Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

General Practice Inspection (announced)

Aneurin Bevan University Health Board, Courthouse Medical Centre

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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 Courthouse Medical Centre, Heol Bro Wen, Caerphilly, CF83 3GH on 13 December 2016. We returned to the practice on 4 January 2017 to finish the inspection. Our team for the inspections comprised of two HIW inspection managers (one inspection lead and one observer), a GP peer reviewer, a practice manager peer reviewer and two representatives from Aneurin Bevan Community Health Council.

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

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

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

Courthouse Medical Centre currently provides services to approximately 10,200 patients in Caerphilly. 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, one nurse practitioner, three practice nurses, two health care assistants and one trainee health care assistant, one practice manager, one assistant practice manager, one receptionist/phlebotomist and a number of administrative/reception staff.

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

- Antenatal clinics
- Contraceptive advice
- Immunisations and holiday vaccinations
- Smear tests/cytology clinic
- Health promotion/chronic disease monitoring clinics
- Cardiovascular disease monitoring/risk assessment
- Diabetic clinic and Diabetic expert education programme
- Anticoagulation clinic
- Respiratory disease monitoring
- Hypertension
- Preconception advice
- Child health surveillance - immunisation clinic
- Minor surgery
- Chiropody clinic
- Smoking cessation clinics
- Well person clinics
- Exercise on prescription.

3. Summary

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

Overall, we found evidence that Courthouse Medical Centre provides safe and effective care.

This is what we found the practice did well:

- Overall patients were happy with the service provided
- A range of health promotional programmes were run by the practice
- Health and safety policies and procedures were full, clear and detailed and we could see where changes to the environment had been made to improve safety. The practice had achieved an award partly for their work in this area.
- Staff we spoke with were happy in their roles and felt well supported

This is what we recommend the practice could improve:

- The complaints procedure required updating
- Aspects of patients records required improvements
- Aspects of the system for prescribing required review to ensure risks were appropriately managed
- Staff required training in child and adult protection. Aspects of these systems required improvements and there was a lack of evidence of multi-agency working in these areas
- Formalised recruitment policies and procedures must be put in place.

4. Findings

Quality of patient experience

Members of the local Community Health Council (CHC) spoke with patients and used questionnaires to obtain patients' views. CHC questionnaires were completed by patients both prior to, and during, the inspection. 127 questionnaires were completed in total. Overall, patient satisfaction was high, with the majority of patients rating the practice as excellent, very good or good. We found people were treated with dignity and respect by staff.

The complaints procedure required updating and staff should consider how to ensure patients can provide 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. Patients reported being happy with the facilities available and were very complementary about the GP and nurse services.

However, patients also reported that there were long waits and difficulties getting through on the telephone to book appointments. A third of patients were not seen at their appointment time and over a third of patients reported waiting for longer than 48 hours for an appointment. We saw evidence that the practice had carried out a review of patient access which included seeking patient feedback and changes had been made as a result. The CHC report makes two recommendations in regard to access, based on the patient feedback received.

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 and respect by staff.

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. Staff placed an emphasis on meeting patients' individual needs with respect and kindness.

The reception area was separated from the patients' waiting area by a line of built up desks and perspex screens. This gave privacy to staff answering the telephone and enabled documents to be shielded from view. There was a queuing system in place and a sign indicated to patients to wait back from reception desks to allow some privacy for patients speaking with receptionists. There was a designated private room attached to the reception area where staff could discuss any sensitive issues with patients, to maintain confidentiality. Some patients commented that they felt their privacy could be compromised by receptionists speaking loudly to patients with hearing difficulties. We suggested staff raise awareness of using the hearing loop. Overall we found that staff had given careful consideration of privacy issues and had adapted the environment as much as possible. Staff could attend to patients using wheelchairs through gaps in the perspex screens.

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 during consultations.

We saw there was a policy on the use of chaperones and we saw training certificates to indicate that staff acting as chaperones had received training in this area. This meant there was a procedure and working practices in place to protect patients and staff.

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)

The practice had a written procedure in place for patients to raise concerns and complaints. However, the version we saw did not include key information such as the timescales adhered to by the practice, or routes of escalation which meant that it was not fully compliant with 'Putting Things Right' requirements, (the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales). There were generic 'Putting Things Right' leaflets displayed but there was a need for practice specific information to be kept up to date and made easily available.

Complaints information was displayed on a noticeboard in the waiting area and was not fully visible, partially covered by other information pinned to the noticeboard. Staff told us their complaints display had been taken down

recently but they planned to re-display this. There was some complaints information on the website.

Improvement needed

The practice must ensure there is a comprehensive complaints procedure in place which is compliant with Putting Things Right requirements. The procedure should include timescales for resolution, routes of escalation and how patients can access support in making complaints, such as through the Community Health Council.

We saw that staff maintained records of formal complaints. From the records we inspected, we could see that staff had taken appropriate action and had adhered to specified timescales in resolving concerns.

The practice gathered patient feedback through patient questionnaires when required for specific pieces of work or staff revalidation. For example, the practice had recently used questionnaires to gather patient's feedback regarding access to appointments in order to improve the system.

Staff told us their patient participation group no longer ran and they had stopped using a suggestion box. The practice did not currently record patient's informal concerns and we advised the practice to consider doing this, as a method to capture and respond to patient feedback. There was therefore no current mechanism in place to enable patients and carers to provide feedback on an ongoing basis.

Improvement needed

The practice should consider how they empower patients and carers to give feedback on an ongoing basis as a way to improve services.

Delivery of safe and effective care

Overall, we found the practice had arrangements in place to promote safe and effective patient care. We found a staff team who were patient centred and committed to delivering a high quality service to their patients.

A wide range of information was available to patients to help them take responsibility for their own health and well being and a number of health promotional programmes were run from the practice. There was a full and detailed practice leaflet available for patients.

Health and safety policies and procedures were up to date and the practice had achieved an award partly for their work in this area.

Overall suitable arrangements were in place for the safe prescribing and dispensing of medicines to patients. However, we have advised the practice to review several aspects to ensure appropriate systems are in place for managing risks in the system.

Suitable clinical procedures were in place to reduce the risk of the spread of infections.

Internal communication systems were in place which aimed to avoid unnecessary delays in referrals, correspondence and test results.

There were child protection and protection of vulnerable adults policies in place. Staff required up to date training in these areas and improvements were needed to aspects of recording systems. Staff must be able to demonstrate multi-agency working and information sharing in these cases.

The sample of patient records we reviewed were variable and we have advised staff to make improvements.

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 a wide range of information available to help patients to take responsibility for their own health and well being. There was information 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. There was one display next to the reception desks where information required refreshing and staff agreed to update this area.

The practice gave us a number of examples of programmes they ran to support patients to take responsibility for their own health, for example, a structured patient education programme for patients with type two diabetes and the 'foodwise for life' programme to support patients with weight management. The practice also ran a smoking cessation clinic to support patients in this area of health improvement. We also saw that staff had taken the initiative to promote healthy eating amongst the staff team.

There was information available for carers in the waiting area. The practice maintained a carers register and staff had undergone carer awareness training.

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 to be clean, tidy and uncluttered which reduced the risk of trips and falls. Overall, the practice building was suitably maintained, both internally and externally.

The practice had achieved a bronze 'small workplace health award' and as a part of this they had completed thorough health and safety checks. There was a full, detailed, up to date health and safety policy in place which covered all mandatory areas, with clear responsibilities.

We found that there was a display screen equipment policy held at the practice and staff were offered a formal risk assessment of their office work station/desk area.

There was a system in place in regards to the Control of Substances Hazardous to Health (COSHH).

A full environmental risk assessment had been completed within the last few months and we saw that action had been taken within the environment as a result, to manage and reduce any identified risks. A fire risk assessment had also been undertaken. There was a fire emergency action plan in place and fire equipment had been checked and serviced.

There were clear business contingency plans in place to manage disasters and significant health emergencies. We suggested the practice consider storing all key information regarding their contractors and maintenance suppliers in one central secure place.

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 clear infection control policy and procedure in place for staff to follow. Staff had received training in infection control. The nursing team carried out infection control audits which enabled them to monitor compliance with infection control procedures.

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 clean and cleaning records were kept. 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 and sharps were securely stored until they could be safely collected.

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

Senior staff described that that all clinical staff were expected to ensure they received Hepatitis B vaccinations as required to protect themselves. Records were kept centrally and monitored by the practice manager. We saw that two members of staff were noted as not responding to the vaccination. We advised senior staff that their work should be risk assessed in these cases.

Improvement needed

Senior staff must ensure that where staff are non-responders to vaccinations, that appropriate risk assessments are in place to manage this.

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

There were arrangements in place to ensure appropriate repeat prescribing. Patients could access repeat prescriptions by calling into the surgery in person or by post. The practice used the health board's formulary[1].

There was an automated system in place to ensure patients were called in for medication reviews.

There was a pharmacist who worked across the Neighbourhood Care Network (NCN)[2] and gave support to the practice.

Staff told us that medication errors were dealt with on an ad hoc basis and we could not be assured that these were documented or currently reported as significant events when they occurred.

Improvement needed

Staff must ensure that medication errors are clearly documented to evidence appropriate management, and where necessary, reported as significant events.

We found that at present, any medication changes following hospital discharge were actioned by the prescribing clerk with GPs providing checks. We advised staff to review the risks associated with the system currently in use.

Improvement needed

The practice must ensure that medication changes following hospital discharge are actioned by staff who are appropriately qualified and who hold the accountability for those changes.

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[1] The **formulary** lists all medicines approved for use in primary and secondary care in Aneurin Bevan University Health Board

[2] **Neighbourhood Care Network** is the term used for practice clusters within Aneurin Bevan University Health Board. A practice cluster is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. Neighbourhood Care Networks were first established in 2010. They bring together GP practices, District Nursing, Frailty, Public Health Wales, Primary and community mental health services and the voluntary sector.

Staff told us there was no formalised system in place to follow up with patients who had not collected their prescriptions.

Improvement needed

There should be a system in place regarding follow up with patients who have not collected prescriptions.

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 up to date child protection and protection of vulnerable adults (POVA) policies in place which guided staff on the actions to take and their roles and responsibilities in reporting suspected abuse. Local contact numbers were available for ease of access for reporting. There was a designated lead for child protection.

Some staff had undertaken child protection training and were in the process of updating this training to ensure it was completed at an appropriate level to the role. Staff had not undertaken adult protection training. All staff had been registered for online learning in order to be able to receive training in these areas. However, we could not be assured that all staff were therefore currently up to date in regards to their awareness, processes and systems to identify and manage issues of child and adult protection.

Improvement needed

All staff must undertake child and adult protection training at a level appropriate to their role. The practice should consider how to raise awareness amongst staff regarding child and adult protection issues.

Staff flagged child and adult protection cases on the electronic system so that staff were alerted to these cases. We were not assured that there was a formalised system in place for unflagging children at risk once they were removed from the child protection register and we advised staff to review and formalise this process.

Although we found some evidence of cases being coded, this was not consistent and we advised the practice to review this to ensure a consistent system was in place.

Improvement needed

Staff must ensure there is a consistent system in place for coding child and adult protection cases.

There were registers in place recording those patients who were vulnerable, such as patients with mental health needs and children on the child protection register. A social worker was shared across several practices to give support across the NCN.

Through speaking with staff and looking at records we found a lack of evidence of multi-agency working regarding adult and child protection cases. Staff told us this tended to happen on an informal basis, however, we could not find recorded evidence that cases were routinely or regularly reviewed or assessed with other relevant professionals.

Improvement needed

Staff must be able to demonstrate that multi-agency and multi-professional working takes place around child and adult protection cases and where appropriate, information is shared between organisations to ensure effective management.

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)

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, for example, through the GPs clinical meeting.

Staff told us meetings were held to update staff on any changes to practice, policies, to discuss significant events and safety alerts but that these were not always minuted. We advised the practice to minute meetings to demonstrate an audit trail and as a way of recording the decisions made.

There was a process in place to circulate patient safety alerts to individual staff members. We advised the practice to consider formalising this process and clarifying at practice level whether any actions would be taken as a result of receiving the alert.

We saw that staff informally monitored for themes and trends in significant events and complaints. We suggested the practice team could consider formalising the arrangements in place for annually reviewing significant events and concerns, to assist with monitoring and making 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 would produce information in different formats for patients 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.

There were systems to ensure that any messages were entered onto the electronic system and doctors were able to view the messages and prioritise accordingly.

Staff advised that they received discharge summaries from secondary care electronically within Aneurin Bevan University Health Board and in a timely way which helped to ensure they had up to date information about patients.

Referrals were made electronically within Aneurin Bevan University Health Board and by post within other health boards and tracked by a designated staff member. There was currently no central electronic log to record all referrals and we suggested the practice could consider implementing this. There was a system in place to log and chase urgent suspected cancer referrals to ensure they were received. No overall monitoring or audit had taken place regarding referral numbers or outcomes and we advised the practice to consider this to help assess and improve the system.

An appropriate system was in place to ensure information from the out of hours service was passed on and acted upon the same day.

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 doctor and several nurses working at the practice and although we did not have concerns regarding clinical practice, overall we found a variable standard of record keeping. Some records contained a high level of detail and it was possible to determine the outcome of consultations and the plan of care for the patient. However in some cases we found that:

- There was a lack of detail
- Care plans did not always cover every area required. Some members of the team used templates and where templates were used we found that every area had been covered in sufficient detail
- Consent was not consistently recorded or coded.
- One GP told us that they printed relevant information leaflets to assist patients in understanding their treatment and care. This was not always documented as being given to patients and we advised GPs to record this.

We suggested that clinical staff carry out a records audit in order to improve the overall standard of record keeping

Improvement needed

Medical records must be comprehensive enough to ensure continuity of care for patients. Staff must ensure that sufficient detail is captured, that information provided to patients is recorded, that care plans cover all necessary areas and that consent is consistently recorded. The practice should consider carrying out a records audit to improve the overall standard of record keeping.

We noticed in several entries on the electronic system that the inputter showed as one of the GPs but the staff member making the entry showed as the practice manager. We checked this with staff to make sure that each staff member had their own log in details and were therefore accountable for their entries. Staff confirmed that they had their own log in details but there was an issue with the system that they hadn't been able to resolve. We advised the practice to resolve this, to ensure entries were clearly linked at first glance, to the person inputting.

Improvement needed

The electronic records system must clearly link the staff name and initials to the correct staff member who is making that entry.

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, appointment system, the procedure for obtaining repeat prescriptions and how patients could make a complaint. There was also comprehensive information available on the practice's website.

We were told that the practice leaflet would be produced in other formats and languages on request. We advised the practice to make information available in Welsh and other formats according to the needs of the practice population. 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 and we suggested that this was promoted within the staff team, following some feedback from patients and staff.

A wide range of information was displayed and readily available within the waiting areas of the practice. This included information on local support groups, health promotion advice and self care management of health related conditions.

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)

Patients were able to book appointments in person at the practice, by telephone and online. Patients could book urgent appointments on the same day, within 48 hours and routine appointments were available two 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. Although some patients provided negative comments about access to appointments we saw evidence that staff

at the practice had carried out a recent large piece of work in trying to make improvements to the system.

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 they could access the care and treatment they needed without having to see a doctor.

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 building had been purpose built as a general practice health care facility in 2004. There were two levels and a lift which made it accessible to patients with mobility difficulties and those patients who used wheelchairs.

There was a large car park and an area where patients could be dropped off directly outside the entrance when required.

There was an electronic sign and television screen which indicated when staff were ready to see patients.

Arrangements were in place to protect the privacy of patients and their medical records.

Quality of management and leadership

The practice had a clear management structure in place. We found a patient-centred staff team who told us they were well supported. Staff were also positive about the training opportunities available. We advised the practice to ensure they were monitoring and supporting staff compliance with ongoing training requirements. Improvements are needed to ensure there is a formalised recruitment procedure in place.

There were systems in place which allowed staff to reflect and make changes and improvements to practice. We advised staff to consider implementing a programme of clinical audit to further support improvements to services.

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.

Overall, we found effective leadership and a stable, patient-centred staff team who were committed to providing the best services they could, to their patients. Staff were positive about the working environment and felt ownership over the practice, taking responsibility over different areas. Staff told us they felt well respected and supported.

There was a whistleblowing policy in place and staff told us they felt able to raise concerns with senior staff.

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 often took on dual roles and worked flexibly. This meant that staff could provide cover for each other during absences, reducing the risk of disruption to services for patients.

We saw minutes from a number of meetings held, including the nurse team meeting, clinical team meetings, partners meeting and practice meetings. This meant that mechanisms were in place to aid communication between staff and across the practice.

Although staff had carried out some audits in order to monitor and improve practice, including for example, a minor surgery audit, we found a lack of

clinical audits being undertaken or peer review and we have identified some specific areas within this report, where clinical audit activity would be of benefit to the practice.

Improvement needed

Staff should consider implementing a programme of clinical audit activity, especially in those areas as identified in the report, which may be of benefit to the practice.

The practice had a detailed and reflective Practice Development Plan which they had developed through their NCN. This clearly identified the practice's aims and we could see that progress had been made in some areas.

Senior staff from the practice attended the NCN meetings and used this forum as a way to generate quality improvement activities and to share good practice. Nurses also attended practice nurse meetings which involved an element of continued professional development and helped to keep them informed of practice developments and reduced isolation.

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 and indicated they were happy in their roles. All staff we spoke with confirmed they had opportunities to attend relevant training. Staff told us that annual appraisals had recently been implemented and records supported this. We advised the practice manager to ensure the notes for these were formalised and that these were implemented now on an ongoing basis. This gave staff the opportunity to receive feedback on their performance, to discuss training needs and indicate if any additional support was needed.

There was a lack of any formal recruitment policies or procedures. Although staff interviewed prospective employees, they did not routinely request references and there was no formal procedure in place to ensure appropriate checks were carried out prior to employment. However, we saw that appropriate checks had taken place for staff currently working at the practice. We advised the practice of their duties in respect of recruitment procedures.

Improvement needed

The practice must ensure there is a formalised recruitment procedure in place which adheres to national legislation and guidelines. The practice must ensure that any staff now working at the practice, who were recruited without adhering to these guidelines, are suitably assessed for their fitness to undertake their roles and that all relevant checks are undertaken in order to safeguard both staff members and patients.

The practice kept individual certificates of staff training records but did not currently assess staff's training needs both individually and as a whole on an annual basis or have clear guidance regarding mandatory training topics.

Improvement needed

The practice should ensure they can demonstrate how staff are supported to stay up to date 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 Courthouse 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: Courthouse Medical Centre

Date of Inspection: 13 December 2016 and 4 January 2017

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
8	The practice must ensure there is a comprehensive complaints procedure in place which is compliant with Putting Things Right requirements. The procedure should include timescales for resolution, routes of escalation and how patients can access support in making complaints, such as through the Community Health Council.	6.3; Putting Things Right 2011	We have addressed this and the practice complaints procedure is available and displayed for patients. This includes timescales for resolution and routes for escalation. Leaflets available in reception to take away for the patient	Anne Dunn	Done
8	The practice should consider how they empower patients and carers to give feedback on an ongoing basis as a way to improve services.	6.3	We have contacted Jayex who supply our patient check in screen. There is a programme on the software that will enable the patient	Anne Dunn	Awaiting engineer to load

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			to give feedback		
Delivery of safe and effective care					
11	Senior staff must ensure that where staff are non-responders to vaccinations, that appropriate risk assessments are in place to manage this.	2.4	Non responders to hep b vaccines have historical signed disclaimers in place. New employees are given a full course of protective vaccines if needed and on starting employment a blood sample is taken to ensure protection. I have attached a spreadsheet of staff and compliance with our updated policy.	Anne Dunn	Done
12	Staff must ensure that medication errors are clearly documented to evidence appropriate management, and where necessary, reported as significant events.	2.6	We currently discuss all significant events including medication errors during our monthly meetings. We do not have separate meetings but we now minute the meetings as separate discussions and highlight issues discussed	Anne Dunn	Done
12	The practice must ensure that medication changes following hospital discharge are actioned by staff who are appropriately qualified and who hold the accountability for those	2.6	This was discussed at length as a team and with the health board pharmacy adviser. We were advised that it is safer to have the prescribing clerk add the	Dr J Bhogal	Done

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	changes.		medication and then checked by the GP or the practice pharmacist. This ensures 2 people have checked the medication. If the clinician was to add the medication then this would not be checked by anyone. This was agreed at health board level as a safer method		
13	There should be a system in place regarding follow up with patients who have not collected prescriptions.	2.6	We have implemented a 2 monthly review of prescriptions. Old prescriptions that are not collected are reviewed. Patients are contacted if it seen they are not taking their medications and are offered a review	Anne Dunn	Done
13	All staff must undertake child and adult protection training at a level appropriate to their role. The practice should consider how to raise awareness amongst staff regarding child and adult protection issues.	2.7	Practice staff are enrolled in the e learning programme available from ABHB. All staff are allocated study time to full fill all levels of safe guarding training. This has been in place with a number of existing staff having tried to complete the training. I have now enrolled 6 reception staff in an off site safeguarding course for them to attend during May and June. All	Anne Dunn	Done

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			other staff have historical training which needs updating and will be enrolling in further training as courses become available. I attach the course details.		
14	Staff must ensure there is a consistent system in place for coding child and adult protection cases.	2.7	All child protection cases are read coded on record and highlighted to staff by Health visitors and adult protection cases the same by our summariser	Anne Dunn	Done
14	Staff must be able to demonstrate that multi-agency and multi-professional working takes place around child and adult protection cases and where appropriate, information is shared between organisations to ensure effective management.	2.7	Lead child protection GP Dr J Ilott meets with the health visitor on a monthly basis to discuss current child protection cases and concerns . Adult protection cases are discussed during clinical team meetings held every 2 months in practice with the clinical team and outside agencies are invited. Programme of meetings has been drawn up	Dr J Ilott	Done
16	Medical records must be comprehensive enough to ensure	3.5	Patient records are to be audited every 3 months by Gp partners and this will be discussed internally	Dr P Coles	Done

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	continuity of care for patients. Staff must ensure that sufficient detail is captured, that information provided to patients is recorded, that care plans cover all necessary areas and that consent is consistently recorded. The practice should consider carrying out a records audit to improve the overall standard of record keeping.		at meetings and with their appraisers		
16	The electronic records system must clearly link the staff name and initials to the correct staff member who is making that entry.	3.5	We have implemented a new policy that all people accessing patients records should have their own clearly defined log in. All external organisations , secondary care services etc are to have their own personal user name and log in not a generic locum user name. This is now the case. We have a generic nadex id for windows access but all external people who access the records including locums will have their own defined user name and ID for the vision system.	Anne Dunn	Done
Quality of management and leadership					

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
20	Staff should consider implementing a programme of clinical audit activity, especially in those areas as identified in the report, which may be of benefit to the practice.	Governance, Leadership and Accountability ; 3.1	All areas of clinical practice are regulated by clinical audit. Guidelines are used and followed for chronic diseases and personalised templates are available for clinicians to use. Further templates are being formulated to encourage read coding and best practice.	Dr P Coles	
21	The practice must ensure there is a formalised recruitment procedure in place which adheres to national legislation and guidelines. The practice must ensure that any staff now working at the practice, who were recruited without adhering to these guidelines, are suitably assessed for their fitness to undertake their roles and that all relevant checks are undertaken in order to safeguard both staff members and patients.	Governance, Leadership and Accountability ; 7.1	A full recruitment policy and check list has been put in place and implemented recently when recruiting a new practice nurse. All relevant checks were done for this new member of staff and a programme is being implemented to get all staff suitably checked via the DBS system regardless of how long they have been in post	Anne Dunn	Done
21	The practice should ensure they can demonstrate how staff are supported to stay up to date with ongoing	Governance, Leadership and	Staff are all trained to a high level. Many have been in post for a long time. Updates are provided and		

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	training requirements.	Accountability ; 7.1	training is offered. The practice has recently provided for the local NCN group a practice receptionist programme for 5 weeks. New staff members are attending. This is a full programme provided by Thornfields. Staff have regular training updates and access to e-learning modules. Many have NVQ's in administration. All new starters that are under 25 have been through an apprenticeship programme.		

Practice representative:

Name (print): .....Anne Dunn.....

Title: .....Practice Manager.....

Date: ....15/02/2017.....