



General Practice Inspection (Announced)

The Stables Medical Centre,
Hawarden, 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 The Stables Medical Centre at 27 Glynne Way, Hawarden, Flintshire CH5 3PA, within Betsi Cadwaladr University Health Board on the 6 June 2017.

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

During the entire course of the inspection we viewed a committed and hard working team of staff, treating patients with respect and dignity. We were informed by patients that they were grateful of the invaluable service provided at the practice.

Feedback from patients during the course of the inspection identified that overall they were happy with the services provided by the practice. However, the issue of acquiring appointments at the practice was a common difficulty experienced by patients.

The practice was not fully compliant with all Health and Care Standards (2015) and these areas have been identified within this report.

It would be prudent for the reader to note that it is not practically possible for every aspect of the operation of the practice to be observed during an inspection. The absence of reference to a particular fault or issue does not mean that such a fault does not exist. It is the responsibility of the practice to ensure that it operates in accordance with the relevant laws, regulations and guidance.

This is what we found the service did well:

- Patients we spoke to were overall happy with the service provided at the Stables
- The internal environment was of a good standard and provided comfortable seating areas and consultation rooms
- Patients stated that they were treated with dignity and respect by staff
- Records of patient consultations were of a very good standard
- Management styles within the practice were observed as being open, transparent and enabling

This is what we recommend the service could improve:

- It is recommended that all bins used within consultation rooms and toilets are foot operated
- The practice must ensure that the electronic 'checking in' system is operational through the medium of Welsh
- Storage and security of used sharps boxes needs to be improved
- All appropriate staff to receive comprehensive pre employment checks in a timely manner
- It is recommended that all staff receive an annual appraisal and provided with up to date job descriptions.

3. What we found

Background of the service

The Stables Medical Centre Hawarden has two additional branches located in Saltney and Buckley. We only inspected The Stables Medical Centre, Hawarden, during this inspection episode. The practices provide services to approximately 10,300 patients. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board.

The practice employs a staff team at Hawarden which includes four GPs, two nursing sisters, one nurse, five administrative staff, eleven reception staff and are supported by additional health board staff such as physiotherapists and district nurses.

For ease of reading, The Stables Medical Health Centre will be referred to as the 'practice' throughout this report.

The practice provides a range of services, including:

- Chronic Disease Management
- Smoking cessation
- Women's Health
- Minor operations
- Child Health Clinics
- Flu and Pneumonia immunisations

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.

During our inspection we spoke with patients and distributed questionnaires to obtain patients' opinions of the services provided at the practice. Overall patients were happy with the service provided at the practice. We were informed that the staff were courteous and polite in dealing with patients.

The waiting area provided adequate space for patients to sit comfortably and provided a satisfactory amount of health education and promotion material and additionally information was available from charities / organisations, and their resources available both locally and nationally.

During the inspection we distributed HIW questionnaires to patients to obtain views on the services provided. A total of 9 patient questionnaires were completed. The majority of completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall patient feedback was generally positive; patient comments included the following:

Practice went out of its way to get me an appointment with Doctor

The GP service is second to none

Dr Lancashire runs a dedicated service which is dependable and of good quality

Staying healthy

During our visit we observed staff greeting patients, in person and over the telephone, in a courteous and polite manner.

It was identified that there was no information available in the waiting area to highlight that private discussions with reception staff could be made away from the reception area. We therefore recommend that the practice makes patients aware that should they wish, private and confidential discussions can be had away from the reception desk area.

It was identified that the reception desk was on one fixed level height. This posed some difficulty for patients confined to wheelchairs. We therefore advise that a lowered desk area should be provided in the future should any reconfiguration / refurbishment work be undertaken to reception / waiting room area.

There were several notice boards and displays within the waiting area. There was a good range of health education and promotion material. This included material about diabetes, healthy hearts, whooping cough, facial palsy, self referral to physiotherapy, coughing and sharps exchange schemes. The practice also displayed information for carers, which provided help and support for people with caring responsibilities for family / friends.

The practice provided a range of services for approximately 10,300 patients. We reviewed the content of eight electronic patient records from all clinicians who regularly worked at the practice and overall the standard of record keeping was excellent. Relevant information was included which provided clear and concise information relating to patient consultations. It was noted that clinicians discussed with patients their health conditions, investigations required and choices for managing their specific conditions.

Information was available in the waiting area referring to charitable organisations, which were able to provide additional help, advice and support for patients and their relatives.

The practice was engaged in the work of the local GP Cluster, as a means of evaluating and improving services for patients in the future.¹ The cluster also

¹ A GP practice 'Cluster' is a grouping of GPs and Practices locally determined by an individual Health Board. GPs and senior staff in the Clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients.

provided some peer reviewing in relation to issues such as referral rates to secondary care services.

The practice has experienced significant issues in recruiting permanent GPs to the practice. This had required the need for locum GP coverage to provide the designated level of services necessary. The practice is proactively attempting to recruit permanent GPs and this was ongoing. Due to these reasons continuity of care for patients was not at an optimum level.

Improvement needed

The practice is recommended to inform patients that private and confidential discussions with reception staff can be held away from the reception desk if necessary.

Dignified care

All patients that completed the questionnaire felt that they had been treated with respect when visiting the practice. A number of comments were given by patients on the questionnaires about the friendliness of the staff at the practice:

“Receptionists are very polite, patient and professional”

“Very friendly staff. Will try and fit you in to see a doctor in emergency”

“Receptionists are pleasant, always helpful on the phone”

Staff were observed greeting patients in a calm and courteous manner and took their time, listening to the needs and requirements of patients and or their friends / relatives.

During the inspection all consultations were held in private with consultation room doors closed. Responses from patients confirmed that they felt they were treated with respect and dignity and their confidentiality was protected. We were informed (and viewed during the inspection) that when patients were not booking in at the reception desk, the reception windows were closed. This promoted confidentiality when reception staff were receiving or making telephone calls.

The practice had a policy on the use of chaperones. This policy was geared towards protecting patients and clinical staff when intimate examinations of

patients were being undertaken. Information was available in the waiting area identifying that patients could request a chaperone during their consultation. It is advised that these posters should also be available in consultation rooms. Doctors, nurses and reception / administrative staff would provide chaperone duties when required. It was noted that not all staff had received chaperone training. The practice is recommended to enable all staff undertaking chaperone duties to be appropriately trained. It was identified in patients' records that improvements were also required in relation to documenting whether chaperones had been offered during consultations.

During our review of patient records it was noted that consent to treatment and minor procedures had been acquired and documented accordingly.

Improvement needed

The practice is recommended to provide chaperone training for all staff expected to undertake these duties.

The practice must document in patients records if the services of a chaperone has been offered to patients.

Patient information

The practice had developed a patient information booklet, which provides information relating to the practice, its staff and opening times. In addition, it contained information regarding the appointment system in operation, telephone advice, results service, repeat prescriptions patient confidentiality, suggestions / complaints, out of hours medical advice / support and self treatment of minor ailments. Just over three quarters of the patients that completed a questionnaire stated that they would know how to access the out of hours GP service.

The practice did not have a designated website, but very basic information was available via the [NHS Wales website](#).

Patients were able to book appointments by telephone or in person at the practice. During our discussions with patients it was noted that it could be difficult at times to get appointments with doctors, due to telephone lines being constantly busy. Patients were not able to book appointments on line using the [My Health Online](#)² portal. The practice should consider this area of service provision as it could potentially reduce the activity on telephone lines during peak periods.

Patients were able to book appointments on the day or at best two weeks in advance. Patients could request to see a particular GP. Where possible staff would attempt to accommodate the request of the patients, however this was not always possible and an alternative GP appointment would be booked.

We were informed that one member of staff could speak Welsh. It was identified that the majority of information available within the practice was in English, although some information distributed by the health board was available bilingually. The practice is advised to promote the utilisation of the Welsh language during all appropriate opportunities.

Communicating effectively

A hearing aid loop system was available at the practice for patients with hearing difficulties. None of the patients who completed a questionnaire considered themselves to be a Welsh speaker so it was not possible to find out how often patients had been able to speak to staff in Welsh. All but one of the patients did however indicate on the questionnaires that they were always able to speak to staff in their preferred language.

A self check in machine was also available at the practice. The electronic booking in terminal mainly utilised the English language, but we were informed that other additional languages could be used. We attempted to use the Welsh language option, but unfortunately the system was not working.

We found that the GP practice operates a telephone triage system where patients are asked questions about their medical problem when they try to make an appointment. This was confirmed by the responses in the

² My Health Online enables patients to book appointments, order repeat prescriptions and update personal information if supported by the practice.

questionnaires, with the majority of patients stating that they are asked questions when making an appointment. Patients that answered the questionnaire said that they knew why they were asked these questions when making an appointment. A patient also made the following comment about the triage system:

“Of course the triage of allocating appointments is important as some people use an appointment just to ask a question about a letter rather than a medical health problem and appointments are at a premium”

Communications between staff were undertaken using the EMIS software system. This system enabled tasks to be allocated to designated members of staff and allowed a clear audit trail to be recorded. A designated member of staff had the responsibility of ensuring tasks were allocated and for ensuring that these tasks had been actioned correctly.

Incoming clinical information is received both electronic and in paper format. Administrative staff filter this information and allocate work equally to clinicians. Any new patient letters or out of hours contact with the NHS were recorded in patients electronic notes.

All patients test results, medical reports, and investigations were allocated to GP's on a daily basis to ensure that they were acted upon if necessary in a timely and effective manner.

Improvement needed

The practice is recommended to ensure that the electronic 'checking in' service is available bilingually.

Timely care

While the majority of patients completed a questionnaire told us that they were either very satisfied or fairly satisfied with the hours that the practice was open, a small number of patients indicated that they were very dissatisfied with the opening hours.

The questionnaires highlighted some discontent among patients over the process in place at the practice of making an appointment, and the ease of getting an appointment when they need it. Patients were asked on the

questionnaire how the GP practice could improve the service it provides, and issues when trying to make an appointment were raised:

“Main issue with appointments is getting through at 8.15 - can take 30 minutes”

“But getting an appointment is virtually impossible having to ring over 50 times from opening and sometimes not even able to get an appointment. Unable even to book one in advance”

“Have to ring up at 8.30 in the morning which is sometimes a bit of a pain then it's not always possible to get in”

These issues seem to be reflected in the answers given in the questionnaire to the question which asked patients to describe their experience of making an appointment; while just over a half of the patients described their experience as good, a number of patients described their experience as either poor or very poor.

It was noted that some key staff were on long term leave. It was advised that the practice continually looks at new models of service delivery which takes into account new roles and responsibilities. Due to the difficulties of providing sufficient numbers of appointment slots for patients, the practice had received numerous complaints. We were informed that during the morning when the telephone lines are opened up for patients to book appointments they are extremely busy and slots fill up quickly.

We identified that patient referrals for additional investigations / services were undertaken in a timely manner. All clinicians utilised the same national and local guidelines to ensure consistency in their referrals to hospitals. Outcomes from clinicians' referrals were peer reviewed and evaluated by one of the GP's.

Referral trends and rates were evaluated via the local Cluster in operation within the region. These referrals would be evaluated directly with referral rates from other practices.

It was identified that improvements were required in relation to ensuring that patients referred from primary care to hospitals (secondary care) had received their required appointments / investigations. We were informed that if patients had not heard anything from the secondary care service, they were to return back to the practice. This placed the majority of responsibility on patients and potentially could be a source of risk to patients, especially when considering the present utilisation of locum GPs and patients' medical conditions. The practice is advised to develop robust systems to ensure referrals made to other health services have been received and acted upon on a timely manner.

Improvement needed

The practice should continue to evaluate and introduce different methods / models of providing services to patients and examine specialist roles and responsibilities to meet needs of patients.

The practice must develop systems to ensure that referrals made by primary care clinicians are acted upon in a timely manner.

Individual care

Planning care to promote independence

Vulnerable patients and patients with additional needs were identifiable via the electronic patient records. This alerted clinicians when undertaking patient consultations.

Access in to the practice was via electronic doors which were easy to operate especially for patients with reduced mobility or who used mobility aids. Patients' consultation rooms were on the ground and first floor level. The first floor consultation rooms could potentially be difficult for some patients as there was no lift available. We were however informed that patients with mobility issues would be seen within ground floor consultation rooms.

There was a small car parking space available at the side of the practice. It was identified that on occasions limited parking spaces were available due to the volume of patients attending the practice. We were informed that a public car park was located relatively nearby to the practice which was used during busy periods.

We were informed that regular multidisciplinary team meetings were undertaken. Palliative and district nurse meetings were also attended by GPs in order to be kept up to date with patients' conditions. It was also noted that these meetings were a good opportunity to discuss, identify and address future health care needs of patients.

People's rights

We observed patients being supported during their consultation by family and friends.

The practice booklet identified that patient records were dealt with in the strictest of confidence and that information would not be released by the practice without the consent of the patient or their appointed person. The practice was registered under the data protection act. Information was also available in regards to patients' rights to view their own medical records. The processes for attaining these records were documented accordingly.

Listening and learning from feedback

Information was available in the waiting area and via the practices leaflet in regards to how to raise a concern or complaint. However, two thirds of patients that completed a questionnaire said that they would not know how to raise a concern or complaint about the services they received at the practice.

As previously identified, the practice was fully integrated and engaged with the work of the local Cluster partnership. We were informed that the practice development plan had been shared with the Cluster partnership in order to discuss future service needs and developments within the locality.

Presently the practice did not have a patient participation group in operation (PPG). PPGs provide invaluable information for practices regarding the services provided and encompasses direct patient experiences. The practice should consider this area of service evaluation as a fruitful source of information.

At present the practice does not produce an annual quality assurance report. There was a patient's comments suggestions box available in the waiting room but it was difficult to identify how these comments / suggestions were acted upon in a constructive manner.

Improvement needed

The practice is recommended to carefully consider and act upon information received via the comments / suggestions box and produce an annual report, which is made available for all patients of the practice.

Delivery of safe and effective care

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

During the inspection we identified a staff team that placed considerable emphasis on ensuring the provision of high quality health services for patients. Staff promoted safe and effective care systems and utilised a range of policies and procedures to promote safe and effective care.

Safeguarding of children and vulnerable adults policies and procedures were available and in operation. Staff / clinicians had completed designated compulsory safeguarding training modules.

Staff had access to information and equipment needed to provide safe and effective care.

Safe care

Managing risk and promoting health and safety

During our entire visit we viewed ample seating available for patients and space for patients with mobility aids. One component of the seating facilities that should be evaluated is the usage of different height seating. All the seating presently available was of the same height. None of the chairs available had arm rests to assist patients requiring additional support to enable them to sit or rise up from their seats.

The waiting and consultation rooms viewed were observed as being clean neat and tidy. Overall, the facilities were maintained to a satisfactory standard. Signage was visible informing patients of important areas within the practice.

The room which contained full closed sharps boxes was not maintained securely. The storage room door was not lockable; this therefore posed a potential security risk for the practice, as unauthorised persons could access this area.

We identified that staff utilising display screen equipment had not received an appropriate risk assessment as recommended by the Health and Safety Executive. The practice is recommended to undertake these risk assessments in order to promote staff health and wellbeing.

Improvement needed

The practice must ensure that clinical waste and sharps bins are stored in a secure manner within their designated rooms.

The practice must provide appropriate display screen equipment risk assessments for staff regularly using computers.

Infection prevention and control

There were no concerns given by patients over the cleanliness of the GP practice; all patients that completed a questionnaire felt that, in their opinion, the practice was either very clean or fairly clean.

Discussions with staff and observations of the environment confirmed that there was sufficient access to personal protective equipment such as gloves and disposable plastic aprons to reduce the likelihood of cross infection. All clinical treatment areas viewed as part of the inspection were clean. However it was identified that the dignity curtains within consultation rooms were old and the integrity of the fabric was compromised. This was brought to the attention of the staff immediately. Prior to leaving the practice we were verbally informed by the practice manager that new dignity curtains had been ordered and would replace the current curtains immediately on their arrival. Hand washing and drying facilities were available in clinical areas and toilets.

It was identified that some bins within toilets and consultation rooms were not foot operated. Hand operated bins do not promote best infection prevention and control practices. The practice must ensure that all toilets and consultation rooms have foot operated bins in order to minimise the possibility of cross infection.

Improvement needed

The practice must ensure that all bins within toilets and consultation rooms are foot operated.

The practice must ensure that dignity curtains used within all consultation

rooms are fit for purpose and do not pose infection control risks.

Medicines management

Emergency and non emergency medication available at the practice was evaluated. Designated drugs were stored appropriately in fridges. Daily checking of fridge temperatures was undertaken and recorded accordingly. It was identified that room temperatures were not being monitored. It was noted that certain medication could perish and become less effective if the temperature exceeds 25C.

Repeat prescriptions could be requested in person at the practice or by completing the computer tear-off list. It was noted that the practice endeavoured to return prescriptions to patients within 48 hours. No telephone repeat prescriptions were accepted by the practice for safety reasons. We were informed that patients' medication was reviewed at regular intervals and patients were requested to attend the practice on occasions for a medication review.

Health board pharmacists review prescribing practices and provide regular feedback to the practice staff. We observed records that identified that the practice regularly reviews the prescribing systems in operation and evaluates any medication errors and significant events.

Improvement needed

The practice is recommended to monitor the temperature of the room used to store medication.

Safeguarding children and adults at risk

The practice had child protection information freely available. Policies and procedures were available which included up to date contact details of designated people within the health board if staff had any safeguarding concerns.

All staff had received relevant safeguarding training. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Medical devices, equipment and diagnostic systems

The emergency medical equipment available at the practice was evaluated during our visit. It was noted that sufficient equipment was available. One issue identified was an oxygen mask had past its expiry date. The practice must ensure that robust auditing of equipment is undertaken in order to ensure that equipment available at the practice is fit for purpose.

Improvement needed

The practice must ensure that medical equipment / adjuncts audits are regularly undertaken in order to identify in a timely manner any equipment that may be reaching its expiry date.

Effective care

Safe and clinically effective care

We were informed (and viewed records) that identified relevant safety alerts were circulated to appropriate members of staff. Practice meetings were also used to discuss patient safety incidents. Records of these meetings were viewed as part of the inspection.

At present there were no formal systems in place to disseminate best practice and or changes to local and national guidelines such as the National Institute for Health and Care Excellence. Clinicians were personally responsible for requiring this information. It is recommended that a new system is introduced with a designated individual responsible for identifying any new guidelines or best practice developments and disseminate this information to all relevant members of staff.

Improvement needed

The practice is recommended to introduce a new system that enables any new guidance or changes to local / national guidelines to be disseminated effectively to appropriate members of staff.

Record keeping

During our inspection we sampled patients' records. It must be noted that patient records viewed were completed to a very high standard. Records were detailed and provided sufficient information in relation to the future health needs of patients.

It was identified that at present there were no systems in place to audit / evaluate the quality of summarising³ taking place at the practice. We recommend that systems be put into place to address this area of practice and ensure consistency of summarising. It was also noted that at present there are no set processes in operation, which reviews the quality and consistency of patient documented records. The practice is recommended to introduce systems which will provide assurance to the continued quality of record keeping within patients' records.

Improvement needed

The practice is recommended to consider undertaking reviews / audits of the summarising entries in order to ensure consistent summarising and quality assurance.

The practice is recommended to introduce processes that will evaluate the quality and consistency of record keeping within patients' records.

³ Summarising is the transferring of medical information from a patient's paper records to an electronic medical record.

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.

Overall, the practice was well managed by a committed and dedicated practice manager. The practice manager operated an open and approachable managerial ethos, which enabled staff to be confident to raise issues. All non clinical managerial issues were the responsibility of the practice manager.

Due to difficulties in recruiting permanent GPs, we were informed that certain staff were experiencing increased work loads. We advise that senior management continue to closely monitor this area and provide on going support to staff.

Governance, leadership and accountability

The practice manager was extremely committed and dedicated to the role within the practice. It was observed that there were respectful and courteous relationships between staff within the practice. We were informed by Staff that they felt able to raise any issues with the practice manager and that issues would be addressed in a comprehensive and thorough manner. The practice manager demonstrated inclusive approaches to management, promoting openness and transparency.

The practice had a whistle blowing policy in place should staff feel the need to raise a concern in a confidential manner. On discussion with staff, it was identified that they were not conversant with this policy and were not aware of its content. The practice is recommended to update all staff on the content of the policy and ensure, staff have understood the importance of its core features.

It was identified in staff records and during discussions that some staff had not received an annual appraisal in a timely manner. Undertaking appraisals

enables concepts such as training requirements and work related issues to be analysed and acted upon in a constructive manner.

The practice had a staff booklet which was also used for induction purposes for new members of staff. There was a good range of information available within it and it provided guidance on policies, procedures and guidance in operation.

It was identified that staff meetings were taking place infrequently. Effective staff engagement and attendance of practice meetings should be improved and records of staff meetings need to be documented for openness and transparency purposes.

Improvement needed

The practice is recommended to update all staff on the content and purpose of the Whistleblowing policy.

The practice is recommended that all staff receive an annual appraisal in a timely manner.

Staff and resources

Workforce

As identified previously, the practice had vacancies for GPs. This was placing considerable pressures on certain staff working at the practice. It was identified that the practice was looking at methods of reducing this pressure and were actively engaging with the health board and local Cluster partnership. The practice is advised to continue to include all relevant staff in any possible future changes to the service provision of the practice and its associated branches.

Staff felt supported in their roles and had job descriptions available. It was highlighted that some of these job descriptions were outdated and required to be reviewed as some of the staff roles and responsibilities had changed.

Staff records identified that training was being provided for staff in accordance with their roles and responsibilities.

The process of staff recruitment was evaluated and it was identified that some staff did not have a Disclosure and Barring Checks (DBS) in place. The practice was actively attempting to resolve this issue with some urgency. We viewed evidence that the practice was in the process of attaining appropriate information from staff in order to attain the appropriate level of DBS Checks.

Improvement needed

The practice must ensure that all staff working within the practice have a valid and up to date job description, which reflects their current work duties.

The practice must complete appropriate levels of DBS checks on all appropriate staff employed at the practice.

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: The Stables Health Centre

Date of inspection: 6 June 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				

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 – Improvement plan

Service: The Stables Health Centre

Date of inspection: 6 June 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
Quality of the patient experience				
The practice is recommended to inform patients that private and confidential discussions with reception staff can be held away from the reception desk if necessary.	1.1 Health promotion, protection and improvement	Posters in reception	DJP	Done
The practice is recommended to provide chaperone training for all staff expected to undertake these duties. The practice must document in patients records if the services of a chaperone has been offered to patients.	4.1 Dignified Care	It is decided that only clinical staff will chaperone. Posters displayed to offer chaperone service. Training for clinicians if needed will be organised.	DJP	End September

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice is recommended to ensure that the electronic 'checking in' service is available bilingually.	3.2 Communicating effectively	Emis to be contacted to ask them to make the service bi-lingual.	DJP	End September
<p>The practice should continue to evaluate and introduce different methods / models of providing services to patients and examine specialist roles and responsibilities to meet needs of patients.</p> <p>The practice must develop systems to ensure that referrals made by primary care clinicians are acted upon in a timely manner.</p>	5.1 Timely access	Crisis in clinician numbers makes access a huge problem. Ongoing discussions with HB, cluster colleagues in order adopt best practice for continuing improvement.	DJP	Ongoing
The practice is recommended to carefully consider and act upon information received via the comments / suggestions box and produce an annual report, which is made available for all patients of the practice.	6.3 Listening and Learning from feedback	Suggestion adopted with plans to display a "...you said, we did.." poster.	DJP	Immediate
Delivery of safe and effective care				
The practice must ensure that clinical waste and sharps bins are stored in a secure manner within their designated rooms.	2.1 Managing risk and promoting health and safety	<p>Lock fitted to waste collection cupboard</p> <p>Waste bins cleared daily.</p>	DJP	Done

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must provide appropriate display screen equipment risk assessments for staff regularly using computers.		Risk assessment to be carried out.		Dec 17
The practice must ensure that all bins within toilets and consultation rooms are foot operated. The practice must ensure that dignity curtains used within all consultation rooms are fit for purpose and do not pose infection control risks.	2.4 Infection Prevention and Control (IPC) and Decontamination	Purchase three new bins Purchase new curtains	DJP DJP	Done Done
The practice is recommended to monitor the temperature of the room used to store medication.	2.6 Medicines Management	Install and monitor room Thermometers	DJP	Done
The practice must ensure that medical equipment / adjuncts audits are regularly undertaken in order to identify in a timely manner any equipment that may be reaching its expiry date.	2.9 Medical devices, equipment and diagnostic systems	Timed to coincide with annual calibration checks.	DJP	Next check Feb 18
The practice is recommended to introduce a new system that enables any new guidance or changes to local / national guidelines to be disseminated effectively to appropriate members of staff.	3.1 Safe and Clinically Effective care	New guidance distributed electronically via email to all appropriate members	DJP	Staff informed already.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice is recommended to consider undertaking reviews / audits of the summarising entries in order to ensure consistent summarising and quality assurance.</p> <p>The practice is recommended to introduce processes that will evaluate the quality and consistency of record keeping within patients' records.</p>	3.5 Record keeping	<p>Each GP to audit two entries per month</p> <p>GPs to audit selection of each others consultations</p>	<p>DJP</p> <p>DJP</p>	<p>Agreed at last practice meeting</p> <p>Agreed at last Practice meeting</p>
Quality of management and leadership				
<p>The practice is recommended to update all staff on the content and purpose of the Whistleblowing policy.</p> <p>The practice is recommended that all staff receive an annual appraisal in a timely manner.</p>	Governance, Leadership and Accountability	<p>Copy of policy is on all desktops and staff have been reminded that it is there.</p> <p>Appraisals underway. Action decided that appraisals will take place annually on the anniversary of their start dates to spread the workload.</p>	<p>DJP</p> <p>DJP</p>	<p>Done</p> <p>Ongoing</p>
The practice must ensure that all staff working within the practice have a valid and up to date job description, which reflects their current work	7.1 Workforce	Contracts state that other work can be added from time to time. Staff will be given appendices as required to keep	DJP	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>duties.</p> <p>The practice must complete appropriate levels of DBS checks on all appropriate staff employed at the practice.</p>		<p>them updated.</p> <p>DBS checks underway</p>	DJP	<p>To be completed end of August.</p>

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): Dave Padley

Job role: Practice Manager

Date: 24/07/2017