiting area and the leaflet display unit, we saw that the NHS complaints procedures were displayed in seven different locations. The practice manager explained that this information was widely displayed so as to be visible in all areas of the waiting room. However the result was that there was a vast amount of information on display which made the waiting area look generally cluttered and disorganised.

### ***Improvement needed***

***Whereas the provision of information was good, we advised that the notices on display were re-grouped into relevant categories and that duplications were generally avoided. This should enable patients to locate information pertinent to their particular area of need only.***

We saw that there were additional rooms at the practice that could be used for patients who needed a private space whilst waiting to be seen, or that could be used for confidential conversations.

During our feed back we commented that some of the clinical rooms we saw did not have curtains or screens around treatment couches. However the practice manager stated that only one room, used mainly for administration purposes, was without a screen.

### **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)*

Eight out of the 20 patients who responded to CHC's questionnaire commented about their dissatisfaction with the appointment system. This was in relation to difficulties getting through by telephone in the mornings and/or finding out that all the appointments for that day had been booked. We were informed that patients were offered to come in at the end of the surgery period, to be seen as and when a GP became available. However, some of the patients told us that they did not find the long waiting times for the open surgery acceptable.

The appointment system was clarified with us. We found that patients can book an appointment up to four weeks in advance, which is beneficial. However as a result we saw that not many times were available for patients telephoning in for an appointment that same day.

### ***Improvement needed***

***We advised the practice to consider how the appointment system could be improved, in view of the expressions of dissatisfaction by 8 out of 20 patients.***

During our review of records, we saw that referrals to other health professionals can be tracked on the computer system. Plas Menai surgery falls within the Conwy West GP Cluster<sup>2</sup>. We were informed that cluster meetings involve discussions around the types and volumes of referrals made.

### **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)*

The Plas Menai site is a five floor building, of which three are accessible to the GP practice patients. We found that, overall, accessibility to the surgery was good as there were disabled car parking bays and a lift from the car park to access the reception and surgery rooms. One of the toilets for patients had been adapted for disabled and wheelchair access.

As part of the practice future developments we suggested that different types of chairs could be considered for patients in the waiting area, to take into consideration the chair's height and patients' mobility needs.

On the day of the inspection the automatic doors were not in working order.

### ***Improvement needed***

***The automatic doors to access the surgery should be repaired as soon as possible.***

There was a car park to the back of the building, which necessitated navigating a sharp bend to access an archway underneath the building. Unless visitors

---

<sup>2</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.

were already familiar with the building, the access to the car park was not well defined therefore we suggested that the signage to the car park could be improved. We found that car parking spaces for patients were limited due to the large number of staff working at the site. There was no public car parking facilities nearby. Therefore the practice should monitor any comments received from patients regarding difficulties in car parking and consider the provision of additional spaces for patient use.

Staff members had not received training in equality and diversity, which we have therefore recommended.

***Improvement needed***

***The practice is advised to source and provide training in equality and diversity for staff.***

## *Quality of management and leadership*

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

***Our discussions with several staff members indicated that they were generally well supported and worked effectively together as a team. We have advised managers to conduct annual staff appraisals and to monitor staff training requirements.***

***Consideration should be given to implementing systems for undertaking internal audits and clinical peer reviews. This should assist managers towards the future planning and development of the service.***

*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.*

Overall management was shared between the GP partners, the practice manager and the deputy practice manager. Staff members we spoke with indicated that they were adequately supported and worked very well together as a team. We found that, overall, there were clear lines of responsibility and that staff were clear about their roles.

We observed that interactions between staff members on the day of the inspection were respectful and professional.

During our review of records we found that there had been two significant events recently with regard to appointments that had been booked for a couple of patients. The persons seen by the GP were in fact different patients who shared the same date of birth as the patients booked in. We would regard these as incidents that should have been reported in accordance with the relevant significant events procedures. However these two incidents had not in fact been reported.

### ***Improvement needed***

***The practice should ensure that all staff members are familiar with the type of events that need to be formally recorded as significant events.***

With the exception of one audit which had been started for the local health board, there was no system for undertaking internal audits and peer reviews.

Therefore there was no evidence to demonstrate active consideration to the continuous improvement of services.

***Improvement needed***

***Consideration should be given to implementing regular internal clinical audits and peer reviews for the purpose of improving service delivery and to assist towards overall resource planning and future development.***

*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))*

We were informed that there was a lack of training opportunities available through the local health board for a GP practice team. We looked at a sample of training certificates for courses that staff had attended. There was no overall training log to identify any gaps in training needs and to monitor individual staff members' progress with mandatory and specialist training requirements. However, the induction programme for new staff included a log of the training undertaken and due dates.

Practice managers acknowledged they were behind schedule with staff appraisals. At the time of our inspection there was no evidence to demonstrate that staff had recently received an annual appraisal.

***Improvement needed***

***Ensure that staff members receive an annual appraisal and a personal development plan.***

***Maintain a log of individual staff members' training needs, the dates attended and due dates. This should assist managers in identifying knowledge gaps and to source suitable learning opportunities for staff.***

One of the staff members we spoke with commented that they could do with more staff to assist with some of the administrative and management tasks. However the practice manager felt that the current staffing levels were sufficient. The improvements that have already been included in this report should assist in identifying current work pressures on staff and what actions may be needed in terms of delegation or general staff increase.

## 5. 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.

## 6. 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 Plas Menai Surgery 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.



## Appendix A

**General Medical Practice:** Improvement Plan

**Practice:** Plas Menai Surgery

**Date of Inspection:** 03 September 2015

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the patient experience</b>					
7	We advised the practice managers to develop a regular system for obtaining patient feedback. The practice should demonstrate that patient feedback has been used to shape and/or improve standards.	6.3			
<b>Delivery of safe and effective care</b>					
9	We advised the practice to consider a method for capturing information about carers. This should assist staff to consider the needs of carers and to signpost them to relevant information and services that may be of benefit to	4.1, 6.1			

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	them.				
9	The practice should consider how they can progress with their personal development plan in a way which will promote the health and wellbeing of patients and in planning for future services.	Governance Leadership & Accountability			
11	The practice should identify and arrange suitable training for staff members who are involved in the repeat prescribing process.	7.1			
11	The practice should ensure that they have robust systems in place for the completion of medication audits, including analysing the information and implementing actions as a result.	2.6, 3.1, 3.3			
12	HIW is to be advised of the actions taken by the practice to ensure that all staff are aware of the procedures to follow in the event of child and/or adult abuse being alleged or suspected.  Staff members should ensure that	2.7, 3.5			

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	patient records contain sufficient information regarding any allegations and/or information received about child or adult protection/safeguarding matters.				
12-13	<p>Adult safeguarding/POVA training should be sourced and made available to staff as soon as possible.</p> <p>An adult safeguarding/POVA procedure should be developed to ensure that staff know what action to take in the event of possible adult abuse being suspected/alleged.</p>	2.7, 3.5			
13	The practice is advised to formalise their system of sharing information regarding serious incidents and significant events amongst the whole practice team.	2.1, 3.3, 7.1			
14	The loop system should be regularly checked to ensure that it remains in working order.	3.2, 4.2			

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	Staff members should be reminded to consider the assistance/aids that could be utilised to meet people's individual communication needs.				
14	Consideration should be given to improving collaborative and team working/learning opportunities amongst practice staff.	3.3, 7.1			
15	Whereas the provision of information was good, we advised that the notices on display were re-grouped into relevant categories and that duplications were generally avoided. This should enable patients to locate information pertinent to their particular area of need only.	3.2, 4.2			
16	We advised the practice to consider how the appointment system could be improved, in view of the expressions of dissatisfaction by 8 out 20 patients.	6.3			
17	The automatic doors to access the surgery should be repaired as soon as possible.	2.1			
17	The practice is advised to source and	4.1, 6.2, 7.1			

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	provide training in equality and diversity for staff.				
<b>Quality of management and leadership</b>					
18	The practice should ensure that all staff members are familiar with the type of events that need to be formally recorded as significant events.	2.1, 7.1			
19	Consideration should be given to implementing regular internal clinical audits and peer reviews for the purpose of improving service delivery and to assist towards overall resource planning and future development.	3.1, 3.3, 3.4			
19	Ensure that staff receive an annual appraisal and a personal development plan.  Maintain a log of individual staff members' training needs, the dates attended and due dates. This should assist managers in identifying knowledge gaps and to source suitable learning opportunities for staff.	7.1			

**Practice representative:**

**Name (print):** .....

**Title:** .....

**Date:** .....

## **Appendix B**

### **Community Health Council Report**



## **HIW – CHC Joint GP Inspection (CHC Feedback)**

<b>Practice</b>	<b>Plas Menai Medical Centre, Llanfairfechan</b>
<b>Date</b>	<b>03.09.2015</b>
<b>Lead Member</b>	<b>Sibani Roy</b>
<b>Supporting Member</b>	<b>Nerys Cossey</b>

## Patient Feedback

	<b>Comments / Observations</b>
Matters of Concern:	<p>Difficult to get through to practice first thing in the morning – telephone line very busy.</p> <p>Difficulty in getting same day appointment ever, the phone (worry expressed by parents).</p>
Matter to be Commended:	<p>All patients interviewed this morning were happy and satisfied with the way they were treated by both GPs and nurses</p>

### Additional Notes:

In general patients are satisfied with the practice except perhaps the availability of appointments.

---

---

---

---



## Environment - External

	<b>Comments / Observations</b>
Matters of Concern:	Car parking seems to be an issue. Disabled parking could do with appropriate marking and well directed. Inadequate parking spaces for the surgery which is shared with Vet Surgery. No public parking facility in close vicinity.
Matter to be Commended:	Clear pathways. Disabled friendly access both from rear car park as well as from the front entrance. The building is in good order. The garden area is regularly maintained by an appointed gardener.

Additional Notes:

Entrance to the car parking could do with redecorating. Front door is not disabled friendly.

---

---

---

---

## Environment - Internal

	<b>Comments / Observations</b>
Matters of Concern:	<p>Main door is heavy.</p> <p>Because of different height – floor (ground) the corridor has an incline which may prove difficult. Lack of different height chairs. The rear entrance is not easily accessible. The main door found wedged open</p> <p>Movement around the practice is a bit restricted because of the nature of the building.</p>
Commended:	<p>Spacious reception area. Good number of chairs.</p> <p>Well lit. Reception desk is wheelchair friendly. Overall standard is pleasant.</p>

### Additional Notes:

There is a lack of notice boards. Posters are displayed on walls, therefore, walls are easily marked. Some parts of the carpet in the reception is marked. All posters are not laminated.

---



---



---

## Communication & Information on Display

	Comments / Observations
Matters of Concern:	<p>Minor issue – not all posters laminated</p> <p>Posters could be re-grouped according to topic to help patients access to information</p>
Matter to be Commended:	<p>Wide range of posters and leaflets displayed and available, and bi-lingual. Reception staff well informed and helpful this morning.</p>

Additional Notes:

---

---

---

---

---

---