



General Practice Inspection (Announced)

Berllan Surgery, 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 Berllan Surgery, 24 Vale Street, Denbigh, within Betsi Cadwaladr University Health Board, on 16 January 2018.

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

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.

This is what we recommend the service could improve:

- Implement a formal system of peer reviews
- Audit summarising process and record keeping
- Follow up on allocated tasks and monitor urgent referrals.

3. What we found

Background of the service

Berllan Surgery currently provides services to approximately 1,900 patients in Denbigh. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board.

The practice employs a staff team which includes a practice manager, lead GP (working Monday, Wednesday, Thursday), salaried GP (working Tuesday and Friday), two practice nurses, two health care assistants, four reception staff, a dispensary manager and two dispensary assistants.

The practice provides a range of services, including:

- Asthma clinic
- Chronic obstructive airways disease clinic
- Coronary heart disease clinic
- Diabetes clinic
- Chronic kidney disease clinic
- Cervical screening
- Blood pressure checks
- Electrocardiogram (ECG)
- Minor surgery
- Contraception
- Blood tests
- Vaccinations and immunisations
- Health check ups.

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.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 20 completed questionnaires, the majority of which were from long term patients at the practice (those that had been a patient for more than two years).

Overall, patient feedback was very positive. Patients provided the following comments in the questionnaires:

"The care and service at this practice is excellent"

"Excellent service"

"Very polite & helpful staff always with a smile. Always easy to have an appointment. Both Doctors very professional and approachable"

Patients were asked in the questionnaires how the GP practice could improve the service it provides. The majority of patients told us that the service couldn't be improved, but one suggestion from a patient was:

"Bigger car park when lots of clinics on, can't park, but other GP's don't have any parking"

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. The practice manager assumed the role of Carers' Champion, providing a point of contact for people with caring responsibilities.

Dignified care

Without exception, all patients who completed a questionnaire told us they felt that they had been treated with respect when visiting the practice. The following comments were provided in the questionnaires praising the staff working in the practice:

“I like coming here because the people are very friendly”

“The care is excellent and staff very friendly and lovely”

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 telephone calls could be taken away from the reception area and 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 the waiting area and in consulting/treatment rooms. Five staff members had completed chaperone training with plans in for the remaining staff to undertake the training in the near future.

Patient information

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 website also has a section on long-term conditions which provides patients with advice on their illnesses and excellent signposting to other resources and organisations available to support them.

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times and we saw a practice policy to support this arrangement.

All but one of the patients that completed a questionnaire told us that they knew how to access the out of hours GP service. We found that the out of hours arrangements were detailed in the practice leaflet and on the practice web site.

Communicating effectively

Almost half of the patients who completed a questionnaire considered themselves to be a Welsh speaker. The majority of these patients told us that they were always able to speak to staff in their preferred language. Only one non-Welsh speaking patient told us that they were never able to speak to staff in their preferred language.

We were told that there were a number of Welsh speaking patients registered with the practice and that every effort was made for people to receive a service in a language of their choice. Three of the staff employed at the practice were Welsh speaking and translation services were available for people wishing to communicate in languages other than Welsh or English.

We asked patients in the questionnaire whether the GP practice operates a telephone triage system, where patients are asked questions about their medical problem when they try to make an appointment. The majority of patients confirmed that they are asked questions about their medical problem when making an appointment, and these patients told us that they understood why they were asked these questions.

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

Every patient who completed a questionnaire told us that they were very satisfied with the hours that the practice was open.

Only one patient mentioned in the questionnaires about waiting times for their appointment; the patient commented:

“Sometimes run quite late but I'm sure patients come with more than one problem”

Patients were happy with the appointment system in place at the practice. Every patient who completed a questionnaire told us that they found it very easy to get an appointment when they needed one, and described their experience of making an appointment as ‘very good’.

Patients were able to pre book routine appointments in advance, Monday to Friday. Same day, urgent appointments were also available.

An online booking facility was not available. We suggest that the practice should actively encourage patients to register and use My Health Online¹, 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.

¹ <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

Improvement needed

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

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. There was adequate disabled access to the building with a number of 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.

We recommended that consideration be given, during future alterations, to providing a lowered section of the reception desk for wheelchair users.

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 equality and diversity training.

Listening and learning from feedback

The majority of patients told us in the questionnaires that they would know how to raise a concern or complaint about the services they receive at the practice.

There was a formal complaints procedure in place which was compliant with 'Putting Things Right'². 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 were recorded whether received verbally or in writing. All complaints were brought to the attention 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 continuing development of the service.

² <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

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 and dispensing of medicines and to learn from any patient safety incidents. The sample of patient records we reviewed were generally of a very good standard.

There was an effective 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 were undertaken and any areas identified as requiring attention were actioned.

Safe care

Managing risk and promoting health and safety

All of the patients who completed a questionnaire felt that it was easy to get into the building that the GP practice is in.

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 health and safety training.

Infection prevention and control

There were no concerns expressed by patients over the cleanliness of the GP practice. All of the patients who completed a questionnaire felt that, in their opinion, the GP practice was 'very clean'.

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 taking place at the practice and that instruments used during these procedures were single patient use only. This meant that instruments did not have to be decontaminated and so promoted effective infection prevention and control.

There was a clear and detailed infection control policy in place. Named staff had responsibility for specific aspects of the infection control process.

We were informed that an infection control audit had been undertaken in November 2017.

Medicines management

We found that medication management systems were robust and safe. We found that the staff working in the dispensary had received the necessary training and were being supported by the dispensary supervisor.

We found that regular audits were being undertaken in order to ensure consistency of prescribing across all clinicians. A pharmacist employed through

the local cluster group³ attended the practice on a regular basis to provide guidance and support to staff and to ensure that prescribing and dispensing activities were in line with local and national guidelines.

Patients could access repeat prescriptions by calling into the surgery in person, or online.

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.

The lead GP 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. However, all clinicians working with children should be trained to level 3.

Adult and child safeguarding cases are flagged up on the electronic records system.

Improvement needed

All clinicians working with children should be trained to level 3 in the safeguarding of children.

³ 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.

Medical devices, equipment and diagnostic systems

We saw that there were no airways in the resuscitation kit for use in a patient emergency (collapse). We brought this to the attention of the practice manager who took immediate steps to order the equipment. We were provided with documented evidence of the order made.

We also found that the needles and syringes within the resuscitation kit were out of date. We brought this to the attention of the practice nurse who immediately replaced the needles and syringes.

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.

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.

Information governance and communications technology

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

We found that there was insufficient storage space available for patient records. Plans were being considered to secure suitable, additional storage space.

Record keeping

We looked at a 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. However, we found that the consistency and quality of record keeping could be further improved through the implementation of a peer review process.

We recommended that a system be set in place for the auditing of record keeping and note summarising.

We also recommended that a system be set in place to ensure that allocated tasks are routinely followed up and to audit and monitor urgent referrals to confirm that they have been actioned.

Improvement needed

The quality of record keeping could be further improved through the implementation of a peer review process.

A system should be set in place to audit the consistency of record keeping and note summarising.

Allocated tasks should be routinely followed up and urgent referrals monitored to confirm that they have been actioned.

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 lead GP and practice manager.

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 all relevant policies and procedures to guide them 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 was part of a local cluster group. The engagement with the cluster group was reported as being very good with the lead GP and practice manager attending cluster meetings on a regular basis.

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 lapsed of late. However, we saw evidence that appraisals had been scheduled for all staff over the forthcoming two months.

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

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
We found that there were no airways in the resuscitation kit.	This meant there was an increased risk of harm to patients in an emergency.	This was brought to the attention of the practice manager.	The equipment was ordered. We were provided with documented evidence of the order made.
We found that the needles and syringes within the resuscitation kit were out of date.	This meant there was an increased risk of harm to patients in an emergency.	We brought this to the attention of the practice nurse	The needles and syringes were replaced.

Appendix B – Immediate improvement plan

Service: Berllan Surgery

Date of inspection: 16 January 2018

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 improvement plan was required.				

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: Berllan Surgery

Date of inspection: 16 January 2018

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 should actively encourage patients to register and use My Health Online, identifying member(s) of staff to champion the service.	5.1 Timely access	<p>MHOL leaflets will be given to all new patients registering with the practice and are included with the registration forms.</p> <p>MHOL leaflets will be available at reception and within the waiting rooms in the surgery.</p> <p>We will use the right hand side of the patient prescription to promote MHOL and also update the website and patient information leaflet to actively promote MHOL</p>	Practice Manager	April2018 /ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
All clinicians working with children should be trained to level 3 in the safeguarding of children.	2,7 Safeguarding children and safeguarding adults at risk	All doctors have already completed level 3 training which will be repeated every year. All other clinicians are currently level 2 but will complete level 3 training	Practice Manager	September 2018
The quality of record keeping could be further improved through the implementation of a peer review process.	3.5 Record keeping	GP lead's records were highlighted as very comprehensive at inspection. A peer review process will be introduced to disseminate to other clinicians at the surgery to reach a similar standard.	GP Lead	March 2018/ ongoing
A system should be set in place to audit the consistency of record keeping and note summarising.		Quarterly audits will be carried out to ensure consistency of record keeping and note summarising	GP Lead	March 2018/ ongoing
Allocated tasks should be routinely followed up and urgent referrals monitored to confirm that they have been actioned.		Since the inspection, an urgent monitoring system has been implemented so that they are recorded and monitored regularly	GP lead	February/ ongoing
Quality of management and leadership				
No improvement needed.				

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): Jayne Reay

Job role: Practice Manager

Date: 01/03/18