

General Practice Inspection (announced)

**Powys teaching Health
Board, Haygarth Doctors**

10 November 2015

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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 Haygarth Doctors, Hay Medical Centre, Forest Road, Hay-on-Wye, Hereford, HR3 5DS on 10 November 2015. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), a GP peer reviewer, a practice manager peer reviewer and two representatives from Powys Community Health Council (CHC).

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

Haygarth Doctors currently provides services to approximately 8,500 patients in the Hay on Wye and Talgarth areas of Powys. The practice forms part of GP services provided within the geographical area known as Powys teaching Health Board.

The practice employs a staff team which includes six GP partners, three salaried GP's, five practice nurses, two healthcare assistants (HCA's), two phlebotomists, dispensary staff, administration, reception staff and a practice manager. There are two premises; a medical centre in Hay on Wye and a medical centre in Talgarth. Clinical staff work across the sites and patients can attend either location if they wish.

The practice provides a range of services, including:

- Ante-natal clinics
- Child health/immunisations
- Chronic/long term condition clinics (diabetes/heart disease/respiratory)
- Hypertension
- Travel clinic
- Women's health.

3. Summary

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

The CHC spent time speaking to patients about the practice and received very positive feedback.

We found that there were good arrangements in place to protect the privacy, dignity and confidentiality of patients being cared for by the practice team. We also found that they worked hard as a team to provide the best service possible for their patients.

We found evidence that this GP Practice takes great care to provide a quality service to their patients. For example:

- There are good systems for communication amongst staff, which ensure that information about patients is shared quickly with those who need to know
- There are useful staff meetings held regularly. The agenda at each meeting could include some or all of the following: clinical issues and updates, concerns, compliments, and administrative processes. All staff, of all designations are included in these meetings so that the whole team is as knowledgeable as possible
- There are arrangements for regular health and safety checks to ensure that the building is kept safe and in a good state of repair for staff and patients.

We found a happy, cohesive staff team who were confident in their work. We also found evidence of strong leadership from the practice manager and team of GP's who led the overall team.

The practice manager and GP's are committed to developing the staff and we found that there was an emphasis on learning and development through formal training opportunities. There was good delegation of tasks, with lead staff identified to take responsibility for important areas, whilst still being supported by the practice manager (or other staff members).

4. Findings

Quality of patient experience

We received very positive feedback from patients.

We found that there were good arrangements in place to protect the privacy, dignity and confidentiality of patients being cared for by the practice team. We also found that they worked hard as a team to provide the best service possible for their patients.

The CHC role at this inspection was to seek patients' views with regard to services provided by Haygarth Doctors through the distribution of questionnaires and via face to face conversations with patients and/or their carers. Eleven questionnaires were fully/partially completed. The CHC have produced a report which provides an analysis of the information gathered. The report produced by the CHC with detailed findings from questionnaires 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)

Haygarth Doctors provides services from two practice premises; one in Hay on Wye and one at Talgarth. The clinical staff work across both sites. We visited the Hay on Wye medical centre which is where the main administration of the practice is carried out.

We saw staff on the reception desk speaking politely and professionally to the patients who were 'checking in' for appointments.

We found evidence to support that the practice places considerable emphasis on maintaining patient privacy, dignity and confidentiality. There was a large reception area in which music was being discreetly played in order to decrease the chance of patients being overheard whilst at the reception desk speaking to staff.

All telephone calls to reception staff were handled in an area behind reception which could not be overheard or accessed by anyone other than staff.

There was a large sign at reception advising patients that they could ask for a chaperone in their consultation if they required. Where chaperones had been used in a consultation, staff had made a note of this on the patient record which demonstrated that they had given consideration to patient dignity and taken steps to help protect it where possible. .

In the corridor to clinical rooms, music was also being quietly played, again with the aim of increasing the privacy of conversations that may be going on.

We saw that all doors to clinical rooms were kept shut during consultations and there were curtains around treatment couches to maintain patient privacy and dignity during clinical examinations.

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 found that there was a good understanding of the requirements surrounding concerns (complaints) handling. There were also systems in place to ensure that appropriate information in relation to concerns could be shared with the relevant staff and individuals promptly, to aid learning and development.

There was a suggestions box in reception with cards which patients could use to comment at any time and this could be done anonymously.

We felt that the measures in place to handle and discuss concerns, significant events and compliments with all staff was an example of good practice. It also demonstrated the learning culture within the practice. Our findings were:

- A log of all concerns and compliments was maintained by the practice manager.
- Concerns and compliments were regularly shared with all staff, sometimes informally if this was appropriate but otherwise through practice meetings.
- There was a lead GP responsible for handling complaints and significant events. We saw evidence that they were well documented after discussion in practice meetings.
- Significant events were also shared with all staff at practice meetings.

We did find however, that the form in use for documenting significant events could be improved so that the severity of the incident and follow up actions are clear.

Delivery of safe and effective care

We found evidence that this GP Practice takes great care to provide a quality service to their patients. For example:

- **There are good systems for communication amongst staff, which ensure that information about patients is shared quickly with those who need to know.**
- **There are useful staff meetings held regularly. The agenda at each meeting could include some or all of the following: clinical issues and updates, concerns, compliments, and administrative processes. All staff, of all designations are included in these meetings so that the whole team is as knowledgeable as possible.**
- **There are arrangements for regular health and safety checks to ensure that the building is kept safe and in a good state of repair for staff and patients.**

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage 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)

There were a number of information boards in the reception area which were tidy, with clearly displayed information posters. The reception staff also have a reference folder containing all posters and information in alphabetical order for ease of reference if patients ask for this information.

At the time of our inspection, the hearing loop system was broken, however there was a new unit on order for which the practice was awaiting delivery.

Patients could check in for appointments either by presenting to reception staff, or by using an electronic touch screen installed in the reception area.

There is a health visitor based within the practice. The discussions we had indicated that having a health visitor based at the practice is beneficial for the staff and also for patient care. We were told that there are regular meetings between the lead GP for safeguarding, the health visitor and school nurse who also has an office at the practice and that there have been many occasions where these meetings have resulted in early intervention and good, continued liaison between the different healthcare professionals.

Patients who also have a caring responsibility are recognised by staff using a 'flag' against their patient record. This enables the practice to take account of their circumstances and ensure they are offered immunisations (such as the flu vaccine) and other services promptly.

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 found thorough and well established systems in place for protecting and promoting health and safety at the practice. There were various risk assessments, all of which were relevant and had been kept up-to-date. There is a GP nominated as the health and safety lead alongside the practice manager, who also holds a nationally recognised health and safety qualification.

Risk assessments and health and safety are standing agenda items at GP meetings, to ensure these matters are regularly and formally discussed by key staff.

We saw training records which confirmed that staff were trained annually in correct moving and handling techniques.

There was a written policy detailing the process to follow to ensure that relevant staff are immunised against hepatitis B. The records we saw showed clear information on each staff member, with recommendations such as the need for a booster clearly identified and where relevant, having been acted on.

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))

All areas throughout the practice appeared visibly clean. We noted that there was hand sanitising gel at various points throughout the practice for patient and staff use, including one close to the main entrance for use when arriving or leaving.

All staff had recently completed infection prevention and control (IPC) training from the health board IPC nurse. We were told that staff had found this

invaluable and as a result they were installing new disposable curtains around the treatment couches to improve IPC.

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

Haygarth Doctors is a dispensing practice. Until recently there was a pharmacist directly employed by the practice. This work is now done by trained dispensing staff, overseen by the GP's, with access to health board pharmacists if needed. The pharmacist previously did some of the patient medication reviews, however, this was currently being done by the GP's.

The pharmacist provision for the area was under discussion at GP cluster level.¹ The cluster will influence the future of this role and help to decide whether it will be shared by all practices within the cluster, or whether individual practices will continue to employ their own pharmacist.

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)

There were systems in place to help ensure that safeguarding practices and knowledge amongst the practice staff were up to date and adequate.

We saw training records which confirmed that GP staff had been trained to the required level and standard in safeguarding. Other practice staff also had safeguarding training to the level appropriate to their roles.

There was an identified GP lead for safeguarding and to ensure that safeguarding remained a priority area, it was an agenda item discussed at each practice meeting.

¹ A GP Practice Cluster is a grouping of GPs and Practices locally determined by an individual Health Board. An individual cluster aims to support peer review across the practices which are a part of it. GPs in these practices will assist with the future planning of locality healthcare services.

We saw there was clear information available and readily accessible to all staff which gave detail of what action should be taken in the event of a safeguarding concern or event.

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 found that there was a very strong culture of sharing information between staff at all levels. For example, there were regular staff meetings at which all aspects of the practice were discussed, ranging from complaints, compliments, serious incidents, clinical updates and administrative processes. We considered this to be an example of good team work and noteworthy practice which demonstrated that all staff were given the opportunity to be as knowledgeable and up-to-date as possible in their work, for the benefit of patient care.

Each GP was assigned an area which they lead on, these included staff management and safeguarding. This means that management responsibilities and decision making in these areas can be shared between the lead GP and practice manager.

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

There are Welsh speaking GP's at the practice which means that patients can choose to have appointments in either English or Welsh according to their choice. The practice told us that they have a number of Polish patients and where they need to supplement information that has been given to them in English, they use the Wales Interpretation and Translation service (WITS).

There is a GP designated as the lead for patients with learning disabilities who takes responsibility for ensuring that all their annual health reviews are done.

Within the practice there were good systems for ensuring that all staff receive information, such as important messages and general updates, throughout the working day.

All incoming mail and test results are handled on the same day they are received, in accordance with the practice policy, which means that patient records are as up-to-date as possible.

The practice told us that sometimes they are not told by hospitals when they have discharged patients. This can cause a risk as patients may then not receive the right follow up care from their GP as quickly as they need to. HIW highlighted this issue during the inspection visits we made to GP's in 2014 – 2015 and shared our concerns with relevant stakeholders.

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)

The practice has a good, informative website which is up-to-date. This is available in English only. There is also a practice leaflet and this is available in English, Welsh and large print as required. Within the practice we saw information posters on display in English and some in Welsh.

Practice staff were aware of their responsibility to ensure that all their patients can access their services. They link up with other health professionals, where this is helpful. For example, they told us that they wanted to increase their expertise in dealing with adults at risk and so arranged a meeting with the local vulnerable adult co-ordinator. They told us that they would use this meeting as an opportunity to update general knowledge and understanding of safeguarding, plus any particular local initiatives they need to be aware of. They use documentation which safely guides their practice when dealing with young people under the age of 18 who want to make their own decisions. They also use documentation which supports them to consider mental capacity and deprivation of liberty legislation.

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)

The Hay on Wye medical centre is open to patients between 8:30am and 6:30pm Monday to Friday and the Talgarth medical centre is open to patients between 8am and 6pm Monday to Friday; appointments are available in the morning between 9am and 12pm and in the afternoon from 2pm until 5pm.

Patients can book up to six weeks in advance for an appointment, or if they ask to be seen urgently they will be seen on the same day.

Between 9am to 5:30pm each day, a GP and a minor illness trained nurse see all patients who come in for urgent same day appointments. All practice nurses are trained in minor illness care. We spoke to one nurse who told us that to be trained in this has been a 'fantastic', additional skill to have gained.

Two of the GP's have a particular interest and additional training in palliative care and therefore able to lead in this area of care to practice patients.

The GP's have direct access to beds at the nearby Bronllys hospital. They can admit patients directly into these beds and then look after them through daily ward rounds (during the week days). They told us that this is an excellent local resource which is valued by the GP's and patients alike.

The practice also operates what they call a 'virtual ward'². This means that when GP's are particularly concerned about a patient, they are 'admitted' to the virtual ward. Their condition is then discussed by the team (GP's, district nurses and ward nurses at the local hospital) each day. We were told that this approach has meant a number of admissions have been avoided.

In light of the evidence above, we have concluded that patients can receive timely care from Haygarth Doctors.

² Virtual wards use the systems and staffing of a hospital ward, but without the physical building. Their aim is to reduce hospitalisation through multidisciplinary case management for the patient at home.

Quality of management and leadership

We found a happy, cohesive staff team who were confident in their work. We also found evidence of strong leadership from the practice manager and team of GP's who led the overall team.

The practice manager and GP's are committed to developing the staff and we found that there was an emphasis on learning and development through formal training opportunities. There was good delegation of tasks, with lead staff identified to take responsibility for important areas, whilst still being supported by the practice manager (or other staff member).

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.

There was strong leadership from the practice manager, senior staff and GP's at the practice. This was evident through the confidence with which staff carried out their work. Those we spoke to understood exactly what was expected of them and knew how they needed to do things because there were clear instructions (standard operating procedures) as to how things should be done. Staff also spoke very highly about the GP's and practice manager and told us that it was a supportive, happy place to work.

There were regular audits across different areas of the practice, including clinical care, administrative processes and health and safety. These mean that the staff can identify problems early and also provide an opportunity to review standards and make improvements where needed.

We saw examples of minutes from team meetings and which confirmed that there were useful, open discussions and that the culture amongst the staff encouraged openness.

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)

As a training practice, there are new trainee GP's each year. We spoke to various staff members some of whom told us that they find it helpful to have

'fresh' staff working at the practice, as they tend to be keen, up-to-date and they are welcomed into the team.

The staff we spoke to were unanimously happy in their work at the practice, one told us that she had recommended it to others as a great place to work and would never want to work anywhere else. A number of the staff had worked at the practice for many years.

The records we saw confirmed that there were annual staff appraisals and staff told us that whilst they used these to discuss their development for the coming year, they could also discuss this at any time outside of their appraisal.

5. Next steps

As there were no areas for improvement identified during this inspection, the practice is not required to complete an improvement plan (Appendix A).

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: **Haygarth Doctors**

Date of Inspection: **10 November 2015**

The practice was not required to complete an improvement plan as there were no areas for improvements identified from this inspection.

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
	No recommendations				
Delivery of safe and effective care					
	No recommendations				
Quality of management and leadership					
	No recommendations				

Practice representative:

Name (print):

Title:

Date:

Appendix B

Community Health Council Report

Report from Powys Community Health Council



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Hay on Wye Health Centre
Date / Time:	Tuesday 10 th November 2015, commencing 10.00am
CHC Team:	Powys CHC Ms Nicola Ruck – Member (Lead) Mrs Barbara Whitticase – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

The CHC members were able to speak to, and undertake a patient survey with, 11 patients during this joint visit.

One GP was absent on compassionate leave on the day of the visit and an Emergency Clinic (sit and wait system) was in operation.

4 of the 11 patients spoken to indicated that they found the booking of an appointment to be difficult or very difficult. One patient reported that the wait for an appointment meant that a baby's immunisation jabs were delayed. Waits of two to six weeks were reported by patients.

Overall, there was a very high level of satisfaction both with the staff (clinical and reception staff) and with the surgery environment.

One patient commented to CHC members that "the quality of care from the GPs is very high".

Patients were very satisfied with the liaison between the Hay and Talgarth sites.

Observations

Environment - External

- 🕒 CHC members recommend that additional signs are required: one to indicate the surgery on the Forest Road approach and one to indicate Minor Injuries Unit.
- 🕒 There was very good access to the front door.
- 🕒 A patient suggested a push button system to open the door.
- 🕒 Tidy and well maintained surroundings.
- 🕒 Good car parking space for patients and separate for staff.

Environment - Internal

- The hearing loop was not working – it was reported that a new one had been ordered.
- One patient commented that, if seated in the children's play area, it was not possible to see the information shown on the electronic information board.
- A patient commented that there is not enough space in the Health Visitor waiting area upstairs.

Communication & Information on Display

- There were too many posters stuck on the wall with sticky tape and not laminated.
- The displays of information in the waiting area were well laid out and mostly laminated. There was a clear noticeboard with information about giving comments and complaints.
- A good suggestion box was present.
- There was a very good large notice giving Shropdoc out of hours telephone number.
- The information relating to Powys CHC was up to date.

Nicola Ruck

CHC Member