

General Practice Inspection (Announced)

Presteigne Medical Practice,
Powys Teaching Health Board

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2018

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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 Presteigne Medical Practice, Lugg View, Presteigne, LD8 2RJ, within Powys Teaching Health Board on the 25 September 2018.

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

The practice was going through a period of substantial change, having recently been taken under the control and management of the health board. We found that whilst the service was striving to provide patient centred care, there were areas where the practice was not fully compliant with all Health and Care Standards.

It was positive to note that the practice manager had recognised where improvements needed to be made prior to the inspection, however the practice was at the beginning of the change process meaning that many improvements were yet to be addressed.

This is what we found the service did well:

- Clean and tidy environment
- Positive and friendly interactions between staff and patients
- Supportive structure for staff
- An overall good standard of record keeping.

This is what we recommend the service could improve:

- Promotion of the chaperone service to, and training for staff in providing this service to patients
- Information regarding the complaints process
- Process for ensuring appointments for patients with long term health conditions and regular clinics are managed in a timely way
- Record of staff immunisation status
- More robust checks on the emergency drugs and equipment
- Staff training, including CPR and safeguarding
- Staff appraisals
- Arrangements for an appropriate clinical lead within the practice.

3. What we found

Background of the service

Presteigne Medical Practice currently provides services to approximately 3,800 patients in Presteigne. The practice forms part of GP services provided within Powys Teaching Health Board.

The practice employs a staff team which includes three GPs, two advanced nurse practitioners (one locum), a physician associate¹, health care assistant, practice manager, office manager and a number of administrative staff.

The practice provides a range of services, including:

- Child health surveillance and immunisation
- Maternity services
- Cervical screening
- Asthma/COPD clinic
- Diabetic specialist care
- Smoking cessation advice
- Anticoagulant clinic
- Minor injuries

¹ A healthcare professional who works to the medical model skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision

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.

The vast majority of patients told us that they were treated with dignity and respect by staff and made positive comments in this respect.

The advertisement of the chaperone facility needed to be made more prominent to patients.

To ensure all patients receive timely appointments, a more robust process is required to manage clinics and long term health conditions.

Prior to our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. On the day of the inspection our inspectors also spoke to patients to find out about their experiences at the practice.

In total, we received 37 completed questionnaires. The majority of the patients that completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

Patients were asked in the questionnaire to rate the service provided by this GP practice. Responses were positive; three quarters of patients rated the service as either 'excellent' or 'very good'. Patients told us:

"So far I've been really happy and the GP listens to my concern and nurse/receptionists have passed on my communication. All are very approachable"

"It has been very easy to get an appointment with the practice nurse who has been extremely helpful"

"Kindness, understanding & patience is always shown"

Patients were asked in the questionnaires how the GP practice could improve the service it provides. A number of patients raised some common issues with us, notably around the difficulty in making an appointment at the practice. These issues are discussed elsewhere in the report. Other suggested improvements included:

“Would be good to have a 'welcome/information' leaflet for new patients. Given no details on practice, doctors, services when registered here”

“They need more resources, and now optician and chiropodist no longer visit; this is causing problems”

“Investment in infrastructure, surgery looks a little 'tired' - lick of paint needed”

Staying healthy

We saw that there were a variety of posters and information leaflets for patients to read and take away with them in the waiting area of the practice. This meant that the practice helped to provide information to patients about taking responsibility for their own health and well-being.

The practice had a designated carer's board in the waiting area, which provided information and advice specifically for carers. We suggested that the practice should consider appointing a carers champion to act as a point of contact for those patients with caring responsibilities, to help provide support and advice. The practice management team agreed to consider this.

Improvement needed

The health board should consider appointing a member of staff as a carers champion to support patients with this responsibility.

Dignified care

All but one of the patients that completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice.

We observed staff greeting people in a professional yet friendly manner at the reception desk and during telephone conversations. Telephone calls were received into the reception area, with staff sat behind glass to help prevent

conversations being overheard. Staff computer screens were not visible to patients at the reception area, helping to protect patient information. The reception area was slightly removed from the waiting area, meaning that patients could have conversations with reception staff without being overheard, promoting patients' confidentiality.

We saw that doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Disposable curtains were available around the treatment couches in each of the treatment rooms, helping to promote patient dignity and privacy during consultations. We did find that the window blinds in some of the treatment rooms were broken however, and did not close appropriately. We were told that in order to protect patients an alternative room would be provided with appropriate privacy measures should intimate examinations or treatments be required. The practice management team advised that new blinds had already been ordered to replace the broken and old blinds currently in use.

The right to request a chaperone was advertised through a television screen in the waiting area on a loop basis. We recommended that this could be better advertised to patients to by increasing the amount of literature and/or posters in the waiting area and in the treatment rooms. Through discussions with staff we found that only one member of staff had received appropriate chaperone training. The practice management team had already identified this as a training gap and agreed to increase the amount of trained chaperones within the practice.

Improvement needed

The health board should increase the promotion of the chaperone service to patients and to train additional staff to be able to offer the chaperone service consistently.

Patient information

The practice had a website which provided general information about the practice and the services it offered. A television screen was also in the waiting area displaying health promotion information and general information about the practice on a loop system. We were told that a practice information leaflet is currently in the process of being drafted.

The majority of the patients that completed a questionnaire told us that they would know how to access the out of hours GP service.

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.

Communicating effectively

The practice did not have any Welsh speaking staff, however staff had access to a language line to provide translations services to patients who wish to communicate in languages other than English. We saw that some patient information was provided through the medium of Welsh.

Where applicable, all patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

The practice had a hearing loop to aid communication with those patients with hearing difficulties. Through discussions with staff it was not clear how deaf, or hard of hearing patients were able to make appointments without physically attending the practice, as appointments were not able to be made electronically or through any other means. The practice must consider how it ensures all patients have ease of access to their appointments system.

The vast majority of patients that completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand. Patients also told us that they are involved as much as they wanted to be in decisions made about their care.

Arrangements were described for ensuring that incoming correspondence/communication to the practice had been read and acted upon. Staff also explained the arrangements in place to ensure that messages (from patients and others) were brought to the attention of the doctors, nurse or other visiting professionals, in a timely way.

Whilst the practice did not have a patient participation group, the practice team described how they would involve and inform the community of any changes to services. They told us during periods of significant change, such as changes to the management and ownership of the practice, information was shared with local councillors to inform the wider population.

Improvement needed

The health board must ensure that all patients, including deaf or hard of hearing patients, are able to access the appointment system easily.

Timely care

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.

The practice operated a triage system for the majority of appointments, with some routine appointments able to be booked two weeks in advance. Patients telephoned the practice and information was provided to the receptionist about their problem. An advanced nurse practitioner (ANP) would work through the triage list and book appointments with the most appropriate healthcare professional, issue prescriptions and/or signpost to other services.

The majority of patients that completed the questionnaire told us that they were 'very satisfied' or 'fairly satisfied' with the hours that the practice was open. However, one patient did comment in the questionnaires that they would like to see the practice open for longer:

“Open weekends as we now live in a 24/7 society”

When asked to describe their overall experience of making an appointment, the majority of patients that completed a questionnaire described their experience as 'very good' or 'good'. However, a third of patients that completed the questionnaire said that it was 'not very easy', or 'not at all easy', to get an appointment when they needed one. Patients raised concerns in the questionnaires about the difficulties in the waiting time to book an appointment and the attitude of the reception team; patients told us:

“The triage telephone system is such a waste of time. Receptionist also asks 'what is wrong', the nurse calls you back & and you tell her, then you tell the doctor at the appointment. That's three people being informed, unnecessary!”

“Awful experience with receptionist. Extremely uncompassionate, lack people skills & extremely rude”

“Have more appointments available”

We found that the GP to GP discussed on an informal basis patients' diagnoses, and would regularly seek second opinions where appropriate. We saw that time was set aside each day for the ANPs to discuss any patients concerns with the GPs, and this was a more formal arrangement. Practitioners

told us that this was positive in that they felt supported and able to talk through any concerns or issues quickly and promptly.

Referrals to specialists outside the practice were completed electronically the same day as an appointment.

Individual care

Planning care to promote independence

The practice was located within a purpose built building. There was good disabled access to the building with a number of parking spaces directly opposite the practice, including a designated disabled parking space.

All of the treatment rooms were located on the ground floor of the practice. There was an automatic door to access the main entrance and a fixed ramp leading up into the practice to enable wheelchair users and/or those patients with mobility difficulties to access the practice. The reception desk had a lowered side which would enable patients who used a wheelchair to speak with staff. Higher chairs were available in the waiting area to support more fragile patients.

The practice provided GP services to two care homes and a children's home registered within the locality. The practice provided an enhanced GP service to the care homes, however staff felt that this service had not been adequately maintained recently as a result of recent management changes to the practice.

The practice also offered a range of clinics such as cervical screening, and chronic disease management clinics to support patients with long term health conditions. Through discussions with both clinical and managerial staff at the practice we found that some of these clinics had not been managed effectively over the previous year, meaning that some patients may have missed or had delayed appointments. We were told that this had been recognised as a concern by the management team since taking responsibility for the practice and they had recruited an extra member of staff to concentrate on bringing the clinics up to date. This process was still ongoing at the time of inspection. The health board must ensure that a robust process is put in place to manage patients with both chronic health conditions and routine clinics to ensure they receive reviews within an appropriate timescale.

Improvement needed

The health board must ensure that a robust process is put in place to ensure that patients are offered reviews and appointments appropriate to their individual needs.

People's rights

Our findings which are described throughout this section indicate that the practice and staff were aware of their responsibilities around people's rights.

Listening and learning from feedback

The practice had a suggestion box in the reception area of the practice, where patients were able to provide comments and/or suggestions about the service being received. We were told that this was looked at on a regular basis by the practice manager and comments considered, however the practice had not received a significant number through this method. The practice did not have a formal method of obtaining patient feedback about the care and treatment provided to them. We were told by the management team that they plan on carrying out a patient satisfaction survey in the near future, and planned on using the HIW questionnaires as a baseline to measure against.

The practice had an informal complaints procedure in place, whereby patients could speak to the receptionist or practice manager to raise any concerns. This information was then recorded in a 'concerns and comments' book kept in reception. Whilst the practice manager was aware of the all Wales Putting Things Right² process for managing complaints, other staff we spoke to were not. We were unable to see that information about this process, including contact details for the community health council, were displayed for patients. The practice agreed to address this.

²http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf

Improvement needed

The health board must display information about how patients are able to raise concerns, including information about Putting Things Right and ensure that staff are aware of this process. Support services for patients wishing to raise a complaint should also be displayed.

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 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. The sample of patient records we reviewed were generally of a very good standard.

Improvements were needed to ensure records of staff immunisations were recorded and maintained.

More robust checks of the emergency drugs needed to be carried out.

The sharing and learning from serious incidents or patient safety issues needs to be formalised.

Safe care

Managing risk and promoting health and safety

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

We saw that small electrical appliances had been appropriately tested to help ensure they remained safe to use. We also saw that fire extinguishers were serviced regularly and fire exits signposted for the safety of patients and staff.

We saw that the health board, since taking over the management of the practice, had identified areas for improvement which included estates and environmental issues. We saw that risk assessments were in the process of

being undertaken to identify what actions were necessary; these included dates by which any improvements needed to be completed.

Infection prevention and control

There were no concerns given by patients over the cleanliness of the GP practice; all of the patients that completed a questionnaire felt that, in their opinion, the GP practice was 'very clean' or 'fairly 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. Whilst a cleaning schedule was found in the patient toilet area, it was not up to date. The health board should remind members of staff responsible for cleaning to update relevant information to demonstrate that cleaning has taken place.

Curtains around the treatment couches in the consultation rooms were disposable, to help promote effective infection control.

We found there was an infection control policy in place, which was in the process of being reviewed. The management team also told us that infection control training for all staff was in the process for being arranged in line with the health boards' policies and procedures.

We looked at a sample of staff personnel files and were unable to see confirmation of all staff Hepatitis B immunisation status. We were told that this information was available, but not kept within individual files. The health board must ensure that it is able to demonstrate that all appropriate staff have received immunisations and records maintained. The management team agreed to address this.

Improvement needed

The health board must ensure that it is able to demonstrate that all staff have received appropriate immunisations for the protection of both staff and patients.

Medicines management

The practice had the support of a prescribing pharmacist and pharmacy technician one day per week. This was seen as a very valuable aspect of the service.

Patients could access repeat prescriptions by calling into the surgery in person, writing to the practice, online or by the means of a nominated pharmacy.

We saw that drugs and equipment were available to staff to use in the event of a patient emergency. There were however, some out of date drugs identified on the emergency trolley. Whilst the drugs were removed by the management team on the day of inspection, they were reminded of the need to ensure that a robust process is put in place to check drugs and equipment on a regular basis. Staff training records showed that whilst staff had received training in cardiopulmonary resuscitation (CPR), we found where some had not been completed within the last 12 months as recommended by the Resuscitation Council (UK)³. The management team confirmed that training for the whole practice team had been arranged for October 2018.

Improvement needed

The health board must ensure that regular and robust checks are undertaken on drugs and equipment for use in a patient emergency.

The practice must ensure that staff receive appropriate CPR training in line with the guidelines of the Resuscitation Council (UK).

Safeguarding children and adults at risk

We found that there were child and adult safeguarding policies and procedures in place, which were currently in the process of being updated.

In the absence of a clinical lead within the practice, the lead for safeguarding was based within the health board. We were told that the health board intended on appointing a clinical lead within the practice in the near future which would ensure that safeguarding advice is readily and easily available.

³ <https://www.resus.org.uk/quality-standards/primary-care-quality-standards-for-cpr/>

We considered a sample of staff training records and were able to see that some staff had attended training in child and adult safeguarding. Other files we saw were incomplete and did not evidence whether training had been undertaken. We were informed that a review of all staff training had been carried out and the health board. This included identifying mandatory training for all staff to ensure they have the right skills and knowledge to undertake their roles, which included safeguarding training. A recommendation about this is made within the Management and Leadership section of the report.

Effective care

Safe and clinically effective care

We discussed with staff the sharing of information and learning following any patient safety incidents and/or significant events. We were told that regular, formal meetings use to be held at the practice to discuss such incidents but had not happened recently. Informal discussions between clinical staff were occurring, but nothing on a more formal basis with all staff. We recommended that learning from significant events should be shared with all staff through a formal mechanism to allow for open discussions and learning.

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

The health board should ensure that learning from significant events and safety incidents is appropriately shared and discussed by all staff within the practice.

Information governance and communications technology

We found that patient records were appropriately stored and protected to prevent unauthorised access.

Record keeping

We looked at a sample of patient records and overall found them to be of a good standard, supporting the care and treatment provided to patients. We recommended where some improvements could be made to ensure that all records are maintained to a consistent standard. This included:

- Ensuring that the READ⁴ coding of patients diagnosis is linked to prescribed medication
- Recording of patient consent to examinations
- Ensure that offers to patients to use and/or decline the use of a chaperone where appropriate.

We also found that summarising of patient notes was being carried out by non-clinical members of staff. Whilst this is acceptable, the practice were unable to evidence that relevant training had been given, or that there had been any clinical overview of the summarising undertaken.

Improvement needed

The health board must ensure that patient records are consistently maintained in respect of the following:

- Diagnosis linked to any prescribed medication
- Recording of patient consent to examinations
- The offer to a patient and use/decline of a chaperone where appropriate.

The health board must ensure that staff responsible for summarising patient records have received relevant training and that appropriate clinical overview is maintained.

⁴ READ codes are the standard clinical terminology system used in General Practice in the United Kingdom.

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.

The practice was in transition having recently been taken over by the health board. The management team needs to continue to provide support over this period of change.

We found that the management team were active in identifying where improvements could be made, and that this was an ongoing process.

Governance, leadership and accountability

The practice had recently become managed by the health board and we found that it was in a period of substantial change. A member of the health board management team was acting as the practice manager on a full time basis to support staff through the transition. The previous GP partners remained at the practice as salaried partners, with the support of locum GPs, and therefore clinical stability remained during this time.

We found that the practice manager had identified where improvements needed to be made, both clinical and managerial, to improve the services for both patients and staff. A detailed improvement plan was in place, which was risk based and included timescales against improvements identified. Many of the improvements and recommendations made during the inspection had already been identified by the practice manager, and they were in the process of addressing these. We recognised during the inspection that they were at the beginning of the improvement process with areas still in need of addressing.

We found a patient-centred staff team who were committed to providing the best services they could. Staff informed us that they felt well supported by both

the clinical and managerial team and were able to raise any concerns or issues freely with senior members of staff. This was demonstrated by time being specifically allocated to the ANPs to discuss any patient issues with the GPs throughout the day. We were also told that they did not have to wait until this time and felt able to approach the GPs outside of the allocated slots. Staff told us this was very beneficial.

Whilst we found that patient discussions between clinical staff were occurring on a regular basis, staff raised concerns about the lack of a clinical lead physically based at the practice. This meant that there was limited management of formal discussions around serious or significant events being held. We were told that the health board was in the process of appointing a clinical lead at the practice to support the governance and overall clinical management of the practice.

Staff meetings had only recently started to take place since the health board took over the management. We encouraged the management team to ensure these continued and minutes produced and shared with those unable to attend.

Staff had access to a range of policies and procedures, however many were in the process of being updated in line with the health board policies and procedures. This process was ongoing with appropriate timescales in place. The health board must ensure that changes are communicated effectively to staff and that they have clear access to the most up to date policies and procedures to allow them to undertake their roles effectively.

There was a practice development plan in place, which was health board driven.

Improvement needed

The health board must ensure that staff are aware of the most up to date policies and procedures to ensure they are able to undertake their roles effectively.

Staff and resources

Workforce

There was a well established staff team in place, with many staff members being employed for a number of years.

Staff were able to describe their roles and responsibilities in detail and demonstrated a good understanding of the practice workings.

Whilst we were able to see that some staff had been able to access some training, we found that there were areas, such as safeguarding and CPR, which had not always been undertaken in a timely way. We saw that a training matrix had recently been created, which detailed the essential and mandatory training needs for all staff. We found that the management team were in the process of identifying gaps for individual members of staff and arranging training sessions where appropriate.

Staff had not received an appraisal of their work within the past 12 months, which had also been identified as an improvement by the practice manager. We encouraged the management team to ensure these were rolled out across the whole practice.

We considered a number of staff personnel files during the inspection and were unable to see that Disclosure and Barring Service checks (DBS) had been undertaken on all staff. Through discussions with the practice management team we concluded that the health board had not carried out these checks when the health board took over the management of the practice. We raised this with the management team who told us that they would raise this immediately as an issue to be resolved.

Following consideration of the clinical services provided by the practice, and through discussions with different members of staff, we recommended that the health board should consider the skill-mix within the practice, and whether it currently meets the needs of the patients. The management team agreed, and told us that a review of the services being provided alongside the staffing compliment was going to be considered shortly.

Improvement needed

The health board must ensure that staff have access to training appropriate to their roles and ensure that ongoing training is managed in a timely manner moving forward.

The health board must ensure that staff have regular appraisals of their work.

The health board must ensure that appropriate checks have been undertaken on staff to ensure that they remain suitable for 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
No immediate concerns were identified on this inspection.			

Appendix B – Immediate improvement plan

Service: Presteigne Medical Practice

Date of inspection: 25 September 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 improvements were identified on 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: Presteigne Medical Practice

Date of inspection: 25 September 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 health board should consider appointing a member of staff as a carers champion to support patients with this responsibility.	1.1 Health promotion, protection and improvement	Practice will display poster offering a practice champion.	Practice Manager	31/12/18
		Practice will appoint two team members to be champions	Practice Manager	31/12/18
The health board should increase the promotion of the chaperone service to patients and to train additional staff to be able to offer the chaperone service consistently.	4.1 Dignified Care	Practice have posters displayed within the waiting area and all clinical rooms and policy developed	Practice Manager	31/11/18
		Policy being progressed and introduced. Staff to be made aware of the policy via	Practice Manager	31/11/18

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>shared drive and meetings</p> <p>Staff training currently being progressed date to be finalised</p>	Practice Manager	31/12/18
<p>The health board must ensure that all patients, including deaf or hard of hearing patients, are able to access the appointment system easily.</p>	<p>3.2 Communicating effectively</p>	<p>Practice will signpost patients who are hard of hearing by offering access to MHOL for repeat prescriptions, as an alternative method for ordering medication</p> <p>Practice will promote the availability of a Hearing Loop</p>	<p>Practice Manager</p> <p>Practice Manager</p>	<p>31/11/18</p> <p>31/11/18</p>
<p>The health board must ensure that a robust process is put in place to ensure that patients are offered reviews and appointments appropriate to their individual needs.</p>	<p>6.1 Planning Care to promote independence</p>	<p>Practice will recommence Chronic Disease clinics linked to Local Enhance Services specifications (where applicable) as follows:</p> <p>Diabetes</p> <p>Care Home reviews</p> <p>COPD</p> <p>Asthma</p> <p>Heart Failure</p> <p>Anticoagulation</p>	<p>Practice manager/clinicians</p>	<p>17/12/18</p> <p>31/12/18</p> <p>31/01/18</p> <p>31/01/18</p> <p>31/01/18</p> <p>31/02/18</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must display information about how patients are able to raise concerns, including information about Putting Things Right and ensure that staff are aware of this process. Support services for patients wishing to raise a complaint should also be displayed.	6.3 Listening and Learning from feedback	Develop and produce a practice Putting things right leaflet that includes links to:	Practice Manager	31/11/18
		<ul style="list-style-type: none"> • CHC information • PTHB putting things right information. 		
		To display CHC contact details within the waiting area	Practice Manager	31/11/18
		All staff to be trained on the process for the practice to support patient requests	Practice Manager	31/11/18
Delivery of safe and effective care				
The health board must ensure that it is able to demonstrate that all staff have received appropriate immunisations for the protection of both staff and patients	2.4 Infection Prevention and Control (IPC) and Decontamination	All HB staff to be referred into Occupational Health Service	Practice Manager	12/11/18
		Occupational health to review and progress immunisations	Occupational Health Team	31/01/19
The health board must ensure that regular and robust checks are undertaken on drugs and equipment for use in a patient emergency The practice must ensure that staff receive	2.6 Medicines Management	Develop and introduce a process and check list of drugs for patient emergency trolley	Practice Manager	31/12/18

Improvement needed	Standard	Service action	Responsible officer	Timescale
appropriate CPR training in line with the guidelines of the Resuscitation Council (UK)		All staff are to utilise the PTHB intranet to book CPR training where possible and to source external training if necessary	Practice manager/ staff	31/12/18
The health board should ensure that learning from significant events and safety incidents is appropriately shared and discussed by all staff within the practice.	3.1 Safe and Clinically Effective care	<p>MDT meetings are now held regularly with minutes shared to all clinicians following the meeting</p> <p>Regular clinical team meetings are now in place, with Significant Events part of the set agenda. Minutes are shared with all clinicians following the meeting.</p> <p>Separate significant event meetings are held when necessary and learning is shared with all practice staff. Minutes of the meeting are shared to inform on lesson learnt</p>	<p>Practice Manager</p> <p>Practice Manager & clinical lead</p> <p>Practice Manager and clinical Lead</p>	<p>01/10/18</p> <p>15/10/18</p>
The health board must ensure that patient records are consistently maintained in respect of the following:	3.5 Record keeping			

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> • Diagnosis linked to any prescribed medication • Recording of patient consent to examinations • The offer to a patient and use/decline of a chaperone where appropriate <p>The health board must ensure that staff responsible for summarising patient records have received relevant training and that appropriate clinical overview is maintained.</p>		<ul style="list-style-type: none"> • Clinical lead once appointed will carry out internal audits for compliance . 	Clinical lead	31/12/18
		<ul style="list-style-type: none"> • To ensure appropriate READ code is visible for clinicians use. 	Practice Manager	31/01/18
		<p>To amend consultation templates to incorporate the following with Y or N option</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient consent has been requested : Y N <input type="checkbox"/> Patient consent agreed Y or N 	Practice Manager	31/11/18
		<p>To mirror the above for the offering of a Chaperone.</p>	Practice Manager	31/11/18
		<p>Practice to liaise with the Primary Care Training Group for medical terminology training and read coding training to be provided from Insight Solutions.</p>	Practice Manager	31/02/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The health board must ensure that staff are aware of the most up to date policies and procedures to ensure they are able to undertake their roles effectively.	Governance, Leadership and Accountability	To provide updates and in house training with all policies and procedures once they have been completed	Practice Manager	31/02/18
<p>The health board must ensure that staff have access to training appropriate to their roles and ensure that ongoing training is managed in a timely manner moving forward.</p> <p>The health board must ensure that staff have regular appraisals of their work.</p> <p>The health board must ensure that appropriate checks have been undertaken on staff to ensure that they remain suitable for employment.</p>	7.1 Workforce	<p>All staff have access to PTHB electronic training to undertake mandatory training as per PTHB requirements.</p> <p>To introduce a visual record for all staff to identify training not completed</p> <p>Completion of working tasks undertaken to identify areas of CPD</p> <p>ANP to completion Nurse Competency assessment to identify areas of training and development.</p> <p>Appraisals dates to be planned according to PTHB policy and undertaken by an appropriate PTHB appraiser .</p>	<p>Practice Manager</p> <p>Practice Manager</p> <p>Practice Manager</p> <p>Practice Manager</p> <p>Practice Manager</p> <p>Director of Nursing</p>	<p>31/09/18</p> <p>31/11/18</p> <p>31/09/18</p> <p>31/10/18</p> <p>(completed)</p> <p>31/12/18</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): Jayne Lawrence

Job role: Head of Primary Care

Date: 15/11/2018