Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection (Announced)

The Stables Medical Centre / Betsi Cadwaladr University Health Board

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

Our purpose

To check that people in Wales 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 The Stables Medical Centre at 27 Glynne Way, Hawarden, Deeside, Flintshire, CH5 3PA, within Betsi Cadwaladr University Health Board on the 18 June 2019.

Our team, for the inspection comprised of a HIW Healthcare Inspector (inspection lead), Senior Healthcare Inspector (supporting), Senior Healthcare Inspector (shadowing), 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

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 feedback we received from patients, confirmed that they were generally happy with the service they received.

The practice had a system in place to enable patients to raise concerns and complaints.

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 and engagement
- Good record keeping
- Patients we spoke with were overall happy with the service
- The internal environment was of a good standard and provided comfortable seating areas and consultation rooms
- Patients stated that they were treated with dignity and respect by staff
- Records of patient consultations were of a good standard.

This is what we recommend the service could improve:

- Update the practice NHS websites
- Develop a health and safety policy, complete risk assessments and risk register

- The practice must ensure that an infection prevention and control audit is undertaken and an appropriate action plan put in place
- The practice must ensure that regular case reviews and prescribing audits are undertaken and outcomes communicated to clinical staff
- Ensure that all relevant staff are trained in the use of the Datix[1] system so that patient safety incidents and significant events are recorded
- Clinical governance arrangements should be strengthened through the implementation of regular, documented meetings between the clinicians working at the practice
- The practice must ensure that all staff have a job description which reflects their current work duties
- Measures must be set in place to ensure that all staff receive a formal appraisal of their performance on an annual basis.

[1]Datix is a patient safety web-based incident reporting and risk management software for healthcare and social care organisations.

3. What we found

Background of the service

The Stables Medical Centre currently provides services to approximately 10,000 patients in the Flintshire area. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board. The practice has two branch surgeries located at The Surgery, Saltney and Clwyd House Medical Practice, Buckley.

The practice employs a staff team which includes two GPs, two Advanced Nurse Practitioners, three practice nurses, one healthcare assistant, one pharmacist and one practice manager. The practice also have five administrative staff and 11 receptionists who generally rotate between all three practices. The practice also makes regular use of locum GPs to support the GP partners.

The practice provides a range of services, including:

- Chronic Disease Management
- Smoking cessation
- Women's Health
- Minor operations
- Child Health Clinics
- Flu and Pneumonia immunisations

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.

Generally, we found evidence that the service provided safe and effective care to their patients, in a pleasant environment with friendly, professional and committed staff.

Patients told us that they were treated with dignity and respect by the staff.

However, we found evidence that the practice was not fully compliant with all areas of the Health and Care Standards.

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

In total, we received 21 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 mixed; the majority of patients rated the service as 'fair'. Patient comments included:

> *"Do not like the new appointment system as never can see the GP you want. Never see the doctor which I would like to. Only seen GP's twice here and very difficult to communicate with. They do not listen so prefer to see nurse"*

> *"I am a new patient. Up to now I have been quickly dealt with i.e. new patient medical, booking first appointment. All good up to now"*

> *"Appointments on the phone take too long, sometimes I need to call 50-60 times"*

Patients were asked in the questionnaires how the GP practice could improve the service it provides. Some patients suggested the following improvements:

> *"Have better waiting system on the phone, otherwise you have to keep phoning to get an answer - not great if you're not feeling well"*
>
> *"Access to appointments outside of working hours. Improved GP availability"*
>
> *"Have more doctors available. Never any doctors!"*

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.

We found that the practice operated a triage[2] system to signpost patients to other professionals and organisations better placed to assist them to ease the pressure on the clinical staff within the practice.

During our last two inspections it was identified that the reception desk was on one fixed level height and that this posed some difficulty for patients confined to wheelchairs. The practice was advised that a lowered desk area should be provided in the future should any reconfiguration / refurbishment work be undertaken to reception / waiting room area. This was not highlighted as a formal area for improvement in the last inspection report. However, it was noted during this inspection that the work remains outstanding.

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.

[2] Triage is the process of determining the priority of patients' treatments based on the severity of their condition.

Just over a third of the patients who completed a questionnaire told us that they could never 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. The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received, in privacy, away from patients.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. 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 in the waiting area and within each of the consultation rooms. We found that the use of chaperones was not always recorded within a sample of patients' records we reviewed. We recommend that the practice ensures that all clinical staff documents both the presence of a chaperone and their identity (name and full job title rather than a generic phrase such as 'duty nurse') in the patients records, in line with the General Medical Council's guidance.

Improvement needed

Ensure the use of chaperones and their identity are documented.

Patient information

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

The practice did not have a designated website, but very basic information was available via the NHS Wales and NHS direct website. This was highlighted as a formal area for improvement during our previous inspection and we recommended that the website be updated and made more practice specific. However, it was noted that the website still contains very basic information about the practice and both websites have conflicting information. We recommend that the websites are updated to ensure they are both accurate and made more practice specific.

As was the case during the previous two inspections, patients were able to book appointments by telephone or in person at the practice. During our latest inspection, we found that patients are also now able to book appointments online using the My Health Online[3] portal.

Patients were able to book appointments on the day or at best two weeks in advance. Patients could request to see a particular GP. Where possible staff would attempt to accommodate the request of the patients. However, this was not always possible and an alternative GP appointment would be booked.

It was also identified that the majority of information available within the practice was in English, although some information distributed by the health board was available bilingually. We recommended that more could be done to ensure that equal emphasis is placed on the availability of leaflets etc. in Welsh.

Improvement needed

The practice NHS websites should be updated and made more practice specific.

The practice must ensure that equal emphasis is placed on the availability of leaflets etc. in Welsh.

Communicating effectively

Without exception, all of the patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

We were informed the practice does not have any members of staff who can speak Welsh. However, the practice informed us that arrangements are in place to access translation services when required.

All but one of the patients who completed a questionnaire felt that things are always explained to them during their appointment in a way that they can

[3] My Health Online enables patients to book appointments, order repeat prescriptions and update personal information if supported by the practice.

understand, and also told us that they are involved, as much as they wanted to be, in decisions made about their care.

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

Timely care

The majority of patients who completed a questionnaire told us that they were fairly satisfied with the hours that the practice was open. Two thirds of the patients who completed a questionnaire said that it was not very easy or not at all easy to get an appointment when they needed one.

When asked to describe their overall experience of making an appointment, just under two thirds of the patients who completed a questionnaire described their experience as poor or very poor.

During our previous two inspections, it was identified that improvements were required in relation to ensuring that patients referred from primary care to hospitals (secondary care) had received their required appointments / investigations. At that time, there was an expectation that patients were expected to return to the practice if they had not heard anything from the secondary care service so that the matter could be follow up. During our last inspection, we were informed that the practice kept a check on appointments and these were followed up if there were any issues. However, during this inspection we found that patients' referral letters were not being checked or monitored by the practice.

Our concerns regarding the referral letters were 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.

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.

There was adequate disabled access to the building with a number of parking spaces provided within the adjoining car park. The majority of patients who completed a questionnaire felt that it was very easy or fairly easy to get into the practice's building.

All but one of the consulting rooms were located on the ground floor. The consulting rooms were spacious and well equipped. During our last inspection we recommended that height adjustable examination couches be provided in all consulting rooms during any future refurbishment of the practice. We were informed at that time that adjustable examination couches will be considered in the future. We noted during this inspection that the work remains outstanding.

People's rights

We found that there was an equality and diversity protocol in place. 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.

Listening and learning from feedback

During our previous two inspections, it was recommended that the practice set up a patient participation group. We found no evidence during this latest inspection that progress had been made in this regard.

During the previous inspection, it was recommended that the practice carefully consider and act upon information received via the comments / suggestions box and produce an annual report, which is made available for all patients of the practice. We were informed by staff that they do not receive many comments or suggestions. We found no evidence of an annual report made available for patients during our inspection. The implementation of an annual report will demonstrate to patients visiting the practice that their feedback had been captured and acted upon to enhance learning and service improvement.

There was a formal, internal complaints procedure in place and information about how to make a complaint was posted in the waiting area. 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 brought to the attention of the practice manager.

Improvement needed

Consideration should be given to setting up a patient participation group.

The practice should consider and act upon information received via the comments / suggestions box and produce an annual report, which is made available to all patients of the practice.

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.

The sample of patient records we reviewed were of good standard.

There was a safeguarding of children and vulnerable adults policy in place and staff had completed training in this subject.

Safe care

Managing risk and promoting health and safety

During our inspection, we found all areas to where patients had access, to be clean and uncluttered, which reduced the risk of trips and falls.

Overall, we found that the practice needed to improve on managing risk and promoting health and safety. We found that the practice did not have a health and safety policy with clear procedures in place, no risk assessments were in place nor did the practice have risk register in place. We were informed by the newly appointed practice manager that plans are in place for these areas to be addressed and the practice is looking to outsource this area of work to an external provider.

During our previous two inspections, it was recommended that the practice should evaluate the provision of different height seating in the waiting area as all seating provided was of the same height. None of the chairs available had arm rests to assist patients requiring additional support to enable them to sit or rise up from their seats. During this latest inspection, we found that the situation was unchanged.

During our previous two inspections, we identified that staff utilising display screen equipment had not received an appropriate risk assessment as recommended by the Health and Safety Executive. During this inspection we found that risk assessments had now been completed. However, the recommended action from the individual assessments had not been addressed.

Improvement needed

The practice must ensure that a health and safety policy is developed along with clear procedures

The practice must ensure that health and safety risk assessments are carried out and regularly reviewed.

The practice must ensure that a health and safety risk register is developed, maintained and regularly reviewed.

The practice must ensure that all actions highlighted from the display screen equipment risk assessments for staff regularly using computers is actioned.

Infection prevention and control

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

We saw no evidence that the practice had undertaken an infection prevention and control audit; and no action plan was in place.

We saw that staff 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 the curtains in the treatment rooms were disposable, meaning that they could be easily replaced should they become contaminated or dirty. This demonstrates a good commitment to infection prevention and control.

Hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitizers were also readily available around the practice.

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

Improvement needed

The practice must ensure that an infection prevention and control audit is undertaken and an appropriate action plan put in place.

Medicines management

Repeat prescriptions could be requested in person at the practice or by completing the computer tear-off list. It was noted that the practice endeavoured to return prescriptions to patients within 48 hours. No telephone repeat prescriptions were accepted by the practice for safety reasons.

However, we were not fully assured that regular case reviews or prescribing audits were being undertaken by the practice to ensure any medications no longer needed, or being taken, were removed from the repeat prescription list. We were informed that a clinical prescribing lead was in place and they plan to hold regular meetings. The practice must ensure that regular case reviews and prescribing audits are undertaken to ensure that patients are prescribed the correct medication. We also recommend that the prescribing lead provides feedback to relevant team members on clinical prescribing so that all clinical staff are kept informed and also identify if any training requirements are needed.

Improvement needed

The practice must ensure that regular case reviews and prescribing audits are undertaken and outcomes communicated to clinical staff.

Safeguarding children and adults at risk

We found that there were child and adult safeguarding policies and procedures in place. Policies and procedures were available for all staff which included up to date contact details of designated people within the health board if staff had any safeguarding concerns. However, we did identify that the practice needed to include the 'All Wales Child Protecting Procedures' to the practice induction pack for sessional GPs. We were informed by the practice that a locum GP induction pack needed to be developed.

All staff had received relevant safeguarding training. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

The practice manager described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and / or undertaking Disclosure and Barring Service[4] (DBS) checks on staff appropriate to the work they undertake. We confirmed that all relevant staff had a valid DBS check.

Improvement needed

The practice must ensure that a dedicated induction pack is developed for locum GPs and must include reference to the All Wales Child Protection Procedures.

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

We found that the prescribing pharmacist was being used by the practice to see same day appointments for any clinical presentation without patients first having been triaged by a GP or an Advanced Nurse Practitioner (ANP). Our concerns regarding the prescribing pharmacist being used to see same day appointments without being triaged by a GP or the ANP were 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.

[4] The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

The practice had arrangements in place to report patient safety incidents and significant events. However, more could be done to share learning from safety incidents and significant events with all staff employed at the practice and not only those directly involved in the incidents.

The practice made use of the Datix system for reporting patient safety incidents and significant events. However, we noted that no events had been recorded since the newly appointed practice manager had been in post. We were informed that the practice manager is still awaiting training on the use of the Datix system.

We found no evidence that the clinical team formally meets to discuss significant events. We recommend that the practice formally meets on a regular basis and ensure any learning from these meetings are summarised and discussed between the clinical team. This will ensure that any lessons learned and / or changes have been implemented at the practice.

We found that the practice manager had not received any new National Institute of Health and Care Excellence[5] (NICE) guidelines nor signed up to the GP One Website[6].

Improvement needed

Ensure that all relevant staff are trained in the use of the Datix system so that patient safety incidents and significant events are recorded.

The practice team should meet on a regular basis to discuss significant events and ensure any learning from these meetings are summarised and discussed between the clinical team.

Practice manager to sign up to receive latest new NICE guidelines and the GP One Website.

Information governance and communications technology

[5] https://www.nice.org.uk/

[6] http://www.gpone.wales.nhs.uk/about-us

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 generally found good standard of record keeping.

However, during our previous two inspections it was identified that there were no formal systems in place to audit / evaluate the quality of notes summarising[7]. It was also noted that there were no set processes in operation to review the quality and consistency of patient documented records through peer reviews. During this latest inspection, we found that the situation was unchanged.

We strongly recommend that clinical governance arrangements are strengthened through the implementation of regular, documented meetings between the clinicians working at the practice.

Improvement needed

The practice should undertake regular reviews / audits of the summarising entries in order to ensure consistency and quality assurance.

The practice should introduce processes to evaluate the quality and consistency of record keeping through regular and formal peer reviews.

Clinical governance arrangements should be strengthened through the implementation of regular, documented meetings between the clinicians working at the practice.

[7] Summarising is the transferring of medical information from a patient's paper records to an electronic medical record

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 were competent in carrying out their duties and responsibilities to provide the best service they could.

We observed staff supporting each other and worked well together as a team.

We saw that staff had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

There was a formal staff recruitment process in place with background checks undertaken, as necessary, prior to employment.

However, decision making within the practice was informal and somewhat disjointed with very little documented evidence to reflect discussions and outcomes.

Governance, leadership and accountability

The practice manager was extremely committed and dedicated to the role within the practice. It was observed that there were respectful and courteous relationships between staff within the practice. We were informed by some staff that they felt able to raise any issues with the practice manager and that issues would be addressed in a comprehensive and thorough manner. Staff told us that they have seen improvement made at the practice since the new practice manager had been in post. The practice manager demonstrated inclusive approaches to management, promoting openness and transparency.

We found a patient-centred staff team who were very committed to providing the best services they could.

Staff were generally positive about the working environment and the majority told us that they felt well respected and supported by their colleagues.

There was a whistleblowing policy in place and the majority of staff told us they felt able to raise concerns with senior staff. However, we found that the whistleblowing policy was in need of updating. We were informed by the practice manager that plans are in place for the policy to be reviewed and updated.

The practice was part of a local cluster group[8] and the practice manager regularly attended these meetings. The engagement with the cluster group was reported as being very good and working well together.

We found that the practice development plan[9] was lacking in content and was in need of reviewing and updating as it was produced back in 2016. We were informed by the practice manager that a new development plan is was being produced. The practice must ensure that the development plan is finalised and will be regularly reviewed and updated going forward. The practice development plan will inform discussions at the cluster group meetings.

Staff had access to all relevant policies and procedures to guide them in their day to day work. However, we found that the majority of policies and procedures were in need of reviewing and in some cases (as detailed within this report), some are in need of updating and / or developed. We were verbally assured by the practice manager that plans are in place to undertake this work and we saw evidence that some policies were currently being reviewed and / or drafted. We recommend that the practice ensures all policies and procedures contain an issue and review date to ensure they are regularly reviewed to confirm local practices are up to date.

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[8] 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).

[9]GP's to undertake a review of local need and the provision of services by the practice and to create a Practice Development Plan with priorities for action.

During our last inspection, we found decision making within the practice to be informal, at times, with little or no formal records maintained and we recommended that decision making be formalised and records maintained of discussions and outcomes. We also recommended that the delegation of responsibilities within the practice be formalised to reinforce the decision making process. During this latest inspection, we found that the situation was unchanged.

Improvement needed

Ensure the whistleblowing policy is reviewed, updated and shared with staff.

The practice must ensure that they have a practice development plan in place and ensure it's regularly reviewed and updated.

The practice should ensure that all policies and procedures are regularly reviewed and updated.

The decision making arrangements within the practice should be formalised and records maintained of discussions and outcomes.

The delegation of responsibilities within the practice should be formalised to reinforce the decision making process.

Staff and resources

Workforce

The practice had an established reception and administration team in place. Discussions with staff, and a review of a sample of staff records, indicated that staff, generally, had the right skills and knowledge to fulfil their identified roles within the practice.

During the previous two inspections, it was highlighted that some staff job descriptions were outdated and required to be reviewed, as some of the staff roles and responsibilities had changed. During this latest inspection, we found that no progress had been made to address this.

During the previous two inspections, we highlighted that not all staff had received an annual appraisal. We found that this remained unchanged. However, now that a new practice manager is in post, we were verbally assured, and saw evidence, that plans are in place for all staff to receive an appraisal by the autumn.

The practice has experienced significant issues in recruiting permanent GPs for a number of years. This has required the need for locum GP coverage to provide the designated level of services necessary. The practice is proactively attempting to recruit permanent GPs and this is ongoing. Due to these reasons, continuity of care for patients is not at an optimum level. This has placed considerable pressures on certain staff working at the practice. It was identified that the practice was looking at methods of reducing this pressure and are now actively engaging with the health board. The practice is advised to continue to include all relevant staff in any possible future changes to the service provision of the practice and its associated branches.

Improvement needed

The practice must continue with efforts to recruit permanent clinicians to reduce the reliance on locums and to ensure the continuity of care to patients.

The practice must ensure that all staff have a job description which reflects their current work duties.

Measures must be set in place to ensure that all staff receive a formal appraisal of their performance on an annual basis.

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
There were no concerns identified on this inspection.			

Appendix B – Immediate improvement plan

Service: The Stables 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
Finding: We found that patients' referral letters were not being checked nor monitored by the practice. Specifically: We reviewed two cases which had been referred to the incorrect department. The practice did not have a system in place to check that referral forms are completed correctly, sent to the correct department nor are they regularly being reviewed.	Standard 5.1 Timely access	Practice has now changed process and paper copies of all referrals now go to referring clinician to be checked and signed. Electronic referrals will be parked until reviewed by GP Audit to be developed to ensure referred patients have been seen in a timely manner. We have tried to establish and electronic system with Countess of	Karen Hill (secretary) Sue Carey (Practice Manager	New system started on 19th June 2019 2 Months

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
Improvement needed: The practice must ensure that a formal system is put in place to check that correct referral forms are completed, reviewed and follow-up to ensure patients are being seen in a timely way.		Chester (Medisec). We are still waiting on training for this.		
Finding: We found that the prescribing pharmacist was being used by the practice to see same day appointments for any clinical presentation without patients first having been triaged by a GP or Advanced Nurse Practitioner. Specifically: In some cases we reviewed, we found that patients' examinations were incomplete.	Standard 3.1 Safe and Clinically Effective Care	Pharmacist were not given random patient presentation, they were restricted to see minor ailments. We have checked with each pharmacist what they are competent to see and the practice has a reception signposting system in place which is based on the system to refer patients to Choose Pharmacy provided by LHA. When patients make an appointment they are signposted to the most appropriate clinician. Once appointments are booked a GP will overview the appointment main complaint and any inappropriate appointments will be changed to see GP. Further more the ANP or	Dr Attaie & Candice Scholes (NP) Dr Attaie	Currently in place and has been updated on 21st June 2019 Ongoing Review monthly

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		pharmacist would highlight any inappropriate appointment which they feel is above their competency and contact the reception staff to rearrange the appointment to see a GP. A system has now been put into place to audit work by both ANP's and Pharmacists and record via EMIS template. Search will be run on monthly basis to ensure audit is being completed. Audits have been undertaken to review Pharmacist consultations and referrals. Practice have routinely had discussions with pharmacists on an informal basis. We will in future hold regular meetings to discuss any issues and review recent consultations with pharmacist in		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		protected time which will be added to EMIS		

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 Attaie

Job role: GP

Date: 26/06/2019

Appendix C – Improvement plan

Service: The Stables Medical Practice

Date of inspection: 18 June 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
Quality of the patient experience				
Ensure the use of chaperones and their identity are documented.	4.1 Dignified Care	Staff already aware of chaperone use and document usage in EMIS using code 9NP% (codes used 549 times in last 12 months. Reminder sent to all clinical staff	Sue Carey	Completed & Review in 3 months
The practice NHS websites should be updated and made more practice specific.	4.2 Patient Information	Current website has been updated. Practice to review new website over next few months	Sue Carey	Review in 6 months
The practice must ensure that equal emphasis is placed on the availability of leaflets etc. in Welsh.		Most leaflets and posters are bilingual. New practice leaflet currently only available in English, will continue to try to source a translation service.	Sue Carey	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
Consideration should be given to setting up a patient participation group.	6.3 Listening and Learning from feedback	Future development	Sue Carey	Review in 6 months
The practice should consider and act upon information received via the comments / suggestions box and produce an annual report, which is made available to all patients of the practice.		Friends and Family report is now available in reception area on a monthly basis.	Sue Carey	Completed
Delivery of safe and effective care				
The practice must ensure that a health and safety policy is developed along with clear procedures	2.1 Managing risk and promoting health and safety	Practice currently in discussion with Peninsula to manage Practice Health and Safety.	Sue Carey	Review 3 months
The practice must ensure that health and safety risk assessments are carried out and regularly reviewed.		As above	Sue Carey	Review 3 months
The practice must ensure that a health and safety risk register is developed, maintained and regularly reviewed.		As above	Sue Carey	Review 3 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that all actions highlighted from the display screen equipment risk assessments for staff regularly using computers is actioned.		DSE assessment have been reviewed. Programme in place to replace office chairs	Sue Carey	6 months
The practice must ensure that an infection prevention and control audit is undertaken and an appropriate action plan put in place.	2.4 Infection Prevention and Control (IPC) and Decontamination	Audit to be undertaken	Sue Carey	3 months
The practice must ensure that regular case reviews and prescribing audits are undertaken and outcomes communicated to clinical staff.	2.6 Medicines Management	Audit to be undertaken	Dr Hytham Attaie	Review 3 months
The practice must ensure that a dedicated induction pack is developed for locum GPs and must include reference to the All Wales Child Protection Procedures.	2.7 Safeguarding children and adults at risk	Currently in development	Sue Carey	3 months
Ensure that all relevant staff are trained in the use of the Datix system so that patient safety incidents and significant events are recorded.	3.1 Safe and Clinically Effective care	Awaiting training, delayed due to BCUHB staff shortages. Further request for account and training has been sent	BCUHB	1 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice team should meet on a regular basis to discuss significant events and ensure any learning from these meetings are summarised and discussed between the clinical team.		Meetings arranged for PET afternoons	Sue Carey	Completed
Practice manager to sign up to receive latest new NICE guidelines and the GP One Website.		Practice Manager has now signed up to receive NICE guidelines and GP One Website	Sue Carey	Completed
The practice should undertake regular reviews / audits of the summarising entries in order to ensure consistency and quality assurance.	3.5 Record keeping	Already being done a=on regular basis, evidence available on request	Elizabeth Rapson /Dr Lancashire	Completed
The practice should introduce processes to evaluate the quality and consistency of record keeping through regular and formal peer reviews.		Ongoing during regular PET afternoon to commence September 2019	Dr Attaie/Dr Lancashire	Review 3 months
Clinical governance arrangements should be strengthened through the implementation of regular, documented meetings between the clinicians working at the practice.		Meeting currently arranged during PET afternoons	Sue Carey	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
Ensure the whistleblowing policy is reviewed, updated and shared with staff.	Governance, Leadership and Accountability	Completed and shared with all staff, added to Policy folder	Sue Carey	Completed
The practice must ensure that they have a practice development plan in place and ensure it's regularly reviewed and updated.		Currently in development	Dr Attaie	3 months
The practice should ensure that all policies and procedures are regularly reviewed and updated.		Several policies have already been updated, issued to staff, paper copy in folder and electronic copy on shared drive. Remainder are being updated on regular basis.	Sue Carey	ongoing
The decision making arrangements within the practice should be formalised and records maintained of discussions and outcomes.		Practice to hold monthly partners meetings to include formal agenda, minutes and actions	Sue Carey	ongoing
The delegation of responsibilities within the practice should be formalised to reinforce the decision making process.		Practice to hold monthly partners meetings to include formal agenda, minutes and actions	Sue Carey	ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must continue with efforts to recruit permanent clinicians to reduce the reliance on locums and to ensure the continuity of care to patients.	7.1 Workforce	Recruitment campaign currently underway	Sue Carey	October 2019
The practice must ensure that all staff have a job description which reflects their current work duties.		To be reviewed at appraisals due September 2019 as discussed.	Sue Carey	September 2019
Measures must be set in place to ensure that all staff receive a formal appraisal of their performance on an annual basis.		To be reviewed at appraisals due September 2019 as discussed.	Sue Carey	September 2019

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): Sue Carey

Job role: Practice Manager

Date: 12/08/2019