

General Practice Inspection (announced)

Cwm Taf University Health
Board, Penygraig Surgery.

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of 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 to Penygraig Surgery, George Street, Penygraig, CF40 1QN on 1 March 2016. The inspection team comprised of an HIW inspection manager (inspection lead) and a GP peer reviewer.

HIW explored how Penygraig 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.

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

2. Context

Penygraig Surgery currently provides services to approximately 5,500 patients in the Penygraig and Tonypany area. The practice forms part of GP services provided within the geographical area known as Cwm Taf University Health Board.

The practice employs a staff team which includes four GPs. One partner and three salaried GPs. We were informed that the practice has difficulty in recruiting doctors. The remainder of the staff team included, two nurses, one healthcare assistant, five reception staff (one full-time, four part-time) and a practice manager. Student nurses rotate through the practice on a training placement.

The practice provides a range of services, including:

- Dressings clinic
- Blood Pressure clinic
- Chronic disease management clinic
- Asthma clinic
- Diabetes clinic
- Phlebotomy clinic
- IRN clinic
- Minor Illness clinic
- Cytology clinic.

3. Summary

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

The Community Health Council (CHC) visited the practice after HIW's visit and spent time speaking to patients about the practice and overall received positive feedback.

Overall, we found evidence to support the conclusion that the surgery team placed considerable emphasis and had a firm and on-going commitment to providing a quality service to their patients in accordance with the Health and Care Standards.

We identified areas of service which required review. Specifically, the appointment system; patients attempting to make a same day appointments stated that they had had difficulties in accessing the system on first contact. We also heard that allocated appointment times could be delayed. This was due to previous patient appointments taken longer than had been scheduled for.

We noted that there were constraints due to the building infrastructure; The practice surgery is based in a building, leased from a third party. However, within these constraints, efforts had been made to accommodate patients with disabilities where possible. Ramps were available, though there were no automatic doors.

We found evidence of strong leadership from the GPs and the practice manager, overseeing a settled and cohesive staff team. The team were well established and confident about their roles and responsibilities.

4. Findings

Quality of patient experience

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

We found that the appointment system was the main concern. The practice is constantly reviewing the appointment system to see where improvements can be made.

Whilst it was not possible for members of the Cwm Taf CHC to be present at the surgery on the day of our inspection, a visit was arranged for 16th March 2016. The CHC produced a report which provides an analysis of the information gathered and the 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)

We found evidence that the practice considers patient privacy, dignity and confidentiality.

There was a large reception area with seating. There was an open reception desk and a room is available for patients requiring privacy.

Information regarding patient confidentiality, patient data protection, the complaints procedure and the practice's stance on expected patient behaviour was clearly displayed in the waiting area.

There was also information in the waiting area offering a chaperone service where requested. It may be helpful to also consider displaying this notice within the consulting rooms. The nurses currently undertake this role, however, two receptionists will also receive training in how to act as a chaperone and this will help extend the service within the evening surgeries.

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)

The practice is aware of their responsibilities around handling concerns and (complaints).

Complaints are dealt with following a structured process and in a timely manner. We saw examples of letters the practice had sent to complainants which showed they had responded promptly and were taking the matters seriously.

The practice gathers patients' views annually by questionnaire/survey. The responses were collated and are acted upon. Overall, responses in all areas were satisfactory. The practice hopes to establish a patients' participation group within the near future.

The practice manager offers the opportunity for staff to express any concerns and encourages open communication between staff. We observed that the practice had a Whistleblowing policy available.

Delivery of safe and effective care

Overall, we found evidence to support the conclusion that the surgery team were committed to providing a quality service to their patients in accordance with the Health and Care Standards.

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)

There was an information board in the reception area with a good variety of notices/ posters for patients; some of these were health messages, information for carers and also information about groups in the local community. The practice promotes health initiatives such as smoking cessation, breastfeeding and healthy lifestyles.

Patients check in for appointments by presenting to reception staff. Vulnerable adults were flagged on the computer system and staff made provision for these patients i.e. longer appointment times.

There was a register of patients who have caring responsibilities and this flagged up on patient electronic records when they attended for appointments. We also observed information in reception directed specifically at carers and the additional needs that they may have. The practice encourages patients to identify themselves as carers. The practice has an identified carers' champion.

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)

Access to the practice is up a steep hill. There is no parking available. Ramps were available for access as required. We were informed that no fire alarm was available within the building; however, there were smoke detectors in all areas. The practice management should ensure that a fire risk assessment has been

undertaken and that any necessary arrangements are in place to ensure the safety of patients should a fire occur. Building work was taking place during the visit. Appropriate signage and safety notices were displayed.

The practice has a good variety of leaflets promoting health and safety and support group information i.e. Domestic Abuse helpline, etc. All the practice staff have undertaken IRIS (Domestic Abuse) training.

Policies and procedures were in place and dated. A staff notice board is also used to disseminate updates to all staff. The staff monthly meetings are also used as forums to discuss and update staff members.

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))

There was a nominated nurse in charge of infection control. There was a written policy detailing the process to follow to ensure that relevant staff are immunised against Hepatitis B. There was immunisation information on each relevant staff member.

All areas throughout the practice appeared visibly clean. We noted that there was hand sanitising gel available at the practice for patient and staff use and that staff members have access to appropriate protective equipment, when required.'

The patients' toilets are checked frequently. However, it was noted that there was no record of outcomes from this checking system. It may be helpful to have a record, especially at times of high patient numbers.

Recommendation

Record outcomes from the checking system of toilet and baby changing facilities.

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

Penygraig practice is a non-dispensing practice. However, the staff were aware of and followed the Cwm Taf University Health Board and National Institute for Health and Care Excellence (NICE) guidelines for medicines management. Systems were in place to ensure regular patient medication review and an effective and safe repeat prescribing system. The practice has successfully reviewed its prescribing system over recent years to reduce certain medications i.e. Benzodiazepines. The local health board's pharmaceutical advisors visit annually.

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.

There is a safeguarding practice policy in place. We observed that all staff had received safeguarding training to either level 1 or level 2. There was an identified lead for Child Protection.

The practice had a Protection of Vulnerable Adult (PoVA) policy in place and staff had received training up to level 1. We were informed that all staff were to commence level 2 training shortly.

Vulnerable patients may be referred to the community co-ordinator, who visits the practice as required.

The practice has a learning disabilities register, which is reviewed and updated annually by the practice and through third party agencies, such as the Social Services.

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)

There were systems for sharing information between staff at the practice. Between clinical staff, this was in the form of a structured system of regular monthly meetings. Staff meetings were also held on a monthly basis and minutes were recorded. Patient Safety Incidents and Significant Events were reported electronically via DATIX and discussed at these monthly meetings. Action was taken where appropriate. New guidelines are distributed to the relevant staff when received.

The practice had a regular case review meeting with the primary care nurses and the Macmillan Nurse team.

We looked at a sample of all practice GP patient records and found that these were of a consistently satisfactory standard.

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

There was a hearing loop system at the practice, and this was placed prominently on the reception desk.

One of the staff was able to speak in Welsh and could therefore provide patients with a bilingual service, if required. However, the practice leaflet was available in English only. We were informed that this could be made available in Welsh if required. We were informed that there were no Welsh speaking patients at the practice. There is a practice newsletter available every one to two months informing patients of any changes and highlighting health initiatives and health promotions. This is noted as good practice.

We saw evidence of a system used to manage all incoming patient information efficiently. Letters received through the mail were date stamped and scanned onto the relevant patient record on the day of receipt, before being passed to the relevant doctor to action.

Patient records were held securely in areas which were only accessible to staff.

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)

There were a variety of patient information leaflets available in the reception and other patient areas of the practice. These were available in English only.

The sample of patient records we saw demonstrated that people's personal and social care needs were assessed and measures taken to address those needs with the support of other health and social care professionals as required.

We noted that patient consent was recorded on clinical records where required.

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)

We discussed the appointment system available to the patients and were told that this practice was an open access surgery. The practice offers a same-day appointment service where possible. Such appointments can be made by ringing the practice on the required day after 8:00 am. The call is taken by the receptionist and triaged by the nurse, who will then direct to a nurse and/or GP. However, if urgent, an appointment will be given for that morning. Longer appointments and pre-booked consultations are held in the afternoon.

The CHC reviewers reported that some patients expressed dissatisfaction with the booking system and that it may be difficult to contact the surgery. However, it was noted that the patients were able to speak with a clinician (GP/Nurse) where necessary and were also able to obtain an appointment for the same day.

GPs did review their referrals i.e. hospital referrals, second opinion referrals. However, there was no formal referral policy in place and no practice wide audit of the referrals was undertaken. The practice could consider implementing a half yearly audit of the practice's hospital referrals, with a discussion of the outcomes.

There is a practice nurse and health care assistant available every day; patients see them to have blood taken, wounds dressed, and when attending the various clinics.

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)

There is a commitment on a multi-professional basis to engage equally with all individuals and families. Feedback from patient questionnaires indicated that the patients rated their GPs as good to excellent.

Quality of management and leadership

We found evidence of effective leadership from the GPs and the practice manager.

The practice manager leads a contented team of staff and demonstrated good leadership for the non-clinical staff. The staff members appeared a happy and cohesive team. The team were well established and confident about their roles and responsibilities.

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 evidence of strong leadership from the practice manager and the GPs at the practice. This was evident through the confidence with which staff carried out their work. Staff also spoke highly about the GPs and practice manager and told us that it was a supportive, happy place to work. There were various tiers of accountability in place and staff members knew who to go to for help and advice. There were monthly staff meetings and these were recorded.

The practice is part of a cluster group consisting of 9 GP practices. Cluster meetings are held every two months and the agendas are set by the GPs.

There were a number of audits across different areas of the practice. However, the practice could extend its approach to cover more of its clinical processes. This will help to identify problems early and also provide an opportunity to review standards and make improvements where needed.

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

The practice is not a training practice. However, student nurses do have a placement there, where they are allocated to a GP.

The staff we spoke to were happy in their work at the practice. This was reflected in the communication between staff and patients and between staff members.

The records we saw confirmed that staff mandatory training was logged and that personal learning plans had been identified during staff appraisals.

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 Penygraig practice, 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 for Penygraig Surgery – Date of Inspection: 1st March 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
9	Record outcomes from the checking system of toilet and baby changing facilities	2.4	Patient's toilets are checked regularly throughout the day. 1. 8am before surgery starts 2. Midday when surgery is less busy and 3. 6.30pm end of surgery As per this meeting – we now have a written rota for staff to date, sign, and any action points which need following up (eg – no paper towels, toilet paper etc)	B Dewdney	

Practice Representative: Bethan Dewdney, Practice Manager

Date: 18/10/2016

Appendix B

Community Health Council Report



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Penygraig Surgery, Tonypany. CF40 1QN
Date / Time:	16 th March 2016. 9.30 – 11.30am
CHC Team:	Cwm Taf Anne Roberts – Member (Lead) Carole Withey – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

The CHC visiting were able to speak to, and undertake a patient survey with, 20 patients during this joint visit.

There were two doctors and one nurse present during the visit.

Results of questionnaire:-

Question 1 – How long have you been registered with the practice?

16 Registered	over 10 years ago
2 Registered	between 5-10 years ago
2 Registered	1 – 5 years ago

Question 2 – How would you rate the opening times at your GP practice?

10	very good
5	good
4	satisfactory
1	unsatisfactory (would like earlier or later appointment times)

Question 3 – How would you rate booking an appointment at your practice?

7	Very difficult
6	Difficult
4	Easy
3	Very easy

Question 4 – Comments made by patients

- Phone line opens at 8am. Unable to get through for ages and then appointments have gone. You then need to ring again the following day.
- One patient reported feeling 'fobbed off' due to being sent to see the nurse when the request was to see the doctor.
- Another patient present in the surgery requesting to see a GP was asked to come and see the nurse on Friday and was unsure why this was happening.
- One patient stated a queuing telephone system had been introduced which was much better, but when ringing you could be in a queue with 8 people before you.

Question 5 – How long do you usually have to wait for a GP of your choice?

- 18 over 48hrs – usually 2 weeks
- 1 24- 48 hrs
- 1 never asked to see a specific GP

*Question 6 – How long do you have to wait to see **any** GP?*

This question was confusing for patients

- 19 said over 48 hrs
- 1 said 24- 48 hrs

Patients stated again that the wait could actually be up to two weeks. However, all patients stated that if it was urgent they would be able to get an appointment quickly.

Question 7 – Today were you seen at your allocated appointment time?

- 8 Yes
- 12 No

Question 8 – If no, how long after your appointment time were you seen?

Twelve patients were all seen within 10 minutes.

Question 9 – How would you rate the following?

- Access - 14 replied Excellent, 6 Good
- Helpfulness of reception staff –
 - 11 Excellent
 - 6 Good
 - 2 Poor
 - 1 Very Poor
- Cleanliness of waiting area –

- 14 Excellent
- 6 Good
- Seating arrangements –
 - 13 Excellent
 - 7 Good
- Information on display –
 - 13 Excellent
 - 7 Good
- Toilet facilities –
 - 10 Excellent
 - 7 Good
- 3 patients did not use the toilets.

Other comments

- The receptionist on duty was highly regarded by patients.
- 3 patients felt the seats were hard.
- CHC staff observed a fairly large rip on part of the seating area.

Question 10 – Who did you see today?

- 11 visited the GP
- 9 visited the nurse

Question 11 – If other, which healthcare professional did you see?

n/a

Question 12 – How would you rate the following about your GP:-

- | | |
|-----------------------------------|--------------|
| Greeting | 10 Excellent |
| | 1 Good |
| Understanding of concerns | 11 Excellent |
| Treatment explanations | 11 Excellent |
| Awareness of your medical history | 10 Excellent |
| | 1 Good |

Other Comments: Depends who you see.

Question 13 – How would you rate the following about your nurse:-

Greeting	– 11	Excellent
Understanding of concerns	– 11	Excellent
Treatment explanations	– 11	Excellent
Awareness of your medical history	– 11	Excellent

Question 14 – Rating your GP practice

2	Excellent
10	Very good
4	Good
3	Fair
1	Poor

Question 15 – Do you have any additional comments you wish to make regarding your GP practice or other healthcare professional seen?

- It would be excellent rather than very good if I could get an appointment more easily.
- Any issues are normally resolved quickly.
- Quite happy with the practice
- The general 2 week wait for an appointment could be improved.

Observations

Environment - External

When approaching the building it was observed it is placed at the end of a street of terraced houses. There were iron grids on the windows and surrounding the building itself which made it very unappealing. There was a pile of rubbish on the pavement below.

Parking facilities are limited however, the building is situated in the centre of Penygraig.

Environment - Internal

When entering the building it is warm and welcoming. The seating arrangement is good and the area is spotlessly clean. There was a television on which was relaying health information to patients and noticeboards were well maintained with relevant health information.

There was a constant flow of patients and some had mobility problems. Access for these patients was satisfactory.

Mrs Anne Roberts
CHC Member