

Quality Check Summary

Porthmadog Health Centre

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

In writing:

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

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales

Website: www.hiw.org.uk

Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote follow-up quality check of Porthmadog Health Centre on 16 March 2021. The purpose of this was to check progress on the recommendations in the improvement plan that was developed following the original inspection on 9 October 2018.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Health and Care Standards 2015 (and other relevant regulations). Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

We spoke with the deputy practice manager as part of the follow-up video call, who provided us with information and evidence about their setting.

Summary

Porthmadog Health Centre currently provides services to approximately 4,000 patients in the Gwynedd area of North Wales. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board.

The practice, since the 1 October 2018, has been taken under the management of the health board. The health board are planning on merging Porthmadog Health Centre with the Criccieth Health Centre where both practices will form part of the Hwb Iechyd Eifionydd.

Overall, we found evidence that the service provided a positive experience, and safe and effective care to patients. We found that the service had implemented and sustained the improvements highlighted in the original inspection improvement plan.

Patient Experience

During the follow-up quality check, it was positive to see that the health board had implemented and sustained all of the patient experience improvements listed in their improvement plan following the last inspection to improve patient experience.

Improvements required following the last inspection.

Areas for improvement we identified during the last inspection included the following:

- The health board should consider appointing a member of staff as a carers' champion to support patients with this responsibility and consider whether there is sufficient information available in the waiting area for carers.
- The health board should ensure that all staff who act as a chaperone are appropriately trained, and promote the chaperone service to patients.
- The health board should review the patient information leaflet to ensure it contains the most up to date and relevant information.
- The health board must ensure that all patients, including deaf or hard of hearing patients, are able to access the appointment system easily.
- The health board must ensure that a robust process is in place for the management of incoming letters to ensure that all requests are acted upon in a timely manner.
- The health board should consider the arrangements for specialist clinics within the practice to ensure they are meeting the needs of individual patients.
- The health board should display information and contact details for the local Community Health Council.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 21 November 2018:

- The practice manager will initially undertake the role of carers' champion.
- Chaperon training had been identified. Arrangements in place to identify suitable date to enable relevant staff members to attend. Following completion of the training, signage in the practice will be updated to promote the chaperoning service.

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- The health board had reviewed the patient information leaflet as part of the take-over process.
 - The health board provided the practice with details of the British Sign Language (BSL) interpreter service and all staff made aware. Information regarding the BSL interpreter services are advertised to patients in the waiting area. Patients are also able to book appointment using My Health Online¹. Further training in sensory loss had been received in the practice by the health board's sensory loss advisers and posters displayed in the practice. A toolkit is also available in the practice for staff to utilise as appropriate.
 - The health board ensured the practice had a system in place for monitoring and action any incoming letters. This was done on a daily basis by a GP and any actions required were sent to the reception team as tasks that can be audited. Ongoing audits would be done. The health board had developed contingency measure with another health board managed practice to ensure that incoming letters can be reviewed remotely to avoid any delay in action.
 - The health board confirmed that there were a number of specialist clinics / services offered in the practice. However, it was identified that a more formal process of establishing what services patients needed and would like in the practice should be carried out. The health board confirmed that the practice will form part of an ongoing project that the health board are working on with a network of Managed Practices in the Area West of North Wales. The aim of the project is to identify what services are offered across the health board managed practices.
 - The practice displayed information and contact details for the local Community Health Council during the original inspection in 2018.

What we found on follow-up

During the review of the evidence and follow-up call we noted the following:

- It was confirmed that both the practice manager and deputy practice manager are now undertaking the role of carers' champion. We were also provided with copies of the information available to carers at the practice. We were also told that further information for carers will be included on the practice website.
- All reception staff have now received chaperon training and we were told that they are confident that they are competent to chaperone patients. We were also told that the signage at the practice had been updated to inform patients

¹ **My Health Online (MHOL)** is a national project funded by the Welsh Government to help improve patient care. It allows patients to undertake certain health tasks securely via the internet.

that the service is available. We were also told during the video call that the offer of a chaperone is recorded within patients' notes.

- We found that the patient information leaflet was current and contained up to date staff details. We also noted that the patient information leaflet was available bilingually.
- We confirmed that information regarding the BSL interpreter services and sensory loss are current and advertised to patients.
- We found that the management of incoming letters is dealt with by a dedicated team of administrators who are based in the main practice at Criccieth. We were told that all staff who deal with incoming letters have received appropriate training.
- We found that the practice had implemented a pharmacist session and are continuing to provide specialist physiotherapy clinics. We were told that the practice is currently developing a Community Resource Team². We were also informed that the practice is intending to provide patients with access to phlebotomy services located at Alltwen Community Hospital. The practice makes use of Advanced Paramedic Practitioners³ to support GPs with home visiting services. We were also told that a Physician Associate⁴ is due to start working at the practice at the end of April 2021. We were also told during the call that patients can access clinics at the main practice based in Criccieth.
- We were informed that information and contact details for the local Community Health Council continue to be on display at the practice.

Delivery of Safe and Effective Care

Since the last inspection, it was positive to note that the health board has taken action to improve processes and procedures in support of the delivery of safe and effective care, and that staff were committed to providing this.

² **Community resource teams** (CRTs) are part of a wider strategic programme to deliver better integrated care to people closer to their homes and communities.

³ **Advanced paramedics** offer a high level of clinical skills and leadership to help patients and support colleagues.

⁴ **Physician associates** are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. Physician associates are dependent practitioners working with a dedicated medical supervisor, but are able to work autonomously with appropriate support.

Improvements required following the last inspection

Areas for improvement we identified during the last inspection included the following:

- The health board must improve the security of the practice building to prevent unauthorised access.
- The health board must ensure that treatment rooms have appropriate flooring to ensure effective and thorough cleaning and have appropriate foot peddle operated bins to promote effective infection control procedures.
- The health board should review staff training records to ensure all staff are appropriately trained in safe dispensing.
- The health board must ensure that the emergency drugs and equipment are stored securely to prevent unauthorised access.
- The health board must ensure that learning from significant events and safety incidents is appropriately shared and discussed by all staff within the practice.
- The health board must ensure that a programme of audits is implemented to demonstrate the delivery of safe and effective care to patients.
- The health board must ensure that patient records are consistently maintained in respect of the following:
 - Medication must be linked to a condition
 - The offer and acceptance/decline of a chaperone should be recorded
 - Evidence of medication reviews and/or reasons for repeat prescribing
 - Justification and reason for not following best practice guidelines
- The health board must ensure that staff responsible for summarising patient records have received relevant training and that appropriate clinical overview is maintained.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 21 November 2018:

- The health board confirmed that on the day of the site inspection the security to the practice was improved and all staff made aware.
 - The health board confirmed that the health board's estate department would replace the flooring in the two GP rooms to meet current infection control
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standards. The health board also confirmed that non touch clinical waste bins had been ordered.

- The health board confirmed that records of dispensing training was available in all staff files.
- The health board confirmed that a new emergency equipment trolley had been ordered. In the interim, it was confirmed that all patients would be escorted to and from treatment rooms so the emergency trolley cannot be accessed. The health board confirmed that they are awaiting delivery of the new trolley.
- The health board confirmed that a process is in place for ensuring significant events are discussed. Team meetings held at the practice will be the forum for sharing this evidence and the health board confirmed that this process had already begun.
- The health board commissioned an Independent GP advisor to audit the clinical notes of all clinical staff at the practice. The results of these audits will be shared with the clinical team for their learning as required.
- In relation to the above mentioned review by the independent GP advisor, it was confirmed that any medication linked to a condition, offer of chaperone, medication reviews, along with any justification and reason for not following best practice guidelines, would also be audited. We were told that these audits have been included in the term of reference.
- The health board has identified a staff member who will undergo relevant training on summarising clinical notes. An audit system would also be set up for GP monitoring of the process. The health board confirmed that, until the training has been completed, the summarising of notes will be completed by a GP.

What we found on follow-up

During the review of the evidence and follow-up call we noted the following:

- We were told that the back door is always locked at all times and the door is routinely checked. In addition, we were told that the front door is also locked at all times.
- We saw photographic evidence that the flooring in both GP consulting rooms had been replaced. We were also told that the practice had recently identified some damage to the flooring in another room. We were told that arrangements had already been put in place for the floor to be replaced and the practice is awaiting a quote. Furthermore, we were informed that plans are in place for carpet tiles in the hallway, reception and kitchen areas to be removed and replaced with appropriate flooring. We also received confirmation that non-touch clinical waste bins are now in place.

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- The health board confirmed that records of dispensing training is retained on all staff files. We were told that records of dispensing training forms part of the annual requirement for the dispensary services quality scheme.
 - We were told that a new secure trolley for the emergency drugs and equipment has been delivered.
 - We were told that significant events are discussed weekly during the managerial meetings with the lead GP. Any learning from these events are shared with staff at team meetings.
 - We were told that a programme of audits has been implemented at the practice.
 - We were told that patients' records are consistent and contain the offer of a chaperone. Medication is always linked to a condition and medication reviews are taking place. All GPs at the practice have been made aware of the importance of documenting their justification and reasons for not following best practice guidelines. We were told that a pharmacist and a pharmacy technician have now been employed at the practice who undertake the majority of the medication reviews, along with the support of a GP when required.
 - We were told that two administrative staff have the responsibility for summarising patients' records. It was confirmed that both members of staff have been trained and initially received clinical overview. We were told that there are no formal monitoring processes in place for the summarising of patients' records, but it was confirmed that discussions are taking place for regular monitoring to be implemented.

Quality of Management and Leadership

It was positive to note that the health board and staff had worked hard since the last inspection, with improvements made in all areas previously identified as requiring improvement relating to the quality of management and leadership.

Improvements required following the last inspection

Areas for improvement we identified during the last inspection included the following:

- The health board should consider the management arrangements of the practice to ensure that staff are appropriately supported in their roles.

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- The health board should consider the overall governance arrangements of the practice, following the change of management responsibility, to ensure robust management and clinical processes are in place.
 - The health board should develop a practice development plan.
 - The health board must ensure that staff have access to training appropriate to their roles and ensure that ongoing training is managed in a timely manner moving forward.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 21 November 2018:

- The health board confirmed that they have made arrangements for staff to be appropriately supported. This was addressed outside of the inspection process as referenced within the inspection report.
- The health board supports the practice with governance arrangements by providing the support of the health boards' clinical governance team and the primary care lead development nurse. It was confirmed that the health board visits the practice at least twice a week. The health board confirmed that regular visits will continue until the governance arrangements are in place, at which time, visits will reduce to quarterly visits.
- The health board confirmed that they are supporting the practice in development of a practice development plan.
- The health board confirmed that all staff have access to the required mandatory training. All staff have had an appraisal and training was discussed as part of the appraisal process. All staff are working towards the completion of all mandatory training.

What we found on follow-up

During the review of the evidence and follow-up call we noted the following:

- The deputy practice manager confirmed that, since the practice had been taken over by the health board, that staff have been appropriately supported in their roles, with a clear structure in place.
- It was confirmed that the health board has supported the practice in strengthening the governance arrangements. We were told that the health board is no longer required to visit the practice on a weekly basis. The practice will call on the health board as and when required. The deputy practice manager confirmed that the health board responds immediately to any queries. The deputy practice manager confirmed that she feels very well supported and that

management and leadership of the practice has improved significantly since the health board took over this responsibility.

- We saw that the practice had developed a practice development plan.
- It was confirmed that all staff at the practice have access to the online training hub and all staff knew which mandatory training they needed to complete. The deputy practice manager confirmed that, as of 16 March 2021, mandatory training statistics for the practice showed a compliance rate of 87%. We were also told that the majority of staff at the practice had received an annual appraisal with plans in place for the remaining staff to be appraised.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the Quality Check.

As a result of the findings from this quality check, 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.