Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection (Announced)

Healthy Prestatyn Iach,

Betsi Cadwaladr University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care.**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice.**
Influence policy and standards:	**Use what we find to influence policy, standards and practice.**

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Healthy Prestatyn Iach, Ffordd Pendyffryn, Prestatyn, LL19 9DH within Betsi Cadwaladr University Health Board, on 17 May 2017.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), GP and practice manager peer reviewers and a lay reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall we found evidence that the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- People told us that they were treated with dignity and respect by staff
- There were arrangements in place to promote safe and effective patient care
- The staff team were patient centred and committed to delivering a high quality service to their patients
- There were safe medication prescribing processes in place
- There was a robust internal communication system in place to ensure that there were no unnecessary delays in processing referrals, correspondence and test results.

This is what we recommend the service could improve:

- The health board must provide HIW with evidence of staff Hepatitis B immunisation status
- All clinical staff to complete safeguarding training at level 3
- The health board should review arrangements in respect of managed practices and consider whether there needs to be a separation of its role as commissioner and provider of primary care services, whilst at the same time ensuring that equitable resources are secured for both functions.

3. What we found

Background of the service

Healthy Prestatyn Iach currently provides services to approximately 22,000 patients within the Denbighshire area. The practice has been managed by Betsi Cadwaladr University Health Board since April 2016. The practice has four branches, Seabank, 4-6 Rhodfa Wyn, Prestatyn LL19 7UN, Meliden Community Centre, Ffordd Talargoch, Meliden LL19 8LA, Ffynnongroyw Surgery, Main Road, Ffynnongroyw CH8 9SN and Rhuddlan Surgery, 7 Vicarage Lane, Rhuddlan LL18 2UE. The services provided at the branch surgeries were not reviewed during this inspection.

The service is considered to be innovative and is based on the Alaskan, Nuka system of care which incorporates key elements of the patient-centered medical model, with multidisciplinary teams providing integrated health and care services in primary care centers, coordinating with a range of other multidisciplinary and community based services.

The service is managed from the main surgery at Ffordd Pendyffryn and is provided through five 'key teams', Team Clwyd, Team Dee, Team Alun, Team Elwy and Team Brenig. Each key team is made up of a team co-ordinator, one or two GPs, nurse practitioner, pharmacist and an occupational therapist. Each key team provides services for approximately 5000 patients with Team Brenig catering for a smaller number of more dependant patients who are housebound or living in care homes. The key teams are supported by a practice team comprising of practice nurses and healthcare assistants, administration/reception staff and a management team.

The practice was due to move into new premises on 5 June 2017. We were given a tour of the new building. However, this did not form part of the focus of this inspection. The new premises were located in the centre of Prestatyn making them more accessible to patients and offering improved parking, better access and enhanced consulting, treatment and administrative facilities.

The practice offers a pre-booked appointment and same day, sit and wait service. The practice also offers telephone, e-mail and video messaging consultations in addition to the usual face to face appointments.

The practice provides a range of services, including:

- Minor ailments and accidents

- Wound care and dressings
- Blood pressure checks
- Cervical smear tests
- Family planning
- Chronic Disease clinics (diabetes/ respiratory/ heart disease, etc.)
- Immunisations/travel advice
- Minor surgery (Seabank only)

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients told us that they were treated with dignity and respect by staff. The practice had a system in place to enable patients to raise concerns/complaints and the practice was able to demonstrate that they considered patient feedback to improve services.

Patients made positive comments, particularly about the relationships they had with staff.

Staying healthy

Patients told us that staff talked to them and helped them understand their medical conditions.

We found that patients were being encouraged to take responsibility for managing their own health through the provision of health promotion advice from staff and written information within the waiting areas, on the web-site and within the practice's information leaflet.

People with caring responsibilities were given advice and information about other organisations and services that may be able to provide them with support. The practice had a designated carers' champion.

We considered the physical environment and found that patient confidentiality and privacy had been considered and the physical environment had been adapted, as much as would allow. The reception area was separated from the waiting area by a desk. Staff could attend to patients using wheelchairs at the reception desk by means of a lowered desk area.

Telephone calls were managed in a separate office on the first floor of the building or in an area away from the main reception desk so as to maintain privacy and confidentiality.

There was a small room adjacent to the reception area should patients wish to discuss any sensitive or private issues with staff, to maintain confidentiality.

There were two ‘self service’ check-in screens located in the waiting area so that people could enter their details without having to speak to a receptionist. The screens were located in a position so as to ensure that patients were able to input information in privacy and without being overlooked by other people waiting in reception.

Staff acted as 'navigators' within the reception area to assist patients in accessing the most appropriate service.

In the records we reviewed, we saw that GPs had documented patients’ consent to examinations, the use of chaperones and full details of the advice offered to patients. There was a written policy on the use of chaperones and staff had received appropriate training. The right to request a chaperone was displayed through posters in patient areas and in consulting/treatment rooms.

People who have caring responsibilities e.g. for spouses, partners, children or other relatives, are identified by the practice so that additional support can be offered.

The practice was part of a local ‘Cluster[1]’ group of seven practices.

Dignified care

Patients told us that staff treated them with dignity and respect. We saw staff greeting people in a professional yet friendly manner at the reception desk and during telephone conversations.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Screens were also provided around examination couches. This meant that staff were taking appropriate steps to maintain patients’ privacy and dignity during consultations.

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1 A practice cluster is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. They bring together GP practices, District Nursing, Frailty, Public Health Wales, Primary and community mental health services and the voluntary sector.

Patient information

The practice made efforts to provide patients with relevant information about the services available.

Information for patients about the practice's services was available in leaflet form and on the practice's website. This provided useful information, including details of the key teams, practice team, opening hours, out of hours arrangements, appointment system and the procedure for obtaining repeat prescriptions.

A range of information was displayed and readily available within waiting area. This included information on local support groups, health promotion advice and self care management of health related conditions. There was a designated board displaying information specifically for carers.

Communicating effectively

We were told that there were a number of Welsh speaking patients registered with the surgery and that two of the current staff members spoke Welsh. We found that information (posters and leaflets) was available in both Welsh and English and that translation services could be accessed for those people who required information or services in other languages.

The practice had a hearing loop to aid communication with those patients with hearing difficulties. Identification cards were available for patients to complete indicating that they required additional assistance due to hearing problems.

Timely care

Patients were able to pre book appointments up to four weeks in advance, Monday to Friday. Patients could also ring the surgery, or call in from 08:30am, to be given an appointment for that day.

An online booking facility was not available. We suggest that the practice should actively encourage patients to register and use My Health Online[2],

2 https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp

identifying member(s) of staff to champion the service. This would assist to ease pressure on telephone booking lines and be of benefit to patients.

The nursing team see patients presenting with minor, general illnesses. 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.

We found that referrals to other specialists were made in a timely fashion.

Individual care

Planning care to promote independence

The practice team knew patients well and made adjustments according to people's individual needs based on this knowledge.

The practice was located within a purpose built building. Disabled access to the building was good.

There was parking linked to the practice with a designated disabled space.

All the consulting rooms were located on the ground floor to ensure ease of access.

People's rights

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

Staff stated it was rare that patients required a language other than English. However, if patients did present as non English speaking then staff had access to translation services. Staff also stated that non English speaking patients usually attend in the company of relatives who are able to translate conversations.

Listening and learning from feedback

There was a formal complaints procedure in place which was compliant with 'Putting Things Right[3]'. Information about how to make a complaint was posted in the reception/waiting area and also included in the patient information leaflet. Putting Things Right information leaflets and posters were also available within the reception/patient waiting areas.

Emphasis is placed on dealing with complaints at source in order for matters to be resolved as quickly as possible and to avoid any need for escalation. All complaints are recorded whether received verbally or in writing. All complaints are brought to the attention of the respective key team co-ordinator who will deal with them in line with the practice's policy.

There was a box located in the waiting area for people to post comments about the service.

There was a Friends of Healthy Prestatyn Iach group in place. This group had been successful in raising funds for additional services such as patient transport etc. The practice was also in the process of setting up a patient participation group as an additional means of communication and gaining patients' views on the service.

3 **Putting Things Right** is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that 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.

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

Suitable arrangements were in place to ensure the safe prescribing of medicines and to learn from any patient safety incidents. The sample of patient records we reviewed were of a good standard.

There was a robust internal communication system in place to ensure that there are no unnecessary delays in processing referrals, correspondence and test results.

There was a safeguarding of children and vulnerable adults policy in place and staff had completed training in this subject.

General and more specific risk assessments are undertaken and any areas identified as requiring attention were actioned.

Safe care

Managing risk and promoting health and safety

During a tour of the practice building, we found all areas to where patients had access to be clean and uncluttered which reduced the risk of trips and falls. The practice building was suitably maintained both externally and internally.

General and more specific risk assessments had been undertaken when the health board took over the management of the practice. It was unclear as to who would be undertaking future risk assessments i.e. staff based at the practice or staff based within the health board.

Infection prevention and control

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 were visibly clean.

We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitizers were also readily available around the practice.

We saw that waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste was securely stored until it could be safely collected. There was a formal waste collection and disposal contract in place.

We were informed that minor surgery procedures were only taking place at the Seabank branch and that all instruments/equipment were single patient use.

There was a clear and detailed infection control policy in place. Staff told us they are responsible for carrying out assessments of their own working environment for infection control risks. In addition, we were informed that the health board had undertaken an infection control audit recently and that areas for improvement had been identified and measures already set in place to address the issues highlighted.

We were informed that the health board maintained a register of staff Hepatitis B immunisation status. However, we did not see any records to confirm this.

Medicines management

We found that medication management systems were good and safe and in line with the health board's prescribing formulary and guidance.

Patients could access repeat prescriptions by calling into the surgery in person, online or through other agencies such as the local pharmacy.

Any queries relating to medication were logged on the computer system and reviewed by one of the doctors.

Pharmacists were employed and linked to each key team to assist staff with queries and audits. Pharmacists also held consultations with patients to address any medication issues.

Safeguarding children and adults at risk

We found that there were child protection and adult safeguarding policies in place and flowcharts which included local contact numbers for reporting.

One of the GPs and one of the management team assumed a lead role in the safeguarding of adults and children within the practice and had received training at an appropriate level on the subject. We also found that all other staff had received training, up to level 2, in the safeguarding of adults and children. We highlighted the need for all clinical staff to complete safeguarding training at level 3.

Adult and child safeguarding cases are flagged up on the electronic records system so that staff are aware of such issues.

Improvement needed

The health board must provide HIW with evidence of staff Hepatitis B immunisation status.

All clinical staff to complete safeguarding training at level 3.

Effective care

Safe and clinically effective care

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

We spoke with members of the practice team on the day of our inspection and were able to confirm that staff were encouraged and empowered to raise any concerns they may have about patients' and/or their own safety.

Monthly meetings were being held to discuss clinical matters. These meetings were formally recorded.

Information governance and communications technology

We found that there were clear health board information governance policies and procedures in place.

Record keeping

We looked at a random sample of patient records and found a good standard of record keeping.

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

Designated administrative staff summarise patients' notes with the area medical director overseeing this process.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

The practice had endured significant changes during the period leading up to it coming under health board control in April 2016 and during the ensuing twelve months. However, we found that there had been continuity in the provision of service by virtue of the fact that the majority of the staff and six of the GP partners had remained at the practice.

It was positive to note that the changes in the management of the practice had not adversely affected the quality of the services provided.

We found a patient-centred staff team who told us they were well supported by colleagues within the practice. Staff were also positive about the training opportunities available.

We found that there was a formal staff recruitment process in place with background checks undertaken, as necessary, prior to employment.

There were clinical and general audit systems in place which allowed staff to reflect and make changes and improvements to practice. We found that there were robust clinical governance and auditing processes in place. However, the health board should review arrangements in respect of managed practices and consider whether there needs to be a separation of its role as commissioner and provider of primary care services, whilst at the same time ensuring that equitable resources are secured for both functions.

Governance, leadership and accountability

Overall, we found good leadership at practice level and a stable, patient-centred staff team who were committed to providing the best services they could to their patients. We found that there was good support from the health board's Primary Care and Commissioning management team and Area Medical

Director who had committed a great deal of time and resources in developing the service.

Staff were positive about the working environment and told us that they felt well respected and supported by their colleagues.

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

Staff had access to the health board intranet site which contained all relevant 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.

There was an open and inclusive culture within the practice with evidence of informal communication taking place on a regular basis between staff members.

We found that there was a robust 'disaster recovery' plan in place which covered events such as pandemic/epidemic outbreaks, fire, flood and IT issues.

We also found that there was a practice development plan in place.

Improvement needed

The health board should review arrangements in respect of managed practices and consider whether there needs to be a separation of its role as commissioner and provider of primary care services, whilst at the same time ensuring that equitable resources are secured for both functions.

Staff and resources

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. This was reflected in the training matrix

provided. We found that annual appraisals had been conducted on a regular basis.

We saw that there were formal recruitment policies and procedures in place with background checks undertaken, as necessary, prior to employment.

All staff we spoke with confirmed they had opportunities to attend relevant training.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how GP practices are meeting the Health and Care Standards 2015. We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within GP practices.

Further detail about how HIW inspects the GP practices and the NHS can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B – Immediate improvement plan

Service: Healthy Prestatyn Iach,

Date of inspection: 17 May 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Immediate improvement plan

Service: Healthy Prestatyn Iach

Date of inspection: 17 May 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The health board must provide HIW with evidence of staff Hepatitis B immunisation status.	2.4 Infection prevention and control	A review of immunisation status of all members of staff is underway and staff records will be updated and actioned accordingly	Mair Jones Clinical & Operational Governance Manager	September 2017
All clinical staff must complete safeguarding training at level 3.	2.7 Safeguarding children and adults at risk	The Health Board will identify appropriate training for all clinical staff and ensure cover is in place to release staff to attend. Due to the nature of the service this will have to be staggered across a number of dates to ensure service continuity	Mair Jones Clinical & Operational Governance Manager	December 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The health board should review arrangements in respect of managed practices and consider whether there needs to be a separation of its role as commissioner and provider of primary care services, whilst at the same time ensuring that equitable resources are secured for both functions.	Governance, Leadership and Accountability	The appointment of the Clinical Director and Business Manager for Managed Practices will support the Health Board in its role as both Provider and Commissioner. This will continue to be reviewed to ensure that there is a fair and equitable distribution of resources	Area Team Clinical Director for Managed Practices Business Manager for Managed Practices	December 2017

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative: **Clare Darlington**

Name (print): **Clare Darlington**

Job role: **Assistant Director for Primary Care and Commissioning**

Date: **11th July 2017**