



## **General Practice Inspection (Announced)**

Welshpool Medical Centre,  
Powys Teaching Health Board

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2019

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

## Contents

1.	What we did .....	5
2.	Summary of our inspection .....	6
3.	What we found .....	8
	Quality of patient experience .....	10
	Delivery of safe and effective care .....	17
	Quality of management and leadership .....	21
4.	What next? .....	23
5.	How we inspect GP practices.....	24
	Appendix A – Summary of concerns resolved during the inspection .....	25
	Appendix B – Immediate improvement plan .....	26
	Appendix C – Improvement plan .....	<b>Error! Bookmark not defined.</b>

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

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- Independent**
- Objective**
- Caring**
- Collaborative**
- Authoritative**

## **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 Welshpool Medical Centre, Salop Road, Welshpool, within Powys Teaching Health Board, on 19 February 2019.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), HIW assistant inspection manager (shadowing), 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

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.

The practice had a system in place to enable patients to raise concerns and complaints, and the practice was able to demonstrate that they considered patient feedback to improve services.

There were clinical and general audit systems in place which allowed staff to reflect and make changes and improvements to practice.

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:

- Welcoming environment
- Patient information, engagement and feedback
- Record keeping
- Triage
- Internal and external communication
- Clinical overview and audit
- Medication management and dispensing
- Open and inclusive management
- Comprehensive policies and procedures
- Staff support and training

This is what we recommend the service could improve:

- Complaint procedure
- Fit blinds to toilet windows
- Cleaning fluids
- Smoking cessation information
- Use of Read Coding<sup>1</sup> for some patient notes entries

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<sup>1</sup> Read codes are the standard clinical terminology system used in General Practice in the United Kingdom. It supports detailed clinical encoding of multiple patient phenomena including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms and observations; laboratory tests and results; diagnoses; diagnostic, therapeutic or surgical procedures performed; and a variety of administrative items.

## 3. What we found

### Background of the service

Welshpool Medical Centre currently provides services to over 11,000 patients in the Welshpool and North West Shropshire areas. The practice forms part of GP services provided within the area served by Powys Teaching Health Board.

The practice employs a staff team which includes eight GPs, nurse manager, six nurses, three healthcare assistants, practice manager, operations manager, patient services manager, audit/IT manager, support services manager, dispensary manager, three dispensary staff, quality and assurance manager and 11 reception and administration staff.

The practice provides a range of services, including:

- Monitoring of long term conditions such as :- asthma, chronic obstructive pulmonary disease, diabetes, chronic kidney disease , heart failure, coronary heart disease, atrial fibrillation, hypertension
- Minor illness service for the acutely unwell
- Travel advice clinic, including injections
- Well woman and well man clinics
- Wound dressings
- Immunisations
- Contraceptive injections and hormone replacement therapy advice
- Contraceptive pill check appointments
- Learning disability health review appointments
- Pessary insertions and removals
- Epilepsy monitoring
- Cervical screening
- Blood pressure monitoring
- ECG monitoring



- Removal of clips and sutures
- Phlebotomy services including warfarin monitoring
- Vitamin B12 injections
- Ear Syringing
- Shingles vaccinations

## 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 and 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.

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice.

In total, we received 35 completed questionnaires. The majority of the patients who 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; the majority of patients rated the service as either 'excellent' or 'very good'. Patients told us:

*"Overall it is very good I do get frustrated when I am told to 'ring back at 11am on Friday' as the appointments will be out then and I forget and then when I ring the doctor I want is no longer available"*

*"Usually appointments are quite a long time away, sometimes none are available. But short notice appointments can be ok if there have been cancellations"*

*"Very helpful team"*

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 lack of parking spaces at the practice. Other suggested improvements included:

*"More team members as everyone so busy"*

*“To open on a Saturday morning. Not easy to come to the surgery when working full time in the week”*

*“Open later and on a Saturday morning”*

## **Staying healthy**

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 and consulting rooms. There was also a television monitor within the waiting area displaying health promotion information. The practice operated a triage<sup>2</sup> system and reception staff had received training to signpost patients to other professionals and organisations better placed to assist them to ease the pressure on the clinical staff within the practice.

People with caring responsibilities were identified and given advice and information about other organisations and services that may be able to provide them with support. Two staff members took on the roles of Carers' Champions and would act as a voice for carers within the practice and be a key point of contact for carer information.

## **Dignified care**

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

The majority of patients who completed a questionnaire told us that they could always get to see their preferred doctor.

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. The reception area was separate from the

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<sup>2</sup> Triage is the process of determining the priority of patients' treatments based on the severity of their condition.

waiting area, meaning that patients could speak with reception staff without being overheard by other patients in the waiting area. Staff told us that that they could use a consulting room within the reception area, if available, to discuss any sensitive or confidential issues with patients, should the need arise.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Disposable curtains 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 reception area and in consulting/treatment rooms.

Although frosted type glass was fitted to the windows within the toilet area in reception, we recommended that suitable blinds or curtains be provided to further enhance patients' privacy and dignity when using the facility.

#### Improvement needed

Suitable blinds or curtains should be provided to windows within the toilet adjacent to the reception area.

#### Patient information

As previously mentioned, information for patients on health related issues was available in leaflet form within the waiting area and consulting rooms. This included information on local support groups, health promotion advice and self-care management of health related conditions. Some smoking cessation information was available within the patients' welcome pack. We suggested that more could be done to help people stop smoking by displaying additional information relating to smoking cessation within the waiting area.

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

Information relating to practice opening times was advertised on the practice website and patient leaflet.

### Improvement needed

Information relating to smoking cessation should be displayed within the waiting area.

### Communicating effectively

All but one of the patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

Every patient who completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand, and all but one of them told us that they are involved as much as they wanted to be in decisions made about their care.

We were told that there were very few Welsh speaking patients registered with the practice. However, every effort was made for people to receive a service in a language of their choice. Translation services were available for people wishing to communicate in languages other than English. We recommended that steps be taken to ensure that patient information leaflets and posters be made available bilingually, in Welsh and English, where possible. This had already been identified as an area for improvement by the practice's management team and was included in the practice development plan.

A hearing loop was provided in order to aid communication with those patients with hearing difficulties.

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

### Timely care

The majority of patients who completed the questionnaire told us that they were very satisfied or fairly satisfied with the hours that the practice was open. The majority of patients also said it was very easy to get an appointment when they needed one.

When asked to describe their overall experience of making an appointment, the majority of patients who completed a questionnaire described their experience as very good or good.

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

The practice made use of My Health Online<sup>3</sup> facility for repeat prescriptions and test results. However, this facility did not extend to making appointments. We were informed by the practice manager that consideration was being given to extending the My Health Online facility to enable patients to book appointments electronically. This is to be encouraged as it could ease pressure on telephone lines.

In addition to seeing patients attending with minor illnesses, the nursing team also ran a number of clinics for patients with chronic health conditions. The practice nurses each had a speciality in chronic disease management e.g. respiratory or diabetes. The diabetes nurse ran clinics in which she dealt with more than one chronic disease e.g. diabetes and ischaemic heart disease.

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.

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

The practice was located within a purpose built building. Part of the building and car park was shared with health board staff. There was good disabled access to the building with a number of parking spaces within the adjoining car park. The practice building had recently been refurbished to a high standard. Consideration was being given to extending the car park as part of the practice's development plan.

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<sup>3</sup><https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

There were disabled access toilets located within the reception area for use by patients.

All the GP consulting rooms, clinical rooms and treatment rooms were located on the ground floor. The consulting rooms, clinical rooms and treatment rooms were spacious and well equipped.

The reception desk provided a lowered section 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.

Staff we spoke with were aware of their responsibilities in relation to equality and diversity. There was an equality and diversity protocol in place and staff had completed training on the subject.

### **Listening and learning from feedback**

There was a formal complaints procedure in place, and information about how to make a complaint was available within the patient information leaflet and on the practice's website. Putting Things Right<sup>4</sup> information was available in the reception area. We recommended that information relating to the practice's internal complaints process also be made available within the waiting area or in reception.

We were told that emphasis was 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.

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<sup>4</sup> 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.

All complaints were brought to the attention of the practice manager who would deal with them in line with the practice's policy.

**Improvement needed**

Information relating to the practice's internal complaints process should be made available within the waiting area or in reception.



## Delivery of safe and effective care

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

We found that the practice had arrangements in place to promote safe and effective patient care. We found a staff team who were patient centred and committed to delivering a high quality service to their patients.

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

Suitable arrangements were in place to ensure the safe prescribing of medicines and to learn from any patient safety incidents. The sample of patient records we reviewed were of a 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 but one of the patients who completed a questionnaire felt that it was very easy or fairly 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.

General and more specific health and safety risk assessments were undertaken on a regular basis. However, we found cleaning fluids stored on open shelving within toilet areas. Such cleaning materials should be securely stored, in line with The Control of Substances Hazardous to Health Regulations (COSHH) 2002 and associated guidelines.

We suggested that the security within the building could be enhanced by provision of suitable locks to the doors leading into the store room on the ground floor corridor.

#### Improvement needed

Hazardous cleaning materials should be stored securely at all times, when not in use.

### Infection prevention and control

No concerns were expressed by patients over the cleanliness of the GP practice; the majority 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.

We were informed that minor surgery procedures were taking place at the practice and that instruments used during these procedures were mostly single patient use only. This meant that instruments did not have to be decontaminated, and so promoted effective infection prevention and control. Those instruments that required decontamination and sterilising were sent to the local district general hospital for processing.

There was a clear and detailed infection control policy in place.

### Medicines management

We found that medication management systems were robust and safe.

There was a dispensary located within the practice building with designate staff employed to manage and provide this service. The dispensary had a separate entrance direct from the car park, thereby allowing patients to drop off

prescription requests, collect prescriptions or dispensed drugs, or have a conversation with the dispensary staff without the need to go into the main reception area. This has the advantage of leading to a less busy, and therefore calmer feel to the reception area and enhanced confidentiality for the patients attending the dispensary.

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

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

One of the GPs assumed a lead role in the safeguarding of adults and children within the practice. We were told that reception staff had received safeguarding training at level 1 and 2 with clinical staff trained at level 2. We were informed by the practice manager that level 3 training had been arranged for clinical staff and was due to take place in March 2019.

Adult and child safeguarding cases are flagged up on the electronic records system. There were also good systems in place to identify and highlight those patients regarded as hard to reach, who may require additional help due to social isolation, mental health needs and learning disabilities.

### **Medical devices, equipment and diagnostic systems**

Emergency drugs and equipment kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried on a regular basis.

Portable electrical appliances were being tested on a regular basis

## **Effective care**

### **Safe and clinically effective care**

The practice had suitable arrangements in place to report patient safety incidents and significant events. The practice recorded this internally and only made use

of the Datix<sup>5</sup> system for reporting certain incidents. The practice manager told us that they would, in future, consider reporting all incidents through the Datix system. Significant events were being recorded and discussed at GP meetings. Learning from significant events was shared with all staff through regular meetings.

### 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.

### 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. We recommended that staff made consistent use of Read Codes rather than writing clinical observations on patients' notes in longhand. This will lead to improved access to this information in subsequent consultations, enabling comparisons between consultations and trends within the patient's condition to be better highlighted.

We found that there were adequate records management, auditing and reviewing processes in place.

#### Improvement needed

Staff should use Read Codes rather than writing clinical observations on patients' notes in longhand.

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<sup>5</sup> Datix is a patient safety web-based incident reporting and risk management software for healthcare and social care organizations.

## 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.

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.

There was a practice development plan in place. This was being reviewed and updated on a regular basis.

The practice was part of a local cluster group<sup>6</sup>. The engagement with the cluster group was reported as being very good with one of the GPs 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 generally had the right skills and knowledge to fulfil their identified roles within the practice.

We were provided with information relating to mandatory training which showed that all staff had completed mandatory training over the past two years.

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 individual annual appraisals were being undertaken.

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

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<sup>6</sup> A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally. Clusters are determined by individual NHS Wales Local Health Boards (LHB's).

## 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, measurable, 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 during this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Welshpool Medical Centre

**Date of inspection:** 19 February 2019

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 highlighted 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:** Welshpool Medical Centre

**Date of inspection:** 19 February 2019

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
<b>Quality of the patient experience</b>				
Suitable blinds or curtains should be provided to windows within the toilet adjacent to the reception.	4.1 Dignified Care	Blinds ordered and being fitted.	Christine Brown	2 weeks
Information relating to smoking cessation should be displayed within the waiting area.	4.2 Patient Information	This has been actioned.	Gaynor Maclennan	done
Information relating to the practice's internal complaints process should be made available within the waiting area or in reception.	6.3 Listening and Learning from feedback	This has been improved on.	Gaynor Maclennan	Done
<b>Delivery of safe and effective care</b>				

Improvement needed	Standard	Service action	Responsible officer	Timescale
Cleaning materials should be securely stored.	2.1 Managing risk and promoting health and safety	Removed from areas.	Gaynor Maclellan	Done
Staff should use Read Codes rather than writing clinical observations on patients' notes in longhand.	3.5 Record keeping	Shared with team.	Dr Russell	Done
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): Gaynor Maclellan**

**Job role: Practice Manager**

**Date: 23.04.2019**