

General Practice Inspection (Announced)

Tŷ Doctor, Nefyn / 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 Tŷ Doctor at Ffordd Dewi Saint, Nefyn, Pwllheli, Gwynedd, LL53 6EG within Betsi Cadwaladr University Health Board on the 11 February 2020.

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

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

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

2. Summary of our inspection

Overall, we found that Tŷ Doctor had arrangements in place to promote safe and effective patient care.

We found a staff team who were very patient centred and committed to delivering a high quality service to their patients.

Feedback we received via HIW questionnaires, confirmed that patients rated their experience at this practice as excellent or very good.

This is what we found the service did well:

- Welcoming environment
- Patient information and engagement
- Good record keeping
- 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:

- Implement an agreed set of READ coding
- Develop a local health and safety policy
- Ensure formal team meetings are recorded.

3. What we found

Background of the service

Tŷ Doctor currently provides services to approximately 4,700 patients in the Nefyn, Gwynedd area. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board.

The practice employs a staff team which includes two GP's, two advanced nurse practitioners, an advance practitioner in physiotherapy services, an advanced practitioner in audiology, two practice nurses, one assistant practitioner and a healthcare visitor. The practice is supported by a dedicated practice manager and a deputy practice manager.

The practice provides a range of services, including:

- Well Person Clinic
- Asthma Clinic
- Hypertension Clinic
- Diabetic Clinic
- COPD and Spirometry
- Coronary Heart Disease Clinic
- Chronic Kidney Disease Clinic
- Stroke Clinic
- Cervical Smears
- Child Health Surveillance
- Childhood Immunisations Clinic
- Flu / Shingles Vaccination
- Travel Vaccination
- Anticoagulation Clinic
- New Patients Health Checks

- Cryotherapy Clinic
- Learning Disability Clinic

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.

Overall, we found evidence that Tŷ Doctor provides safe and effective care to their patients, in a very pleasant environment with friendly, professional and committed staff.

Patients told us that they were treated with dignity and respect by staff. The practice had a system in place to enable patients to raise concerns and complaints.

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 36 completed questionnaires. The vast majority of the patients who completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

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

"Always excellent"

"They listen"

"Service at this surgery is excellent. All staff caring and polite"

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

"Have a female GP"

"Out of hour's availability"

"Be faster when ordering prescription"

Staying healthy

We found that patients were being encouraged to take responsibility for managing their own health, through the provision of health promotion advice from staff, and written information within the waiting area and consulting rooms. There was also a television monitor within the waiting area displaying health promotion information and information about the practice.

We found that the practice operated a triage¹ 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.

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

A sign displaying No Smoking was displayed by the main entrance which confirmed the emphasis being placed on compliance with smoke free premises legislation².

Dignified care

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

We saw staff greeting people in a professional yet friendly manner at the reception desk and during telephone conversations.

¹ Triage is the process of determining the priority of patients' treatments based on the severity of their condition.

² The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

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, away from patients.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Curtains were also provided around examination couches. This meant that staff were taking appropriate steps to maintain patients' privacy and dignity during consultations.

The right to request a chaperone was clearly advertised in the waiting room. We were informed that all staff at the practice act as chaperones and have been provided with relevant guidance and training.

Patient information

As previously mentioned, information for patients on health related issues was available in leaflet form, and were available within the waiting area and consulting rooms. This included information on local support groups, health promotion advice and self-care management of health related conditions.

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

The majority of patients who completed a questionnaire told us that they would know how to access the out of hours GP service. Information relating to practice opening times was advertised on the practice website and patient leaflet.

Communicating effectively

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

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

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

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 patients who completed a questionnaire told us that it was very easy or fairly easy to get an appointment when they needed one.

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

Patients were able to pre-book routine appointments in advance, Monday to Friday, over the phone. We also saw that the practice held same day, urgent appointments for patients. The practice also made use of the My Health Online³ facility to book appointments with GPs. The use of this facility is to be encouraged as it could ease pressure on the telephone lines.

In addition to seeing patients attending with minor illnesses, the nursing team also ran a number of clinics for patients with chronic health conditions such as, diabetic check, asthmatic review, and cervical smears.

We found that referrals to other specialists were made in a timely fashion.

Individual care

Planning care to promote independence

The practice team knew patients very well and made adjustments according to people's individual needs based on this knowledge.

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

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

The practice was located within a purpose built building and had been refurbished to a very high standard. There was good disabled access to the building with ample car parking spaces within the car park for staff, patients and visitors.

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

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

The reception desk provided a lowered section for wheelchair users.

People's rights

The practice had made arrangements to make services accessible to patients with different needs and language requirements, as described above.

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

Listening and learning from feedback

There was a formal, 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.

During our visit we identified that there was a comment box available for patients to provide feedback or suggestions. We were informed that any comments or feedback are reviewed and acted upon. We did advise the practice to display an analysis of the feedback received in the waiting area / reception, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery which the practice agreed to do.

We found that the practice did not have a patient participation group (PPG) in operation. PPGs provide invaluable information for practices regarding the services provided and encompasses direct patient experiences. The practice should consider this area of service evaluation as a fruitful source of information.

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 very patient centred and committed to delivering a high quality service to their patients. There was an effective internal communication system in place.

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

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

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

Safe care

Managing risk and promoting health and safety

During a tour of the practice building, we found all areas where patients had access, to be very clean and uncluttered, which reduced the risk of trips and falls.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced regularly. We were verbally assured that fire drill took place on a weekly basis. However, the weekly fire drill were not documented. Emergency exits were visible and a Health and Safety poster was displayed within the practice.

We saw that the practice had access to the health boards' Health and Safety policy. However, we found no localised health and safety policy at the practice. We recommend that the practice ensures a local health and safety policy is devised and implemented at the practice using the health board policy as a model.

We also noted that the local health board were supporting the practice in reviewing and updating their health and safety risk assessments and risk register.

Improvement needed

The practice must ensure that weekly fire drills are recorded.

Ensure a local health and safety policy is devised and implemented.

Infection prevention and control

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

We saw that infection control audits had been completed and we saw evidence that the resulting action plan had been actioned.

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 very clean and well organised.

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

Waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste was securely stored until it could be safely collected.

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

Medicines management

Repeat prescriptions could be requested in person or by post at the practice by completing the computer tear-off list or by using the My Health Online facility. 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.

We saw that regular case reviews and / or prescribing audits had been undertaken to ensure any medications no longer needed, or being taken, were removed from the repeat prescription list.

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.

Safeguarding children and adults at risk

We found that there were child protection and adult safeguarding policies and procedures in place.

The practice had identified a member of staff as the nominated safeguarding lead.

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 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 Service⁴ (DBS) checks on staff appropriate to the work they undertake.

Medical devices, equipment and diagnostic systems

We found that portable electrical appliances were being tested on a regular basis.

We saw that the practice had a process in place to ensure that medical equipment was serviced and calibrated to help make sure they remained safe to use.

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).

Effective care

Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events. The practice made use of the Datix⁵ system for reporting incidents. Significant events were being recorded and discussed at clinical meetings.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all paper records were kept secure and electronic files were being backed up regularly. Access to computer screens was secure and discreet. A data protection policy was in place to guide staff about what was required of them.

Record keeping

A sample of patient records were reviewed. We saw evidence that staff at the practice were keeping good quality clinical records. The records contained sufficient detail of consultations between clinical staff and patients, and it was possible to determine the outcome of consultations and the plan of care.

However, we found that the practice did not use an agreed set of Read⁶ coding to record common conditions. We found that Read coding was an individual preference of the GPs. We discussed our findings directly with senior doctor who assured us that plans are already in place to improve Read coding. We recommend that the practice ensures that an agreed set of standardised Read codes are implemented and used by the clinical team.

⁵ Datix is a patient safety web-based incident reporting and risk management software for healthcare and social care organisations.

⁶ Read codes are the standard clinical terminology system used in General Practice in the United Kingdom. It supports detailed clinical encoding of multiple patient phenomena including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms and observations; laboratory tests and results; diagnoses; diagnostic, therapeutic or surgical procedures performed; and a variety of administrative items.

Improvement needed

The practice must ensure that an agreed set of Read coding is implemented at the practice.

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 the practice to have good leadership and clear lines of accountability.

We found a patient-centred staff team who were competent in carrying out their duties and responsibilities.

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

Governance, leadership and accountability

Both the practice manager and deputy practice manager were extremely committed and dedicated to their role within the practice. It was observed that there were respectful and courteous relationships between staff within the practice. We were informed by staff that they felt able to raise any issues with the practice manager, the deputy practice manager and / or the senior GP and that issues would be addressed in a comprehensive and thorough manner. The leadership team demonstrated inclusive approaches to management, promoting openness and transparency.

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

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

There was a whistleblowing policy in place and staff told us they felt able to raise concerns with the leadership team.

Staff had access to all relevant policies and procedures to guide them in their day to day work which were available in hard copy and electronically. However, we did find it difficult to locate some policies and procedures located on the practice shared drive. We recommend that the practice undertakes a general review of all policies and procedures and devise an appropriate index for ease of reference.

Improvement needed

Undertake a general review of all policies and procedures located on the shared drive ensuring these are easily located.

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.

The leadership team confirmed that all staff had received an annual appraisal and had completed mandatory training. We were informed that training records are monitored by the leadership team. However, we found no training matrix was available. All staff we spoke with confirmed they had opportunities to attend relevant training and had received an annual staff appraisal.

We were informed that the team meets informally, on a regular basis, to discuss any issues. However, no records were kept of these meetings. We recommended to the practice that all team meetings, formal or informal should be minuted and records maintained.

Improvement needed

Ensure a training matrix is developed for monitoring purposes.

Ensure formal team meetings are implemented and recorded.

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 immediate concerns identified on this inspection.			

Appendix B – Immediate improvement plan

Service: Tŷ Doctor

Date of inspection: 12 February 2020

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
There were no immediate improvements identified on this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Tŷ Doctor

Date of inspection: 11 February 2020

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				
N/A				
Delivery of safe and effective care				
The practice must ensure that weekly fire drills are recorded.	2.1 Managing risk and promoting health and safety	Following inspection recommendations weekly fire drills are now recorded in ADT Fire and Security log book	ACW- Receptionist/Care taker	Ongoing
Ensure a local health and safety policy is devised and implemented.		Using the BCUHB GP Practice Health & Safety Policy as a template, work will progress on implementing a local Health & Safety Policy	HG-Practice Manager	12 months
The practice must ensure that an agreed set of Read coding is implemented at the practice.	3.5 Record keeping	<ul style="list-style-type: none"> Practice will increase use of standardised templates in order 	HG-Practice Manager	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>to collect meaningful data</p> <p>Practice will increase the use of the fast key F12 functionality on the practice IT system. Protocols within this functionality are pre-populated with read codes which have been agreed at practice level</p>	<p>NMJ-Deputy Practice Manager</p>	
Quality of management and leadership				
<p>Undertake a general review of all policies and procedures located on the shared drive ensuring these are easily located.</p>	<p>Governance, Leadership and Accountability</p>	<p>Tidy up of policies and procedures which are located on the shared drive has been undertaken by Practice Manager following inspection</p>	<p>HG-Practice Manager</p>	<p>Completed 28/02/2020</p>
<p>Ensure a training matrix is developed for monitoring purposes.</p>	<p>7.1 Workforce</p>	<p>Training matrix has now been established and is a useful tool to track training and skill levels within our organisation. It allows the practice to:</p> <ul style="list-style-type: none"> • Highlight training needs <p>Highlight who can deputise during sickness or holidays without impacting performance or services</p>	<p>NMJ-Deputy Practice Manager</p>	<p>Matrix completed 08/06/2020 with ongoing regular review/updating</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Ensure formal team meetings are implemented and recorded.		Practice Manager will monitor that: <ul style="list-style-type: none"> • Cluster meeting minutes taken and circulated • Practice informal team “huddles” recorded • Practice formal meeting minutes taken and circulated • Community Resource Team meeting minutes taken Significant event analysis meetings recorded via DATIX	HG-Practice Manager	Ongoing

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): HELEN GRIFFITH

Job role: PRACTICE MANAGER

Date: 14/06/2020