

**General Practice
Inspection (announced)**
Aneurin Bevan University
Health Board,
Avicenna Medical Centre

9 March 2016

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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 Avicenna Medical Centre, Blackwood Road, Pontllanfraith, Blackwood, Gwent, NP12 2YU on 9 March 2016. 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 Aneurin Bevan Community Health Council (CHC). The role of the CHC was to seek patients' views with regard to services provided by Avicenna Medical Centre through the distribution of questionnaires and via face to face conversations with patients and/or their carers.

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

Avicenna Medical Centre currently provides services to approximately 6,000 patients in the Blackwood area of Gwent. The practice forms part of GP services provided within the geographical area known as Aneurin Bevan University Health Board.

The practice employs a staff team which includes six doctors (including five GP partners), three nurses, one healthcare assistant, one phlebotomist, one practice manager, one head receptionist, one IT manager, one secretary and a number of administration/reception staff.

The practice provides a range of services (as cited on the website), including:

- Antenatal clinic
- Postnatal clinic
- Baby clinic
- Asthma clinic
- Diabetic clinic
- Family planning
- Well woman clinics
- Counselling
- Minor surgery
- Non-NHS Examinations
- Annual health checks for patients over 75 years
- Travel Immunisations/Vaccinations
- Flu vaccinations.

3. Summary

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

Members of the local Community Health Council (CHC) spoke with patients and used questionnaires to obtain patients' views. Overall, patients told the CHC that they were satisfied with services provided.

Overall we found people were treated with dignity and respect and staff knowledge around confidentiality helped to protect people's privacy and dignity. We have asked the practice to ensure their chaperone policy is up to date and accompanied by training for non clinical staff, who acted in this role, albeit in exceptional circumstances only.

The practice had an effective complaints system in place. Staff had carried out an extensive, focussed piece of work to gain patients' views around access to appointments. We have suggested the practice implement ways for patients and carers to give feedback on services on an ongoing basis.

Overall, we found the practice had arrangements in place to promote safe and effective patient care.

Information was available to patients to help them take responsibility for their own health and well being and to signpost carers to help and support available to them. We suggested the practice could link with carers' organisations and designate a carers' champion to further promote awareness of carers' needs. There was a full and detailed practice leaflet available for patients.

There was an overall health and safety policy and a number of procedures to guide staff in managing risks in specific areas. However, an environmental risk assessment had not been carried out to consider and manage risks in the practice environment as a whole.

Suitable clinical procedures were in place to reduce the risk of the spread of infections. We have asked the practice to consider how they monitor infection control procedures to ensure areas for improvement can be identified and actioned.

Suitable arrangements were in place to ensure the safe prescribing and review of medicines and to learn from any patient safety incidents. Internal communication systems were in place which aimed to avoid unnecessary delays in referrals, correspondence and test results.

Systems and working practices were in place regarding safeguarding children at risk but were less well developed for managing vulnerable adults cases. The child protection policy required further detail and there was a need for the practice to put a vulnerable adults policy in place. These policies should comply with national guidelines and help guide staff in their roles and responsibilities. Not all staff had completed up to date training in these areas at levels appropriate to their role.

The sample of patient records we reviewed were detailed and demonstrated that care had been planned to ensure the safety and well being of patients.

The practice had a clear management structure in place and we found effective governance and leadership arrangements. The practice should ensure there is a system to enable monitoring of all staff's training so that they can be assured of staff compliance with ongoing training requirements.

We found a staff team who were professional, knowledgeable and confident in their roles. Staff were positive about the training opportunities available and the practice was involved in clinical research, audits and other improvement activities.

4. Findings

Quality of the patient experience

Members of the local Community Health Council (CHC) spoke with patients and used questionnaires to obtain patients' views. Overall, patients told the CHC that they were satisfied with services provided.

Overall we found people were treated with dignity and respect and staff knowledge around confidentiality helped to protect people's privacy and dignity. We have asked the practice to ensure their chaperone policy is up to date and accompanied by training for non clinical staff, who acted in this role, albeit in exceptional circumstances only.

The practice had an effective complaints system in place. Staff had carried out an extensive, focussed piece of work to gain patients' views around access to appointments. We have suggested the practice implement ways for patients and carers to give feedback on services on an ongoing basis.

The CHC have produced a report which provides an analysis of the information gathered. That report can be found in Appendix B.

Overall, patient satisfaction was high. Some patients indicated that they found it difficult to get through on the telephone lines to make an appointment. We brought this to the attention of the practice manager who showed us an extensive piece of work staff had recently undertaken on improving access to appointments at the practice, which included asking over 200 patients for their views. We were assured that staff had taken this into account and were working hard to put a system in place to improve experiences for patients, based on this work.

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 found that people were treated with dignity, respect, compassion and kindness.

We observed staff greeting patients both in person and by telephone in a polite, friendly and welcoming manner and treating them with dignity and respect.

The reception area was separated from the waiting area by clear screens, to give privacy to staff taking telephone calls. Telephone calls were taken in the first instance by staff sitting in the back area, away from the screens to allow for confidential conversations to be held. Staff also told us that they could use private rooms to discuss any sensitive issues with patients to maintain confidentiality. The waiting area was spacious and there were small discreet areas where patients could wait with a greater degree of privacy, to be seen if they wished. This meant that staff could use the well thought out layout to ensure people's privacy and confidentiality were maintained.

We saw that doors to individual consultation and treatment rooms were kept closed at all times when staff were attending to patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity.

In the records we reviewed we saw that GPs had documented patients' consent to examinations and had used consent forms where needed and appropriate.

Staff told us that clinical staff who were clearly trained in this area, in the large majority of circumstances, acted as formal chaperones. The use of chaperones was recorded in the patient records we saw. Staff told us that non clinical staff also acted as formal chaperones, and although this was only in exceptional circumstances, there was not currently any training they were required to complete to act in this role. There was a written policy on the use of chaperones but the policy we saw had not been updated since 2008. We advised the practice to review the policy to ensure it remained up to date and to ensure non clinical staff were made aware of, and trained for, the requirements and responsibilities this role entailed.

Improvement needed

The practice should ensure that non clinical staff acting as formal chaperones are made aware of the requirements and responsibilities this role entails and have access to up to date guidance on acting in this role.

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 and 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)

There was a robust complaints process in place. Other systems to empower patients and their families to provide feedback on their experiences included focussed pieces of work, such as around access to appointments.

The practice had a written procedure in place for patients to raise concerns and complaints. Information on how to make a complaint was displayed in a prominent position in the waiting area, within the patient information leaflet and on the practice's website. This meant patients could easily access this information should they require it. The written procedure was fully compliant with 'Putting Things Right' requirements, the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales. This included information about how to access the CHC as an advocacy service with making complaints.

We saw that records had been maintained of complaints. The records demonstrated that the practice had dealt with the complaints in a timely manner. An effective management system was described to consider and learn from complaints received.

Staff had recently undertaken an extensive piece of consultation work around access to appointments which involved asking over 200 patients for their views. This was an area of noteworthy practice in terms of the commitment to improve appointments systems for patients.

Staff told us they did not use ongoing patient satisfaction surveys, did not record informal verbal feedback given by patients and that no patients had come forward to show an interest in a patient participation group. We suggested that staff consider other ways to empower patients and carers to provide feedback about services, on an ongoing basis, with a view to making improvements.

Improvement needed

The practice should consider how to empower patients and carers to describe their experiences of services on an ongoing basis.

Delivery of safe and effective care

Overall, we found the practice had arrangements in place to promote safe and effective patient care.

Information was available to patients to help them take responsibility for their own health and well being and to signpost carers to help and support available to them. We suggested the practice could link with carers' organisations and designate a carers' champion to further promote awareness of carers' needs. There was a full and detailed practice leaflet available for patients.

There was an overall health and safety policy and a number of procedures to guide staff in managing risks in specific areas. However, an environmental risk assessment had not been carried out to consider and manage risks in the practice environment as a whole.

Suitable clinical procedures were in place to reduce the risk of the spread of infections. We have asked the practice to consider how they monitor infection control procedures to ensure areas for improvement can be identified and actioned.

Suitable arrangements were in place to ensure the safe prescribing and review of medicines and to learn from any patient safety incidents. Internal communication systems were in place which aimed to avoid unnecessary delays in referrals, correspondence and test results.

Systems and working practices were in place regarding safeguarding children at risk but were less well developed for managing vulnerable adults cases. The child protection policy required further detail and there was a need for the practice to put a vulnerable adults policy in place. These policies should comply with national guidelines and help guide staff in their roles and responsibilities. Not all staff had completed up to date training in these areas at levels appropriate to their role.

The sample of patient records we reviewed were detailed and demonstrated that care had been planned to ensure the safety and well being of patients.

Staying healthy

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)

Information was available to patients to help them take responsibility for their own health and well being and to support and signpost carers to help and support available to them.

We saw a variety of health promotional materials on display in waiting areas which were easily accessible to patients. The healthcare support worker was trained in smoking cessation and worked with patients around these health issues.

There was information available for carers on noticeboards in the waiting area. We suggested the practice should link with local carers' organisations and promote awareness of carers' issues through designating a staff member as a carers' champion, in line with best practice.

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)

During a tour of the practice building we found all areas occupied by patients were clean, tidy and uncluttered which reduced the risk of trips and falls. Overall the practice building was suitably maintained, both internally and externally.

There was an overall health and safety policy in place and a number of procedures that gave guidance to staff on health and safety requirements for the practice as a whole. Staff had not completed an environmental risk assessment. Although we did not see any immediate cause for concern within the environment, there is a legal duty to have a health and safety policy and to assess the risks to the health and safety of employees (and risks to the health and safety of persons visiting the premises). Staff agreed to resolve this as soon as possible.

There was a comprehensive and recently updated fire risk assessment in place and we saw documents showing that regular servicing and maintenance took place on fire safety equipment at the practice.

Improvement needed

The practice must ensure that they carry out environmental risk assessments to identify and manage any risks within the practice environment.

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)

Staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection. The clinical treatment areas we saw appeared visibly clean. Hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitisers were also readily available around the practice. We saw waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste was securely stored outside until it could be safely collected.

Discussion with nursing staff confirmed that all instruments used during minor surgery procedures were purchased as sterile, single use packs. This avoided the need for the use of sterilisation/decontamination equipment

We saw full and detailed infection control policies and procedures. The phlebotomist carried out sharps¹ audits to ensure appropriate use of sharps bins.

Senior staff described that all clinical staff were expected to ensure they had Hepatitis B vaccinations, as required, to protect themselves and patients in this regard. We saw staff kept a central register which they monitored to ensure staff stayed up to date, prompting reminders when necessary.

Staff told us there wasn't currently a system in place to ensure curtains within treatment rooms were regularly washed. We suggested that the nursing team carry out infection control audits to allow issues such as this to be picked up and actioned on an ongoing basis.

Improvement needed

The practice must ensure there are systems in place to monitor infection control standards and take action to ensure materials such as curtains in treatment rooms are washed where needed and comply with infection control guidelines.

¹ **Sharps** is a medical term for devices with sharp points or edges that can puncture or cut skin.

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 found suitable arrangements were in place for the safe prescribing of medicines to patients.

Patients could access repeat prescriptions by calling into the surgery in person, in writing or online. The practice used the health board's formulary.

In the records we saw, half of patients who had repeat medication had received a medication review in the last 12 months. These reviews had minimal detail although discussion revealed staff used a robust aide memoire when undertaking these. Staff told us they had discussed this as an issue and agreed that more detail was needed. When we explored the system for ensuring every patient had medication reviews we were assured that there was a robust system in place and staff were following up those people whose reviews were overdue.

Staff described an effective system of coding those patients taking Disease-modifying Antirheumatic Drugs (DMARDs)² to ensure these patients had regular blood tests in line with clinically safe and effective practice. Robust systems were described to ensure appropriate monitoring took place of patients prescribed these medicines.

Arrangements were in place to remove medication no longer needed by patients from repeat prescribing lists.

The practice was supported by a pharmacist who worked across their Neighbourhood Care Network (NCN) and was based at the practice. The practice had prescribing goals and targets for the year and we were told these were reviewed on an ongoing basis. We saw the practice held prescribing advisor meetings and shared good practice following these meetings.

Health services promote and protect the welfare and safety of children and

² **Disease-modifying antirheumatic drugs (DMARDs)** are medicines that are normally prescribed as soon as rheumatoid arthritis is diagnosed, in order to reduce damage to the joints. Rarely, they can have serious side-effects affecting the blood, liver, or kidneys.

adults who become vulnerable or at risk at any time. (Standard 2.7- Safeguarding Children and Safeguarding Adults at Risk)

There was a child protection policy in place but this did not provide sufficient detail clarifying what abuse is, the different types of abuse or staff roles and responsibilities in reporting abuse. There was a flowchart which included local contact numbers for reporting. We advised staff to amend the policy to comply with All Wales legislation and guidance, so that it guides staff in identifying and managing all child protection matters.

There wasn't a policy in place around safeguarding vulnerable adults. We advised the practice to put a policy in place that complies with All Wales legislation and guidance, to guide staff in identifying and managing protection of vulnerable adults (POVA) matters.

All staff had completed child protection training at the first level. Some clinical staff had completed training at a higher level but this had expired in 2014. Some clinicians had committed to completing higher levels of training. There was a need for all clinicians to complete child protection training at a level appropriate to their role. Staff had not completed vulnerable adults training and online training was now being implemented. Overall this meant that we could not be assured, at the time of the inspection, that current adult and child protection policies were suitably accurate and detailed or that all staff were sufficiently trained in these areas.

We saw suitable systems and working practices in place to manage child protection cases on a day to day basis. For example, staff flagged child protection cases on the electronic system so that staff were alerted to these cases. Staff had also recently updated the child protection register.

Staff told us they attended POVA meetings when required but practice systems and working practices for managing vulnerable adults cases were less well developed.

Improvement needed

The practice must ensure that there are full and detailed child protection and vulnerable adults policies in place that comply with national legislation and guidance.

The practice must ensure that all staff are up to date with child protection and vulnerable adults training at a level appropriate to their role.

The practice must ensure that there are appropriate systems and working practices in place to manage vulnerable adults cases.

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)

The practice had suitable arrangements in place to report and learn from patient safety incidents and significant events.

Senior staff at the practice explained that patient safety incidents and significant events were reviewed and discussed on an adhoc basis when the need arose. We looked at records and confirmed that reviews of incidents and events took place with relevant members of the practice team coming together when needed and actions being passed onto staff.

We saw that staff reviewed significant events and concerns/complaints annually, informally monitoring for themes and trends between these times. We suggested the practice team could consider formalising the arrangements in place, arranging regular scheduled meetings to review all events and concerns as a whole, to assist with monitoring and making ongoing improvements to services.

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

Staff told us that they produced information in different formats on request and could use interpreting services when needed.

The practice had established systems for the management of external and internal communications. Arrangements were in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner. Staff advised that they received discharge summaries from secondary care electronically and in a timely way which helped to ensure they had up to date information about patients.

We saw that all requests for telephone calls were logged in patient records, and then allocated to individual GPs to follow up through the use of hardcopy message books for each GP. This meant that it was difficult for staff to see and manage each GP's individual workload. Because progress was not recorded in a central place it was also more difficult to check whether these requests had been actioned and therefore there was the potential for requests to be missed.

We suggested the practice consider using an alternative arrangement, for example, a computer list as a central and potentially more effective, system.

Out of hours consultations were conveyed to doctors on a daily basis. All other incoming correspondence was initially seen by administrative staff, scanned onto the system and passed onto GPs electronically within 24 hours of receipt. Urgent incoming documents were passed immediately to the on call doctor. If a doctor was absent, staff passed urgent correspondence onto another doctor at the practice to ensure issues were followed up in their absence. We saw that test results were downloaded three times a day and allocated to GPs on a daily basis who actioned these within 24 hours. This meant that overall, internal communication systems supported effective patient care.

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance. (Standard 3.5-Record Keeping)

We looked at a random sample of electronic patient records for each GP working at the practice and overall found a very good standard of record keeping.

We saw that as a result of an audit, practices had changed to ensure patients' conditions and actions were clearly and consistently Read coded³.

Notes contained sufficient detail of consultations between doctors and patients and it was possible to determine the outcome of consultations and the plan of care for the patient.

We saw that doctors updated notes from home visits in a timely way, onto the electronic system, to avoid delay.

We saw that it was difficult to pick out patients' key diagnoses on the computer system as all patients' historical conditions were listed in the summaries. There were also some old alerts on records that could be tidied up to allow doctors to

³ **Read codes** are a set of clinical computer generated codes designed for use in Primary Care to record the every day care of a patient. The codes also facilitate audit activity and reporting within primary care

identify outstanding actions more easily. We brought this to the attention of GPs to consider doing this opportunistically.

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)

Information for patients about the practice's services was available within a practice leaflet. This was comprehensive and provided useful information, including details of the practice team, opening hours, the appointment system, the procedure for obtaining repeat prescriptions and how patients could make a complaint. The leaflet was also available online. We were told the practice leaflet would be produced in other formats and languages on request. The practice should consider how to make their practice leaflet as accessible as possible to those patients who speak different languages or those patients requiring large print or other accessible formats in a proactive way.

The practice had a hearing loop which they used to aid communication with those patients with hearing difficulties. Two receptionists were trained in British Sign Language (BSL) so that they could communicate with patients who used this method of communication.

A range of information (in English and some in Welsh) was displayed and readily available within the waiting area of the practice. This included information on local support groups, health promotion advice and self care management of health related conditions. Further information on the practice's services and links to health advice and information was also available on the practice's website.

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 practice had put considerable thought into improving access to services and had made changes to the appointments system as a result of patient feedback in an attempt to improve patient access to the practice. The practice also offered some extended evening hours for appointments outside office hours.

Patients were able to book appointments in person at the practice, by telephone and online. The administrative team aimed to answer telephone calls as quickly as possible to book appointments and this was monitored by the practice manager. Patients could book urgent appointments on the same day and routine appointments were available four weeks in advance. Staff told us that they would always try to accommodate anyone who had an urgent need for an appointment on the same day.

The nursing team were able to see patients presenting with minor general illnesses (described as non urgent) if needed. The nursing team also ran a number of clinics for patients with chronic health conditions so that patients with these health conditions could access the care and treatment they needed without having to see a doctor.

Staff told us that each GP had different ways of making referrals, some typing themselves and some dictated and sent through the secretary. Where possible, referrals were made electronically through the Welsh Clinical Communications Gateway for secure delivery and to avoid delays. In the records we reviewed we saw that referrals had been made in a timely way and GPs recorded when referrals had been sent as a safety check.

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 practice had made arrangements to make services accessible to patients with different needs, as described above.

The practice building had been purpose built as a general practice health care facility around 10 years ago. There was level access making it accessible to patients with mobility difficulties and those patients who used wheelchairs.

The CHC report suggests other ways the practice could make the environment and the sign for calling patients into appointments as accessible as possible.

Arrangements were in place to protect the privacy of patients.

Quality of management and leadership

The practice had a clear management structure in place and we found effective governance and leadership arrangements. The practice should ensure there is a system to enable monitoring of all staff's training so that they can be assured of staff compliance with ongoing training requirements.

We found a staff team who were professional, knowledgeable and confident in their roles. Staff were positive about the training opportunities available and the practice was involved in clinical research, audits and other improvement activities.

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 effective leadership within the practice and overall staff were positive about the working environment. A shared workload ethos amongst the partners was described, with flexibility and willingness to help each other at busy times. Staff told us they felt able to approach management staff to raise concerns. The practice had a range of relevant written policies and procedures to guide staff in their day to day work.

Staff working within the practice were organised into teams, each with particular roles and responsibilities, which contributed to the overall operation of the practice. There were clear lines of reporting and accountability.

A weekly practice meeting was attended by doctors, a senior nurse and the practice manager. Staff told us any actions from meetings were followed up with other staff outside of meetings. The minutes we saw were full, detailed and indicated that there was a culture of openness and sharing of learning and good practice. There was protected time built in for nurses to meet separately but staff told us this hadn't happened for some time due to changing of some working hours. Nurses planned to restart these. Administration staff did not meet as a team and some staff told us they would welcome more formal arrangements, to enable them to be involved more in practice meetings and to meet together as a separate team. We informed senior staff as a point to consider.

Administration staff members also covered reception and in some cases had been given the opportunity to train in phlebotomy, to assist in other ways at the practice. This meant that staff could provide cover for each other when there was absence, reducing the risk of disruption to services for patients.

The practice had a Practice Development Plan (PDP) which clearly identified the challenges facing the practice and areas for the practice to work on. Staff were reflective, aware of challenges and proactively discussed how to resolve them. For example, staff told us they had a higher than average care home population compared to neighbouring practices which greatly increased their home visit workload. They were discussing how to address this challenge.

Senior staff, including GPs, from the practice were committed to the Neighbourhood Care Network and the practice used this forum as a way to generate quality improvement activities and to share good practice.

Staff told us about a number of audits they carried out as well as some research practice they were involved in. The practice also teaches medical students so staff were involved in development and support work. This meant the practice was active in learning, developing staff and sharing best practice as a way to improve services.

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))

Discussions with staff and a review of a sample of staff records indicated they had the right skills and knowledge to fulfil their identified roles within the practice.

Staff were able to describe their roles and responsibilities within the wider practice team and indicated they were happy in their roles. All staff we spoke with confirmed they had opportunities to attend relevant training and were very positive about training opportunities available. Staff told us they had annual appraisals and a sample of staff records we saw demonstrated this. This gave staff the opportunity to receive feedback on their performance, to discuss training needs and indicate if any additional support was needed.

We looked at the recruitment paperwork in a small sample of staff files and found that appropriate employment checks were carried out prior to employment. One staff member who had recently started at the practice was positive about the induction they had received and told us they had been supported to feel confident in their role.

There was a training matrix in place for administration staff but this did not cover all mandatory/important training topics such as fire safety, POVA and manual handling. This meant that senior staff could not easily monitor whether all staff, including clinical staff, were compliant with ongoing training requirements for their roles. We advised senior staff to expand the training matrix to include all staff and all mandatory topics for an easier, more effective oversight.

Improvement needed

The practice should ensure there is a system to enable monitoring of all staff's training so that they can be assured of staff compliance with ongoing training requirements.

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 Avicenna 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: Avicenna Medical Centre

Date of Inspection: 9 March 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
7	The practice should ensure that non clinical staff acting as formal chaperones are made aware of the requirements and responsibilities this role entails and have access to up to date guidance on acting in this role.	4.1			
8	The practice should consider how to empower patients and carers to describe their experiences of services on an ongoing basis.	6.3			
Delivery of safe and effective care					
10	The practice must ensure that they	2.1;			

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	carry out environmental risk assessments to identify and manage any risks within the practice environment.	Health and Safety Executive			
11	The practice must ensure there are systems in place to monitor infection control standards and take action to ensure materials such as curtains in treatment rooms are washed where needed and comply with infection control guidelines.	2.4			
13	<p>The practice must ensure that there are full and detailed child protection and vulnerable adults' policies in place that comply with national legislation and guidance.</p> <p>The practice must ensure that all staff are up to date with child protection and vulnerable adults training at a level appropriate to their role.</p> <p>The practice must ensure that there are appropriate systems and working practices in place to manage vulnerable adults' cases.</p>	2.7			

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of management and leadership					
20	The practice should ensure there is a system to enable monitoring of all staff's training so that they can be assured of staff compliance with ongoing training requirements.	7.1			

Practice representative:

Name (print):

Title:

Date:

Appendix B

Community Health Council Report

ANEURIN BEVAN COMMUNITY HEALTH COUNCIL REPORT



SUBJECT:	PATIENT SURVEY REPORT FOR JOINT HIW INSPECTION OF AVICENNA MEDICAL CENTRE (BLACKWOOD)
REPORT OF:	DEPUTY CHIEF OFFICER
STATUS:	FOR INFORMATION
CONTACT:	JEMMA MCHALE
DATE:	MARCH 2016

PURPOSE

To inform Committee of the outcome of a survey undertaken during the joint HIW inspection of Avicenna Medical Centre in Blackwood.

BACKGROUND

The Aneurin Bevan Community Health Council conducted a joint inspection with HIW of Avicenna Medical Centre in Blackwood, Gwent. Patients of the Surgery were asked 10 questions to inform the inspection on their experiences with their GP surgery from the environment to the care provided to them.

26 patients took part in the survey and their feedback shall be reported on below:

FINDINGS

- 1) Patients were asked how long they had been registered at this practice – 8% (2 patients) had been registered there for less than a year, 8% between 1 & 5 years, 12% between 6 & 10 years and 73% (19 patients) over 10 years.

- 2) The Surgery is open Monday to Friday between 8:30am and 6:30pm with extended opening times on Wednesday evening between 6:30pm and 7:30pm. There are same day GP appointments available for morning clinics from 8:30am and afternoon clinics from 1:30, patients are advised to call early for these appointments. Pre-bookable GP appointments are also available and these can be booked up to 4 weeks in advance. The Practice offers a variety of booking options including; telephone booking and online booking (information taken from the Surgery's website). Patients were asked for their feedback on the Surgery's opening times to which, 85% felt they were "very good" or "good" and 12% felt the opening times were "satisfactory". 4% (1) of the patients surveyed felt the opening times were "unsatisfactory".
- 3) When asked how the patients rated the appointments booking system at the Surgery; 12% felt it was "very easy" to get an appointment, 50% felt it was "easy", 19% felt it was "difficult" and 15% (4 patients) felt it was "very difficult" to access an appointment. 1 patient did not answer the question. When asked to provide comments on this many patients offered the feedback below:

<i>Very busy</i>
<i>2 weeks waiting</i>
<i>By the time you get an answer on phone they are all gone</i>
<i>Difficult with telephone to get through to practice either engaged or answer machine on.</i>
<i>You can never get through on the phones. When you eventually do all the appointments are gone and you have wait 4 wks</i>
<i>Emergency appointments easy - non urgent 2 weeks</i>
<i>Phone up at 8.30am to book an appointment phones engaged. By 8.35 all appointments gone. Ring back at 1.30 at 1.35 all appointments gone again.</i>
<i>Had earache had to see nurse, not able to see doctor, had to come back a week later and insisted on seeing doctor, symptoms ongoing.</i>
<i>Not answering phones receptionists vary some are good others not so. Phoned last Monday 7/3/16 waited until 17/3/16 for appointment phoned re emergency appointment had one the next day</i>

From the feedback from patients there is some dissatisfaction with the accessibility of appointments requested via the telephone and busy telephone lines.

- 4) Patients were asked how long they usually have to wait to make an appointment with a GP of their choice; 11% (3) of patients stated that they could see a GP of their choice within 24 hours, 4% (1) of patients stated between 24 and 48 hours and 85% of patients said they would wait more than 48 hours to see a GP of their choosing. Comments in relation to this reflect much of the feedback offered for point 3:

<i>N/A doesn't choose always happy to see any doctor</i>
<i>Routine 3 to 4 weeks or same day if urgent</i>
<i>3 weeks routine - difficult to get on phone</i>
<i>3 weeks routine - difficult to get on phone</i>
<i>4 to 6 weeks</i>
<i>If urgent easy</i>
<i>3 weeks</i>
<i>4 weeks</i>
<i>4 weeks</i>
<i>Emergency within 24 hrs</i>
<i>4 to 6 weeks</i>
<i>4 weeks</i>

- 5) Similarly, patients were asked how long they usually had to wait for an appointment with any doctor. 38% (10) of the respondents stated they could access an appointment with any doctor within 24 hours, 4% stated they could get an appointment within 48 hours and 58% stated it would be more than 48 hours before they could get an appointment with any doctor.

Comments:

<i>Can be same day if urgent</i>
<i>Up to 3 weeks or same day if urgent</i>

<i>3 weeks routine same day</i>
<i>3 weeks routine same day</i>
<i>Only use for urgent appointment</i>
<i>Emergency within 24 hrs</i>
<i>2 weeks</i>

6) Within regards to the environment of the GP surgery, patients were asked to rate their opinion on the following:

<u>Environment</u>	Excellent	Good	Poor	Very Poor
Access i.e. ramps, steps etc.	60%	32%	8%	0%
Helpfulness of reception staff	64%	32%	4%	0%
Cleanliness of waiting area	76%	24%	0%	0%
Seating arrangements	54%	33%	13%	0%
Information display	58%	38%	4%	0%
Toilet facilities	67%	33%	0%	0%

Patients offered some comments in relation to their experiences with the environment:

<i>Pull doors - wheelchair</i>
<i>Uses sticks</i>
<i>Due to the arrangements of the seats some patients can't see the sign stating when it's their turn to go in to see the doctor or nurse no verbal</i>

7) When asked which professional they were visiting today; 64% of patients were there to see their GP and 32% were there to see the Nurse and 4% (1 patient) to see another staff member but did not state who.

8) Patients were asked how they rated the service the GP provided to them, their feedback is as follows:

GP	Excellent	Good	Poor	Very Poor
Greeting	68%	32%	0%	0%
Understanding of concerns	68%	24%	8%	0%
Treatment explanations	60%	32%	4%	4%
Awareness of your medical history	44%	48%	8%	0%

There is a good level of satisfaction from patients in relation to the service provided to them by their GP. Some patients however felt improvements are required around their GPs explanations around treatments, understanding of the patients' concerns and awareness of the patients' medical history.

9) The same was asked of the patients' experience of visiting the Practice Nurse:

Nurse	Excellent	Good	Poor	Very Poor
Greeting	83%	17%	0%	0%
Understanding of concerns	79%	17%	4%	0%
Treatment explanations	79%	17%	4%	0%
Awareness of your medical history	79%	13%	8%	0%

Again, the level of patient satisfaction with the service provided by the Practice Nurse is high but with some similar concerns reflected in point 8.

10) Finally, patients were asked for their overall opinion of the GP practice:

Excellent	24%
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Very Good	40%
Good	20%
Fair	8%
Poor	8%
Very Poor	0%
No answer	0%

Following the survey, the patients were asked for any additional general feedback they felt they wished to express about the Medical Centre that the survey may not have covered.

<i>Patients are called in by illuminated sign - could be missed if not looking directly at it.</i>
<i>Could do with more emergency appointments gone within minutes.</i>
<i>Saturday morning - unable to get evening appointment</i>
<i>Arm rest for chairs to assist lift</i>
<i>Satisfied with the practice</i>
<i>Satisfied</i>
<i>Very happy with this practice</i>
<i>Booking system, telephone system, answer machine comes on at 8.30, when you get through all appointments have gone. Phone back at 1.30 same problem, all appointments have gone. Try next day.</i>
<i>Don't agree that receptionist should ask do you need to see a doctor, or say to see a nurse when rung in to see a doctor. Nurse said antibiotics not given to adults any more only children (RUBBISH).</i>

CONCLUSION

Overall, patient satisfaction with the Medical Centre's GP and Nurse appears to be good with some issues highlighted in relation to telephone access to same day appointments and some access to routine appointments (3/4 weeks wait). We have some concern

around one patient being informed by the Nurse that antibiotics are “*not given to adults anymore only children*”. Clearly a misunderstanding has occurred here but is good example of the need for staff to check the understanding of patients with regards to what advice and information has been given to them.

CHC RECOMMENDATIONS

1. The Medical Centre should review its appointment booking system for routine and same day appointments to ensure timely access for patients.
2. The Medical Centre should always check the level of patient understanding with regards to the advice and information given to them.
3. The Medical Centre should assess the seating arrangements in the patients’ waiting area and ensure that they offer a variety of seating to suit different patients’ access needs e.g. high backs for support and arm rests, suitable space for wheelchair users and door access.
4. The Medical Centre should consider an alternative method for calling patients through to clinic as some patients may miss their alert on the appointments screen; this would also impact on the visually impaired.

BACKGROUND PAPERS:	NONE
APPENDIX:	NONE