

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

Arwystli Medical Practice, Powys  
Teaching 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 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 Arwystli Medical Practice at Llanidloes Surgery, Mount Lane, Llanidloes, Powys, SY18 6EZ, within Powys Teaching Health Board on the 18 June 2019.

Our team, for the inspection comprised of two HIW inspection managers, one was the inspection lead, GP and practice manager peer reviewers and a lay reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that Arwystli Medical Practice provided safe and effective care.

The practice had a well-established team working within a friendly pleasant environment, and there was a clear emphasis on providing a positive experience for patients.

We found a small number of areas where improvements could be made.

This is what we found the service did well:

- A clean and tidy environment
- A supportive team working environment
- The GPs are responsible for updating the clinical system with any medication changes required
- Patients were fully aware of the reasons why they were taking prescribed medication
- Patients were treated with dignity and respect.

This is what we recommend the service could improve:

- More healthy promotion leaflets
- Improve the patient feedback process to include informing patients of the results from feedback
- Ensure that all staff undertake training to the required levels
- A programme of clinical and quality audits needs to be put in place to continually improve the service offered
- Staff information to be updated and complete.

## 3. What we found

### Background of the service

Arwystli Medical Practice (The practice) currently provides services to approximately 8,500 patients in the mainly rural area surrounding the town of Llanidloes. 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:

- Four doctors, all are partners in the practice
- One practice manager
- 12 practice staff, including one patient services manager, seven practice administrators, two Information Technology (IT) administrators, one receptionist and a nursing clerk
- Six practice nurses including one lead nurse, who are available for advice, inoculations, dressings, cervical smear and ear syringing
- Three Health Care Assistants (HCAs), who undertake procedures such as, phlebotomy (taking of blood) urinalysis testing, blood pressure monitoring and ECG recording.
- Two physician associates (PA). A PA is a registered healthcare professional who, whilst not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision.

The practice provides a range of services, including:

- Cervical Screening
- Heart Disease Clinic
- Family planning clinic
- Chronic Obstructive Pulmonary Disease (lung disease) Clinic and Asthma Clinics
- Diabetic Clinic

- Hypertension Clinic (High Blood Pressure)
- Child Health Surveillance
- Childhood Immunisation
- Immunisation and travel vaccination advice
- Medical Examinations for pre-employment or insurance
- Minor surgery
- New Registration Clinic
- Retinopathy<sup>1</sup> Clinic
- Well Man and Well Woman Clinics
- Community Psychiatric Nurses/Counsellors.

The practice has a branch surgery at Caersws, which was not reviewed during this inspection.

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<sup>1</sup> disease of the retina which results in impairment or loss of vision



## 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 we spoke with told us they were treated with dignity and respect by the practice team, and we saw positive interactions between staff and patients. The practice placed an emphasis on providing a positive patient experience.

There was a variety of patient information leaflets displayed at practice, for the patients to take away with them, relating to various conditions. However, some improvements were required in the availability of health promotion leaflets and informing patients of the results from feedback.

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. On the day of the inspection we also spoke with patients to find out about their experiences at the practice.

In total, we received 35 completed questionnaires. The majority of 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 excellent. Some patient comments on the questionnaires included:

*“Very happy with care given here. We are very lucky to have such a good service”*

*“Great staff, always obliging”*

*“Excellent, caring team”*

Patients were asked in the questionnaires how the GP practice could improve the service it provides. One patient suggested that:

*“It would be beneficial to have more female doctors”*

## Staying healthy

Information was available on posters displayed on the walls within the waiting area and consultation rooms. This was to help patients and their carers to take responsibility for their own health and well-being. Some examples of the information displayed included:

- Smoking cessation
- Immunisations
- Screening for Life.

There were a number of patient information leaflets available to support some of the information displayed on the noticeboards, for patients to read and to take away. However, there was very little health promotion material relating to fitness, healthy living and mental health.

Advice and information specifically for carers was also displayed within the waiting area. The practice also had two nominated carers' champions to help provide carers with useful information about local agencies and organisations that may support them with their day-to-day responsibilities. The practice requests that patients complete a form relating to any care needs. This then highlights to the practice those patients who may need additional support regarding their caring roles.

Whilst Community Health Council (CHC)<sup>2</sup> and NHS Wales Putting Things Right<sup>3</sup> leaflets were kept in reception, there was not a poster displayed to advertise this process to patients.

The practice offered a range of general medical services that aimed to promote patients' health and well-being, as detailed in the 'What we found' section of this report.

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<sup>2</sup> <http://www.wales.nhs.uk/sitesplus/899/page/71619>

<sup>3</sup> 'Putting Things Right' (PTR), is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales.

The Practice Development Plan<sup>4</sup> dated 2017 shows that the practice is fully aware of the need to attract and retain clinicians to the area. They have two physician associates (PAs) practicing at the practice and are hoping to employ a part time advanced nurse practitioner (ANP).

There is also a dispensary at the practice. Llanidloes patients living within one mile of the practice must obtain their prescription from the pharmacist in the town (unless they have serious difficulties). Patients living more than one mile away from the practice are able to obtain their prescription at the practice dispensary.

### Improvement needed

The practice must:

- Obtain additional health promotion leaflets and posters relating to healthy living
- Display information regarding the NHS (Wales) Putting things Right process.

## Dignified care

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

Just over a third of the patients who completed a questionnaire told us that they could always arrange to see their preferred doctor.

We spoke with patients in the waiting area before their appointment, and patient feedback was very positive. All patients told us that staff were polite, helpful and complimented the care they received. All felt their care and treatment was fully explained to them, they felt able to ask questions, and had time to voice any concerns. Some patients also told us that they were listened to, were involved in decisions about their treatment and understood reasons or benefits of any treatment prescribed.

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<sup>4</sup> A review of local need and the provision of services by the practice to create a Practice Development Plan with priorities for action

The reception staff were seen to be patient and friendly. There was a glass panel to the main room where the receptionist's work, which meant that telephone conversations could not be easily overheard in the waiting area. There was also signage explaining that windows were closed for confidentiality reasons. There was a separate privacy window to the side of the reception away from the waiting area, where patients could discuss any issues in private.

Consulting rooms and treatment rooms were located on the ground floor and were away from the waiting area. We saw that doors to the rooms were closed during consultations. This helped protect patients' privacy and dignity during their consultation. The consultation rooms with windows had blinds to maintain privacy during patient appointments and we were told that the blinds were closed during consultations.

### **Patient information**

All but three of the patients who completed a questionnaire told us that they would know how to access the out of hours GP service. Access to this service is displayed on the practice website<sup>5</sup>, at the external entrance, within the reception area and on the practice telephone system.

The practice had a good website and patient information leaflet, which were in the process of being updated. Whilst the practice does not have a patient participation group<sup>6</sup>, the practice is involved with the patient group linked to the local community hospital. The senior GPs attend the group and feedback to the practice manager.

### **Communicating effectively**

All but one of the patients who completed a questionnaire, told us that they were at least sometimes able to speak to staff in their preferred language. Additionally, all but one of the patients who completed a questionnaire felt that things were always explained to them during their appointment, in a way that they can

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<sup>5</sup> <http://www.arwystlimedicalpractice.wales.nhs.uk/out-of-hours-and-emergencies>

<sup>6</sup> A patient participation group is made up of volunteer patients who meet with practice staff at regular intervals to discuss the work of the practice. They aim to feedback patient views & suggestions for improving, changing & developing patient services to the practice. These meetings are not a forum for individual complaints or single issues.

understand. All of the patients told us that they are involved as much as they wanted to be, in decisions made about their care.

There were no Welsh speaking members of staff at the practice. There was some information available in Welsh, but we were informed that the majority of patients' first language is English. There was minimal Welsh information on display, particularly practice produced notices. Arrangements should be made to provide further information in Welsh, and to help staff make an 'Active Offer'<sup>7</sup>. We were also informed that the practice were awaiting additional signage to rectify this issue.

Staff members we spoke with, informed us that they are able to access translation services over the phone when required.

There were three hearing loops available at the practice, to help patients communicate, who were hard of hearing. The availability of these were also advertised on the patient noticeboards.

Messages (from patients and others) are received by the administrative team and are entered onto an electronic day book, and are reviewed and actioned by a GP or nurse. This includes reviewing laboratory results that are actioned at the beginning of the day. When actions are completed, the message on screen changes colour, to signify this.

Home visits are triaged by a GP and there is an audit trail within the electronic system. Information is also scanned and sent to the GP via DOCMAN<sup>8</sup>. The administrative staff check that there are no un-actioned tasks.

## **Timely care**

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

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<sup>7</sup> An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

<sup>8</sup> <https://www.docman.com>

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

The patients that we spoke with during the inspection were happy with waiting times, and told us that they were generally able to be seen on the same day.

We did not see patients waiting long in reception for their appointment. The reception staff told us that they would tell patients if there would be a significant delay and they would then offer patients the opportunity to either rebook, or return to the practice later in the day, if they could not wait any longer.

My Health Online is used for repeat prescriptions, it is not used for online appointments. The practice should further investigate enhancing the use of My Health Online to include online appointments and messaging.

## **Individual care**

### **Planning care to promote independence**

External automatic sliding doors offered easy access into the foyer; the internal door through to reception had push button operation and was wide enough for wheelchairs and pushchairs. There was a low level hatch (suitable for wheelchair users) in the main entrance next to the dispensary. Additionally, there was an electronic patient check in system, within the foyer of the practice.

Parking was available to the rear of the practice for staff and there were six clearly marked disabled bays at the front of the building for patients. There was some parking availability on the road and a large council car park directly opposite. Free parking was also available about 5 minutes' walk away. There was an accessible toilet in the waiting area next to the entrance and another in the treatment room corridor. This promoted the independence of patients with mobility issues.

### **People's rights**

Peoples' rights were promoted within the practice with arrangements in place to protect peoples' rights to privacy. In addition, we saw staff treating patients with dignity, respect and kindness.

As previously highlighted, patients could be accompanied by their relatives or carers within the practice and during consultation or treatment if desired. The practice had a chaperone policy and there was a notice informing patients of their chaperoning procedures in the waiting room. Information was also on the notice board in every consulting and treatment room. We were told that the

administrative and nursing staff had completed chaperone training. The use of chaperones aims to protect patients and healthcare staff when intimate examinations of patients are performed.

### Listening and learning from feedback

There was a patient/visitor suggestion box available along with pens and paper in reception, and all comments were filed. However, there was no process in place for informing patients of the results or action taken as a result of the suggestions. In addition, there was no process in place to survey patients, or to obtain their feedback in general. We recommend that the practice should consider doing this at regular intervals.

Emphasis was placed on dealing with complaints at source, in order for matters to be resolved as quickly as possible. All complaints were brought to the attention of the practice manager, who would deal with them in line with the practice's policy. The majority of patients interviewed during the inspection did not know how to make a complaint, but said they would be comfortable to ask at reception, or speak to a member of staff. Complaints information was displayed in the waiting area, with the exception of the 'Putting Things Right' poster as described above.

#### Improvement needed

The practice must:

- Consider how to feedback to patients with any actions or results from their suggestions
- Complete regular surveys of patients, to obtain their views on the practice, separate from any surveys run by the Health Board.

## 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.

A programme of clinical and quality audits must be implemented to demonstrate assurance against standards, and to support their continuing service improvement.

### Safe care

#### Managing risk and promoting health and safety

All patients who completed a questionnaire felt that it was very easy or fairly easy to get into the practice.

During a tour of the practice, we found all patient areas to be clean and uncluttered which reduced the risk of trips and falls. We found the practice to be well maintained both externally and internally.

Fire safety equipment was maintained annually and appropriately located in the building. We were told that staff were aware of their responsibilities and any concerns would be reported to the practice manager or senior member of staff.

The practice had a risk register that was regularly updated, risks were also on the agenda for practice meetings. We saw evidence of risk being monitored, such as GP recruitment in a rural practice. The practice had a business continuity plan, which we were told was being updated.



There is a wider cluster<sup>9</sup> in operation and staff told us that they work closely with other practices in the cluster. However, some GP's felt it could be of greater benefit to the practice. We were told the practice GP cluster lead was actively working with the cluster to further develop the relationship and the benefits to the practice. They are looking at using a buddying system between practices in the future, to deal with any major incident that denies them access to the surgery. They also have a branch surgery in Caersws, which is approximately nine miles from Llanidloes, which is of benefit in terms of business continuity should there be an issue with the practice in Llanidloes.

We saw that new policies, and changes to policies, are circulated to staff by email, a read receipt is requested for the email. A list of the read receipts from each staff member are maintained for each policy as necessary. There was evidence that policies are reviewed annually by the practice manager and the patient services manager. The practice manager stated that the practice is considering moving the policies onto DOCMAN, as a means of having an audit trail maintained by the system showing who has read each policy.

### **Infection prevention and control**

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

The waiting area, corridors, treatment rooms and consulting rooms all appeared visibly clean. We saw that personal protective equipment, such as gloves and disposable aprons, were available for use by clinical staff to reduce the risk of cross infection.

Each of the treatment and consulting rooms had washable flooring, worktops and cabinets, to facilitate effective and easy cleaning.

We saw that domestic (household) waste and clinical waste (including medical sharps) had been segregated into different and appropriate coloured

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<sup>9</sup> A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally.

bags/containers, to ensure it was disposed of safely and correctly. Clinical waste awaiting collection was securely stored to prevent unauthorised access.

Policies for infection prevention and control were in place, and they accurately reflected the current arrangements in place, including audit activity and cleaning schedules. We saw that an infection control audit had recently taken place.

We saw evidence that individual records had been kept for all clinical staff in relation to their Hepatitis B immunisation status.

All consulting and treatment rooms were fitted with disposable dignity curtains around the examination couches, to help prevention or reduce the risk of cross infection.

### **Medicines management**

Medication reviews are undertaken annually, by the clinicians. The local pharmacist who runs the pharmacy in Llanidloes also undertakes an exercise in relation to whether patients should be on the chronic disease registers. The practice have valued the input from this pharmacist for many years, including providing support and advice on medicines management to the practice, including the dispensary. Additionally, when patients are seen for other reasons, the opportunity is used to review the medication used.

Any medicines management significant events would be discussed with the medicines management team in the Health Board. We were informed that near miss sheets are completed in the dispensary. Adverse reactions to drugs are reported to the Health Board via the Yellow Card<sup>10</sup> system. The Health Board medicines management team are contacted for drug destruction.

We saw that there was a record of regular checks of equipment and drugs used in an emergency. We saw records to show that staff received training on how to deal with patient emergencies (such as collapse), on a regular basis.

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<sup>10</sup> <http://www.wales.nhs.uk/ourservices/directory/NationalProgrammesandServices/372>

We found that drug fridge temperatures, used to store vaccines, were consistently checked on a daily basis. This is to ensure that vaccines are stored at the appropriate temperature to make sure they remain viable for use.

### **Safeguarding children and adults at risk**

A policy and other forms of written procedures in relation to safeguarding children and adults at risk were available within the practice. Such procedures aim to promote and protect the welfare and safety of children and adults who are vulnerable or at risk.

Arrangements were described for recording and updating relevant child protection information on the electronic patient record system. We were told that with any identified child protection issues or amendments required, alerts were placed or removed within the electronic patient record system where applicable.

There was a designated GP at the practice who was the lead for child and adult protection and safeguarding. There was also an All Wales Child Protection Procedures link available for all staff. This meant that staff had a local contact person to report and discuss, concerns in relation to safeguarding concerns.

Staff we spoke with confirmed that, should they have any concerns around the welfare of a patient, they would report this to senior practice staff. They also told us they were encouraged and empowered to raise any concerns they may have about patients' and/or their own safety. They told us that they would be listened to and action taken where necessary.

Parents and children told us that doctors spoke directly with children during consultations, included them in discussions and allowed them the opportunity to speak. All parents we spoke with said that children were made to feel at ease during visits.

Training records showed that recent child protection level three training had been taken by all clinical staff. However, the training was out of date for the majority of administrative staff. The practice is considering using more online training in the future.

#### **Improvement needed**

The practice must ensure that all staff receive safeguarding training at a level applicable to their roles within appropriate timescales and that there is a robust process in place for monitoring timescales and completion.

## Effective care

### Safe and clinically effective care

The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. The database allows healthcare professionals to record, share and use vital information following patient safety incidents, so they can share learning and provide better, safer and more efficient care. We did not see evidence that there was a system in place for accessing or sending information to NRLS. We advised the practice to consider using the NRLS, for the benefit of patient and staff knowledge. A further use of this system would be in relation to significant safety issues in relation to medicines management.

Clinical staff confirmed that relevant safety alerts were circulated by email, by the practice manager. Arrangements were also described for discussing and keeping staff up to date with best practice and professional guidance.

We were told that any relevant information, as described above, was disseminated to all staff via email and an electronic notice board. However, the practice did not keep a log of who had read and understood the information shared. We advised that the practice records where staff have read the relevant shared information along with any relevant meeting minutes. Additionally, alerts should be stored centrally for ease of access for all staff. This is to maintain effective communication and shared learning to promote patient safety.

We identified that the clinical staff had a good knowledge of current guidelines produced by the National Institute for Health and Care Excellence (NICE)<sup>11</sup> and any national patient safety alerts, through clinical meetings, protected time and informally.

Improvement needed

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<sup>11</sup> The role of the National Institute for Health and Care Excellence is to provide patients, health professionals and the public with authoritative, robust and reliable guidance on current 'best practice'.

The practice must ensure that updates, best practice and new guidelines are always shared with staff in a formal, timely manner and evidence is recorded that staff have read and understood these.

### **Quality improvement, research and innovation**

One GP told us that Significant Event Analysis (SEA) are dealt with internally, and described the process including escalation through the primary care team and medicines management at the health board and through the cluster. Significant Events are also included in the appraisals process of the GPs, and examples were viewed during the inspection. We also found that the practice nurses raise and discuss SEAs between themselves, but there does not appear to be any discussion between medical and nursing staff of all SEAs. Medical and nursing staff should all be involved in SEAs regardless of where the event occurred to ensure there is joint learning.

Significant Event Analysis is an increasingly routine part of general practice. It is a technique to reflect on, and learn from, individual cases to improve quality of care overall. To be effective, the SEA frequently seeks contributions from all members of the healthcare team and involves a subsequent discussion to answer why the occurrence happened and what lessons can be learned. It is an opportunity to collect evidence of learning from incidents and improving quality. The evidence of the impact and learning that has resulted from the SEA would normally be seen at a practice. Ideally practices would ensure that the learning from SEAs involve the whole team and becomes embedded in everyday practice.

There was no evidence provided during inspection that SEA discussions involve wider practice team including reception, admin, IT, dispensary and even community staff/pharmacy etc. This would also depend on what the significant event was and a clinical discussion maybe appropriate within doctors, nurses and PA etc. There should be regular multidisciplinary meetings in a practice where SEA's are discussed. This helps develop team culture and share learning.

The practice manager is the chair of the local practice manager group, sits on the Powys Teaching Health Board training group and also attends cluster meetings.

The practice is part of the Powys Virtual Ward<sup>12</sup>. The Virtual Ward is a GP led model which champions multi-agency working to care for people in their own home and prevent hospital admission. Older and frail patients, and those with complex care needs, can be referred onto the Virtual Ward and monitored more closely by a range of health and social care professionals including GP's and Nurses. A daily meeting with the Community Nursing team occurs at the beginning of the day to discuss those patients both on the Virtual Ward and those causing concern within the community.

The June 2019 summary of the practice development plan states that the Virtual Ward project is progressing well and leading to better delivery of care and the practice strongly supports the continuation of the project.

#### Improvement needed

The practice must ensure that there is a unified process for discussing SEAs for all clinical and non-clinical staff.

#### Information governance and communications technology

Information governance was good in relation to the security of electronic patient data and their patient records. We were also told that staff had recently received training in General Data Protection Regulation<sup>13</sup> (GDPR).

The designated IT staff were responsible for recording information from discharges and coding these appropriately. They have received the necessary training in these procedures.

The GPs are responsible for updating the clinical system with any medication changes required, which is an example of good practice and all letters are sent to the GP for review.

#### Record keeping

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<sup>12</sup> [www.powysthb.wales.nhs.uk/virtual-ward](http://www.powysthb.wales.nhs.uk/virtual-ward)

<sup>13</sup><https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>

Healthcare organisations have an obligation to ensure all aspects of care are provided, including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with national timescales, pathways and best practice.

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance. We reviewed a sample of patient records and overall, we found them to be of a good standard, supporting the care and treatment provided to patients. We recommended that some improvements could be made to ensure that all records are maintained to a consistent standard. This included recording evidence of discussions with patients on the risks and benefits of any medication.

Within the sample of records reviewed, there was consistent evidence of a link between the diagnosis and the relevant medication used. This linkage meant that when the patient received the medication from the pharmacy the label on the medication included the reason why they were taking that medication. This is considered to be an example of noteworthy practice, enhancing patient knowledge and safety. Leaflets given to patients were also clearly recorded in the notes.

We also found that summarising of patient records was completed to a good standard by nurses and HCAs, who had received the relevant training. The nurses supervise the work of the HCAs and there was a policy in place for summarisation.

During the inspection, as part of the patient records review, the inspection team noted that a patient, with iron deficiency anaemia had not been referred, using a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer, in accordance with NICE guideline, NG12, (Suspected cancer: recognition and referral). The opportunity to refer the patient had been missed, by the same clinician, on three separate visits to the practice over a period of three months.

The GP present ensured that action was taken immediately by the practice to address the issue to ensure that the patient was seen and referred appropriately.

The need to review and ensure other referrals have not been missed was also discussed, our concerns regarding this was dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

There was no evidence that the practice had carried out any audits of a number of areas, including quality of patient records and patient summaries, by nurses and HCAs, also summaries including those received via GP to GP. We recommend that a system of peer review and audits be implemented.

The practice did not have a formal policy to audit the quality of patient records. They have undertaken audit work to update the heart failure register and value the work of the local pharmacist who has helped update the chronic disease registers.

The two PAs now have regular one to one meetings with the GP (to review patient records. Their referral letters are all checked by a GP.

#### Improvement needed

The practice must ensure that:

- patient records record evidence of discussions with patients on the risks and benefits of medication
- A range of clinical and record audits are carried out by the practice
- A system of data cleansing of patient records occurs.



## 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.*

The practice is well established with many staff having been at the practice for a long time. The practice manager appears very dedicated and passionate about their work.

Staff information needs to hold a complete record of individual employees, including updating training for staff and having evidence of all the training and other relevant records on file.

## Governance, leadership and accountability

We found a patient-centred staff team who were committed to providing services of a high standard. We found that the practice as a whole worked in a cohesive way. Staff we spoke with, told us that they felt supported by the management team and had good access to training opportunities.

The practice manager stated that there are regular meetings with the GPs and most decisions are made at these meetings. There are no whole team meetings in place, though the openness of the team and team morale appeared to be good. Additionally, there were no meetings between the GPs and the practice nurses. However, the practice manager stated that they work closely together and are supportive of each other. The practice manager stated that due to pressures on resources, it had been difficult to meet regularly. However, the team are encouraged to be involved in practice issues.

We did see there were quarterly staff meetings and the minutes were recorded and circulated. Staff told us that they felt able to raise any concerns, or raise any issues during these meetings and felt that they would be listened to. We were told that there had been a review of some practice policies and procedures recently, and changes were discussed during these meetings, to make sure staff were fully updated.

As previously highlighted in the report, we found that the practice staff are actively engaged with the local cluster group. Meetings were attended by the practice

manager, and often with a GP partner. We saw that the practice also took part in pilot schemes agreed by the cluster, as a way of helping to improve services for patients.

The practice had a three year PDP in place and found that many of the areas for development had been improved.

### Improvement needed

The practice must ensure that:

- Regular staff meetings are conducted
- Minutes of staff meetings should be documented and distributed to all staff, and staff should confirm their understanding of the minutes
- Clinical staff meetings are undertaken to share learning and disseminate appropriate clinical information.

## Staff and resources

### Workforce

There are four GPs at the practice, all are partners. The senior partner is soon due to reduce to working four sessions per week. A sustainability bid was made to the health board that has been accepted and resources have been made available to employ the following:

- A GP for four sessions for between six and 12 months
- Pharmacy technician for 12 months part time
- Advanced Nurse Practitioner part time for 12 months
- Physician associate full time for 12 months.

Staff told us that they were happy in their roles, and were supported to develop their skills and undertake training. The patient administrators all shared roles and responsibilities, with some being allocated leads for individual areas, such as fire risk. We were told that staff would be able to provide support and cover these roles during periods of absence.

A training matrix had recently been introduced, but this was not up to date. A review of staff records showed that child protection and vulnerable adult safeguarding training had not taken place since 2015, for the majority of administrative staff. In addition, fire safety training had not occurred since

February 2017 for the administrative staff. A member of staff had recently trialled online training for these, and this will be rolled out to all staff in the near future.

We saw that staff had annual appraisals, as a way of reviewing their work over the past year, and also to identify any needs moving into the next year. Staff we spoke with also stated that they had Personal Development Plans.

We also found that there was an induction plan in place to help provide the support and guidance to new members of staff. However, there was no evidence that this had occurred for one member of staff.

We were not assured that pre-employment checks had been carried out for two members of staff, as no references had been received for both these new employees. They had both been employed by local healthcare settings and were known to the practice. All staff had a job description and a contract of employment. Disclosure Barring Service checks were in place for all members of staff.

#### Improvement needed

The practice must:

- Maintain a record of staff training, and ensure that staff attend training within appropriate timescales
- Maintain a record of staff inductions into the practice
- Ensure that all pre-employment checks are carried out prior to the appointment of new staff.

## 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 on this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Arwystli Medical Practice

**Date of inspection:** 18 June 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
<p>The practice is required to provide HIW with details of the immediate action it will take, to ensure that:</p> <ul style="list-style-type: none"> <li>• A Significant Event Analysis is carried out and the results made known to all the relevant staff in the practice</li> <li>• Similar instances have not occurred, and if any have, to carry out the necessary actions for the safety of the patient and inform HIW of the results of this action</li> <li>• A system of quality audits, relating to clinical records in this instance, to</li> </ul>	Health and Care Standards 2015, Standard 3.5 & 5.1	<p>Point 1. The clinician has been informed of the events and is writing the event up for discussion at a significant Event Analysis meeting which will occur in the next fortnight. The outcome will be shared to all relevant staff.</p> <p>Point 2. The practice will review the clinical notes of all patients over 60 with new onset of iron deficiency anaemia in the last 6 months to ensure that the appropriate actions have been taken.</p>	Dr Andy Raynsford, GP Partner present during inspection.	4 July 2019

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>assure on the quality of these records, is introduced.</p>		<p>Point 3. The practice will develop a system of regular quality audits to assure the quality of clinical records. In this specific scenario, the practice will run the search for patients over 60 with new onset iron deficiency every 2 months ensuring that correct management has been undertaken by reviewing the clinical records. The frequency of case note discussion with the Physicians' Associates will be on a weekly basis for the less experienced P.A and on a monthly basis for the more experienced P.A. This will involve the discussion of cases that they have found challenging and a random selection of notes General Practitioners will have regular peer review from other partners within the Practice.</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):** Dr Andy Raynsford  
**Job role:** General Practitioner  
**Date:** 27 June 2019

## Appendix C – Improvement plan

**Service:** Arwystli Medical Practice

**Date of inspection:** 18/6/19

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>				
<p>The practice must:</p> <ul style="list-style-type: none"> <li>Obtain additional health promotion leaflets and posters relating to healthy living</li> <li>Display information regarding the NHS (Wales) Putting Things Right process.</li> </ul>	1.1 Health promotion, protection and improvement	<p>To speak to Public Health to obtain supply of appropriate leaflets</p> <p>To speak to HB Concerns Team with regard to official poster</p>	<p>Claire Tanner</p> <p>Claire Tanner</p>	<p>Ongoing to be completed by end of September</p> <p>By end of August</p>
<p>The practice must:</p> <ul style="list-style-type: none"> <li>Consider how to feedback to patients with any actions or results from their suggestions</li> </ul>	6.3 Listening and Learning from feedback	To regularly review suggestions and publish information to patients as appropriate	Claire Tanner	Ongoing process to start immediately

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>Complete regular surveys of patients, to obtain their views on the practice, separate from any surveys run by the Health Board.</li> </ul>		To run patient survey following flu clinic 2019	Claire Tanner	31 <sup>st</sup> December 2019
<b>Delivery of safe and effective care</b>				
The practice must ensure that all staff receive safeguarding training at a level applicable to their roles within appropriate timescales, and that there is a robust process in place for monitoring timescales and completion.	2.7 Safeguarding children and adults at risk	Staff in process of completing online safeguarding training and will ensure completed regularly within recognized timescales.	Claire Tanner	Process already in place and will be completed by 30 <sup>th</sup> September 2019
The practice must ensure that updates, best practice and new guidelines are always shared with staff in a formal, timely manner, and evidence is recorded that staff have read and understood these.	3.1 Safe and Clinically Effective care	Practice to initiate formal process and request read receipts from staff	Margot Jones	Process already in place and will monitor regularly to ensure compliance

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that there is a unified process for discussing SEAs for all clinical and non-clinical staff.	3.3 Quality Improvement, Research and Innovation	To ensure SEA meetings continue regularly and all appropriate staff are aware.	Margot Jones	Ongoing and will be discussed in September clinical meeting
<p>The practice must ensure that:</p> <ul style="list-style-type: none"> <li>• patient records record evidence of discussions with patients on the risks and benefits of medication</li> <li>• A range of clinical and record audits are carried out by the practice</li> <li>• A system of data cleansing of patient records occurs.</li> </ul>	3.5 Record keeping	<p>To discuss in clinical meeting and reinforce</p> <p>To discuss in clinical meeting and agree plan</p> <p>To speak to NWIS for advice</p>	<p>Dr Andy Raynsford</p> <p>Dr Andy Raynsford</p> <p>Margot Jones</p>	<p>September 2019</p> <p>September 2019</p> <p>September 2019</p>
<b>Quality of management and leadership</b>				
<p>The practice must ensure that:</p> <ul style="list-style-type: none"> <li>• Regular staff meetings are conducted</li> <li>• Minutes of staff meetings should be documented and distributed to all</li> </ul>	Governance, Leadership and Accountability	<p>To continue to hold meeting with dates published</p> <p>All meetings will continue to be documented with staff confirming by read</p>	Claire Tanner	<p>Ongoing.</p> <p>Dates to be published quarterly</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>staff, and staff should confirm their understanding of the minutes</p> <ul style="list-style-type: none"> <li>Clinical staff meetings are undertaken to share learning and disseminate appropriate clinical information.</li> </ul>		<p>receipt that they are correct and minutes are understood.</p> <p>Clinical meetings occur monthly and will continue with some discussion around membership</p>	<p>Claire Tanner</p> <p>Dr Andy Raynsford</p>	<p>Already in place</p> <p>Process already in place but will be discussed in September 2019 meeting</p>
<p>The practice must:</p> <ul style="list-style-type: none"> <li>Maintain a record of staff training, and ensure that staff attend training within appropriate timescales</li> <li>Maintain a record of staff inductions into the practice</li> <li>Ensure that all pre-employment checks are carried out prior to the appointment of new staff.</li> </ul>	7.1 Workforce	<p>Ongoing Matrix to be completed</p> <p>Staff Inductions for new members of staff to continue to be undertaken</p> <p>To continue to seek references and other appropriate information before employment</p>	<p>Claire Tanner/Jo Jones</p> <p>Claire Tanner/Jo Jones/Margot Jones</p> <p>Margot Jones</p>	<p>30<sup>th</sup> September 2019</p> <p>In place</p> <p>In place</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):** Margot Jones

**Job role:** Practice Manager

**Date:** 6 August 2019