



General Practice Inspection (Announced)

Beechley Medical Centre,
Betsi Cadwaladr University Health
Board

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2017

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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 Beechley Medical Centre, Bryncabanau Road, Hightown, Wrexham LL13 7BS, within Betsi Cadwaladr University Health Board, on 21 November 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:

- 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.
- Record keeping

This is what we recommend the service could improve:

- Patient information and self service check-in made available in other languages
- Practice leaflet and web site
- Resuscitation equipment
- Ensure that GPs have sufficient time in order to conduct peer reviews
- Staff training

3. What we found

Background of the service

Beechley Medical Centre currently provides services to approximately 3,500 patients within the Hightown area of Wrexham. The practice has been managed by Betsi Cadwaladr University Health Board since 2014.

A maximum of two locum GPs provided cover at the practice on a daily basis. There were a total of six locum GPs working at the practice on a regular basis, one of whom was nominated as the clinical lead. In addition, the practice employed a practice manager, trainee advanced nurse practitioner, two practice nurses, one health care support worker and four administration/reception staff.

The practice provides a range of services, including:

- Holiday Vaccinations
- Childhood Vaccinations
- Chronic Disease Management
- Smear Tests
- Phlebotomy
- Contraception services (depo injections and contraceptive pills only)
- Care Home Assessments
- Warfarin Monitoring
- Asylum Seekers Designated Enhanced Service
- Zoladex Injections
- Patient Testing for High Risk Drug Monitoring.

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 area.

People with caring responsibilities were given advice and information about other organisations and services that may be able to provide them with support such as the Association of Voluntary Organisations in Wrexham. We recommended that consideration be given to designating a staff member as a Carers' Champion to take a lead role in supporting people with caring responsibilities.

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.

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. Reception staff told us that they could use

one of the consulting rooms, if available, to discuss any sensitive issues with patients, should the need arise.

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.

There was a written policy on the use of chaperones. The right to request a chaperone was advertised through posters in consultation rooms and in consulting/treatment rooms. The practice nurses and health support worker acted as chaperones where needed and appointments would be arranged in order to ensure that a chaperone was available.

Patient information

The practice did not have an information leaflet outlining services available nor did it have a website at the time of this inspection. We recommended that a practice leaflet be drawn up and that a website be developed.

As previously mentioned, information for patients on health related issues was available in leaflet form within the 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.

The practice produced a quarterly newsletter which was distributed to patients.

There was a 'self service' check-in screen located in the waiting area so that people could enter their details without having to speak to a receptionist. The screen was located in a position whereby patients inputting information could not be overlooked thus ensuring privacy and confidentiality. Self service check-in was available in English only. We recommended that the self service check-in be made available in other languages.

Improvement needed

Consideration should be given to designating a staff member as a Carers' Champion to take a lead role in supporting people with caring responsibilities.

The practice should develop a website and produce a patients' leaflet.

The self service check-in should be made available in other languages.

Communicating effectively

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

The practice had a hearing loop which they use to aid communication with those patients with hearing difficulties.

We found that there were robust processes in place to manage incoming correspondence and information was appropriately entered onto the electronic records management system.

Timely care

Patients were able to pre book appointments up to one month in advance, Monday to Friday, or ring the surgery, or call in from 8:00am, to be given an appointment for that day.

A trainee advanced nurse practitioner was employed three days a week and was responsible for the triage¹ of patients so as to ensure that they were being attended to by the most appropriate professional. Reception staff took on responsibility for the triage process on the remaining two days.

¹ Triage is the process of determining the priority of patients' treatments and who is best placed to deal with them based on the nature and severity of their condition.

An online booking facility was not available. We suggest that the practice should actively encourage patients to register and use My Health Online², identifying member(s) of staff to champion the service. This would assist to ease pressure on telephone booking lines.

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 which was shared with the health visitor and speech therapist. There was adequate disabled access to the building with a number of designated disabled parking spaces within the adjoining car park.

All the GP consulting rooms were located on the ground floor. The consulting rooms were spacious and well equipped with height adjustable examination couches.

People's rights

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

All staff were required to attend the health board's mandatory training which included a module on equality and diversity.

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

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 Right³'. Information about how to make a complaint was posted in the reception/waiting area.

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 practice manager who would deal with them in line with the practice's policy.

The practice did not have a patient participation group and we suggested that such a group be set up to assist in the development of the service.

Improvement needed

The practice should actively encourage patients to register and use My Health Online, identifying member(s) of staff to champion the service.

The practice should consider setting up a patient participation group.

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 generally of a good standard.

There was an internal communication system in place.

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 health and safety risk assessments were undertaken annually and all staff had undertaken mandatory health and safety training.

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 no minor surgery procedures were taking place at the practice at present.

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.

We were informed that an infection control audit had not been undertaken and we recommended that this be rectified and that such audits be conducted on an annual basis.

Medicines management

We found that medication management systems were generally robust and safe. However, we recommended that regular audits be undertaken in order to ensure consistency of prescribing across all clinicians. In addition, we recommended that medication prescribing process be enhanced by linking repeat prescriptions to patients' active problems.

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

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 locum GPs and the practice manager 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 children. We highlighted the need for all clinical staff to complete child safeguarding training at level 3.

Adult and child safeguarding cases are flagged up on the electronic records system. However, we recommended that other family members and siblings of children at risk be flagged up on the system also.

Six monthly audits were being undertaken by the lead GP in order to identify any issues arising relating to patients regarded as being at risk. We recommended that safeguarding issues be included as an agenda item at every practice meeting.

Medical devices, equipment and diagnostic systems

We saw that not all equipment and drugs for use in a patient emergency (collapse) were readily available. We recommended that the practice ensures that all necessary resuscitation equipment and drugs are made available in line with the Resuscitation Council UK guidelines and that they are easily accessible in one transportable bag or suitable container.

We recommended that the defibrillator be included in the portable appliance testing regime.

Conduct an infection control audit on an annual basis.

Regular audits should be undertaken in order to ensure consistency of prescribing across all clinicians.

Link repeat prescriptions to patients' active problems.

Level 3 child safeguarding training for all clinical staff.

Safeguarding issues to be included as an agenda item at every practice meeting.

All necessary resuscitation equipment and drugs to be made available in line with the Resuscitation Council UK guidelines and made easily accessible in a suitable, transportable bag or container.

Include the defibrillator in the portable appliance testing regime.

Effective care

Safe and clinically effective care

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

discussed at practice meetings and that minutes were circulated to those staff members unable to attend. As an additional safeguard, we recommended that a separate folder be set up on the electronic records management system for significant events so that locum GPs could easily access this information without having to go through individual patient records. We also recommended that clinical staff be afforded sufficient time in order to review significant events and conduct other clinical audits.

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.

Improvement needed

A separate folder should be set up on the electronic records management system for significant events so that locum GPs can easily access this information without having to go through individual patient records.

Ensure that clinical staff have sufficient time in order to review significant events and conduct other clinical audits.

Information governance and communications technology

We found that there were clear health board information governance policies and procedures in place. Staff members we spoke with were aware of how to access this information.

Record keeping

We looked at a sample of patient records and found a very 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.

We recommended that staff who are responsible for Read coding⁴ and note summarising are provided with suitable training and that a written protocol is drawn up.

Improvement needed

Staff who are responsible for Read coding and note summarising to be provided with suitable training and a written protocol drawn up.

⁴ Read Codes are a coded thesaurus of clinical terms. They have been used in the NHS since 1985. There are two versions: version 2 (v2) and version 3 (CTV3 or v3). Both versions provide a standard vocabulary for clinicians to record patient findings and procedures, in health and social care IT systems across primary and secondary care.

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.

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.

Governance, leadership and accountability

We found a patient-centred staff team who were committed to providing the best services they could. There was good support from the health board's Primary Care and Commissioning management team.

The practice was heavily reliant on locum GPs. Most of the locum GPs worked at the practice on a regular basis which provided a degree of clinical overview and consistency.

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 also found that there was a practice development plan in place. The practice development plan needs reviewing in order to reflect a more pro-active approach to the development of the service.

The practice was part of a local 'Cluster'⁵ group of ten practices. The engagement with the Cluster group was reported as being very good with one of the regular locum GPs and practice manager attending Cluster meetings on a regular basis.

Improvement needed

Review the practice development plan in order to reflect a more pro-active approach to the development of the service.

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

⁵ 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.

We saw that there were formal recruitment policies and procedures in place with background checks undertaken, as necessary, prior to employment. Some concerns were expressed regarding the delays encountered in recruiting staff through the health board process.

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 summarizes 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: Beechley Medical Centre, Wrexham

Date of inspection: 21 November 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 – Improvement plan

Service: Beechley Medical Centre, Wrexham

Date of inspection: 21 November 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				
Consideration should be given to designating a staff member as a Carers' Champion to take a lead role in supporting people with caring responsibilities.	1.1 Health promotion, protection and improvement			
The practice should consider setting up a patient participation group.	3.2 Communicating effectively			
The self service check-in should be made available in other languages. The practice should develop a website and produce a patients' leaflet.	4.2 Patient Information			

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice should actively encourage patients to register and use My Health Online, identifying member(s) of staff to champion the service.	6.1 Planning Care to promote independence			
Delivery of safe and effective care				
Conduct an infection control audit on an annual basis.	2.4 Infection Prevention and Control (IPC) and Decontamination			
Regular audits should be undertaken in order to ensure consistency of prescribing across all clinicians. Link repeat prescriptions to patients' active problems.	2.6 Medicines Management			
All clinical staff must complete child safeguarding training at level 3. Safeguarding issues to be included as an agenda item at every practice meeting.	2.7 Safeguarding children and adults at risk			

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>All necessary resuscitation equipment and drugs to be made available in line with the Resuscitation Council UK guidelines and made easily accessible in a suitable, transportable bag or container.</p> <p>Include the defibrillator in the portable appliance testing regime.</p>	<p>2.9 Medical devices, equipment and diagnostic systems</p>			
<p>A separate folder should be set up on the electronic records management system for significant events so that locum GPs can easily access this information without having to go through individual patient records.</p> <p>Ensure that clinical staff have sufficient time in order to review significant events and conduct other clinical audits.</p>	<p>3.1 Safe and Clinically Effective care</p>			
<p>Staff who are responsible for Read coding and note summarising to be provided with suitable training and a written protocol drawn up.</p>	<p>3.5 Record keeping</p>			
Quality of management and leadership				
<p>Review the practice development plan in order</p>	<p>Governance,</p>			

Improvement needed	Standard	Service action	Responsible officer	Timescale
to reflect a more pro-active approach to the development of the service.	Leadership and Accountability			

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: