

General Practice Inspection Report (Announced)

The Laurels Surgery, 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 healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of The Laurels Surgery within Betsi Cadwaladr University Health Board on 26 January 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector, a general practitioner, a registered nurse and a practice manager peer reviewer. The inspection was led by a HIW Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that The Laurels Surgery was aiming to provide a high quality experience to their patients.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

We found relevant and up to date information displayed in the reception and waiting area, in both English and Welsh.

This is what we recommend the service can improve:

- The health board must review the number of locum GP sessions arranged each day to ensure it is providing adequate number of appointments to patients on a daily basis.

This is what the service did well:

- The practice had arrangements in place to protect patients' privacy, including dedicated areas for patients to have private conversations with staff
- There was good disabled access to the building. Wheelchair users could access all consulting rooms, the reception, waiting area and toilet facilities
- Ample car parking spaces are provided, with dedicated disabled parking bays.

Delivery of Safe and Effective Care

Overall summary:

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

Bilingual information was available to patients to help them take responsibility for their own health and wellbeing.

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.

This is what we recommend the service can improve:

- The health board must implement a system to enable the practice to monitor patient referrals
- The health board must ensure that prescribed medication is always linked to a medical condition within patients' notes
- The health board must ensure that blood tests requested by the clinicians are clearly documented within patients' notes
- The health board must ensure that the offer of a chaperone is recorded in patients' notes where this is clinically appropriate.

This is what the service did well:

- The practice had been designed and finished to a high standard
- Consultation rooms were clean, well equipped and fit for purpose, with well-maintained equipment
- Good record keeping
- Recording of patients' preferred language choice within clinical records
- Good quality audits had been completed.

Quality of Management and Leadership

Overall summary:

The Laurels Surgery is managed by Betsi Cadwaladr University Health Board since June 2020. We found that the support received from the health board, since it took over management responsibility, has enabled the practice to remain resilient and functioning.

The practice was well managed by a committed and dedicated practice manager who was open and approachable, which enabled staff to be confident to raise issues.

We found a very patient-centred staff team who were competent in carrying out their duties and responsibilities. The staff team was well supported by the health board.

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

This is what we recommend the service could improve:

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

This is what the service did well:

- We witnessed all staff, clinical and non clinical, working very well together as part of a team
- Good staff induction process in place
- Practice managed by a committed and dedicated practice manager.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection, we invited the practice to distribute questionnaires to patients to obtain their views on the service provided. In total, we received 33 completed questionnaires. Some of the patients did not answer all of the questions.

Some of the comments provided by patients included:

“Nurses excellent especially the prescribing ones. Much easier to see than a doctor.”

“Online booking would help massively.”

“Have ability to get an appointment online. Queuing in the cold for an appointment in 2023 is just ridiculous.”

Patients were asked in the questionnaire how the practice could improve the service it provides. Some of the comments provided included:

“Provide enough doctors to cope with the number of patients needing appointments.”

“More flexible appointments - calling at 8:30 or queuing from 8am with hopes of an appointment is poor.”

“Provide enough doctors to cope with the number of patients needing appointments.”

Staying Healthy

Health Protection and Improvement

We saw that the following changes had been made to the practice environment in response to COVID-19:

- Alcohol gel dispensers and facemasks placed at strategic locations throughout the practice

- Social distancing signage displayed
- Protective screen on reception desk
- Toys removed from the waiting room.

We found that patients were encouraged to take responsibility for managing their own health, through the provision of health promotion advice available on the practice website and written information within the waiting area and consulting rooms.

No Smoking signs were displayed confirming that the practice adhered to the smoke free premises legislation.

Dignified care

Communicating effectively

We saw staff greeting patients in a professional manner, both face to face and over the telephone.

There were arrangements in place to protect patients' privacy and maintain confidentiality. This included areas for patients to have private conversations with staff.

We were informed that several members of staff were Welsh speaking.

Telephone calls were received and made in private and away from patients.

A portable hearing loop was available to assist patients and visitors who have a hearing impairment. A self-service, touch screen facility was available so that patients could check-in for their appointment.

Staff were taking appropriate steps to maintain patients' privacy and dignity by ensuring that doors to individual consultation and treatment rooms were kept closed when they were attending to patients. Privacy curtains were also provided around examination couches.

The right to request a chaperone was clearly posted around the practice. We were informed that patients are verbally offered a chaperone prior to consultation or treatment. We were informed staff members who act as chaperones have been provided with relevant guidance and training.

Patient information

Information on health related issues was available for patients within the waiting area and on the practice website. 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 the process for keeping patients informed about any delays to their appointment times.

Information relating to practice opening times and out of hours service was available on the practice website and in the patient leaflet.

Timely care

Timely Access

The practice manager described the processes for patients to contact the practice by telephone. We were told that patients are informed of the options available to them to access appropriate advice from health care professionals through the practice website and telephone message.

We were told that patients who do not have access to a computer can contact the service by telephone or by visiting the practice in person.

We found that patients' comments regarding telephone / virtual appointments and in-person appointments were generally positive. However, patients' comments with regards to GP access were mixed. We found that under a quarter of patients who completed a questionnaire were able to get a same-day appointment when they needed to see a GP urgently. Around a third of patients who completed a questionnaire said they could get a routine appointment when they needed one and were offered the option to choose the type of appointment. Some of the comments provided by patients included:

"We need more doctors; it can take up to 4 weeks to get an appointment unless I take time off work to sit for over half hour to get one and then a lot of the time you still can't get to see a doctor."

"More flexible appointments - calling at 8:30 or queuing from 8am with hopes of an appointment is poor."

"More appointments need to be available daily. Better access to out of hours - how it used to be before 111."

We were informed that face to face appointments are available and are offered to patients when they contact the practice to book an appointment. In light of the mixed responses received from patients with regards to accessing GP

appointments, we recommend that the health board reviews the number of locum GP appointments available.

The health board must review the number of locum GP appointments arranged each day to ensure it is providing adequate number of appointments to its patients.

Since the health board took over the management of the practice, it has been reliant on the use of locum GPs. This was very difficult for the practice team to manage. The practice manager strives to ensure consistency by securing the same regular locum GPs if possible.

We found that referrals to other specialists were made in a timely fashion. However, there was no system in place to show that the referral had been received.

The health board must implement a system to monitor referrals.

Individual care

Planning care to promote independence

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

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

People's rights

There was an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

Staff told us that they were aware of their responsibilities in relation to equality and diversity.

Arrangements were in place to make services accessible to patients with different needs and language requirements.

There was good disabled access to the building. Wheelchair users and patients with mobility issues could access all consulting rooms, the reception, waiting area and toilet facilities. There were ample car parking spaces provided, with dedicated disabled parking bays.

Listening and learning from feedback

There was a comment box available for patients to provide feedback and / or suggestions. Patients could also provide feedback, or raise concerns, via the practice website. We were informed that any comments or feedback are reviewed and acted upon, if appropriate, by the practice manager. Details of the feedback analysis are also discussed at the local cluster group meetings.

There was a complaints policy in place. The procedures for making a complaint, or how to raise a concern, were clearly displayed in the waiting area.

We found that emphasis was placed on dealing with complaints at source in order for matters to be resolved as quickly as possible and to avoid any need for escalation. All complaints are brought to the attention of the practice manager and the health board.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be very well maintained internally and externally. During a tour of the building, we saw that all areas were clean and tidy, which reduced the risk of trips and falls. However, we found that the door to the clean store was left unlocked and ajar to allow staff quick access. We found items such as razor blades being stored in the room. This was brought to the attention of the practice manager who immediately arranged for the door to be locked and staff informed accordingly.

There were no concerns expressed by patients over the cleanliness of the practice. All patients who completed a questionnaire told us the premises were clean.

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly clean.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training.

Emergency exits were visible and a Health and Safety poster was displayed.

The practice had various risk assessments in place, such as, fire, environmental and health and safety. All risk assessments were current and regularly reviewed.

We were assured that the premises were fit for purpose, and we saw ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

There was a resuscitation policy in place and all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training.

Infection prevention and control (IPC) and Decontamination

There was a clear and detailed infection control policy in place, and we saw evidence that an audit had recently been completed.

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 system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

Medicines management

Repeat prescriptions could be requested in person using the repeat prescription box in the practice, by post, My Health Online facility, drop off at patients nearest chemist or by emailing the practice using their secure online form. It was noted that the practice endeavoured to dispense prescriptions within 48 hours. No telephone repeat prescriptions requests were accepted by the practice for safety reasons, unless this had been agreed with the practice or that the patients is recorded as being housebound.

Prescription pads were stored securely.

Safeguarding children and safeguarding adults at risk

Staff had access to the health board's child and adult safeguarding policies and procedures which included up to date contact details of designated people within the health board for staff to contact if they had any safeguarding concerns. 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, recording 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. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks on staff appropriate to the work they undertake.

Medical devices, equipment and diagnostic systems

Portable electrical appliances were being tested on a regular basis.

It was confirmed that only single use medical equipment is used.

There were procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. There was a system in place to check the emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

Effective care

Safe and clinically effective care

There were suitable arrangements in place to report patient safety incidents and significant events. The practice made use of the Datix system for reporting incidents.

Information governance and communications technology

The storage of 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 inform staff about what was required of them.

Record keeping

A sample of ten patient records were reviewed. We saw evidence that the team were keeping good quality clinical records. In all cases, 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.

In all cases, the records we reviewed were individualised and contained appropriate patient identifiers and reason for attendance. The records were clear, legible and of good quality. We also found that patients' preferred language choice was being recorded.

However, we found that medication was not always linked to a medical condition within patients' notes, some blood tests records did not always specify why they had been requested and the offer of chaperone was not always recorded.

The health board must ensure:

- Medication is always linked to a medical condition within patients' notes
- Any bloods tests requested by the clinicians are clearly documented within patients' notes
- The offer of a chaperone is always recorded within patients' notes where this is clinically appropriate.

Quality of Management and Leadership

Governance, Leadership and Accountability

The Laurels Surgery has been managed by Betsi Cadwaladr University Health Board since June 2020. The day to day management of the practice is the responsibility of the practice manager, who was extremely committed and dedicated to the role.

We found that the support received from the health board, since it took over management responsibility, has enabled the practice to remain resilient and functioning. The practice successfully managed to retain existing staff.

Staff members were respectful and courteous. Staff told us that they felt able to raise any issues with the practice manager and that issues would be addressed in a comprehensive and thorough manner.

We found a patient-centred staff team who were very 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. However, we were told no GPs are on site on a Friday afternoon and staff felt clinically unsupported on these days. We were informed by the health board that clinical support is made available to staff when a GP is not on site. We were told that staff have direct telephone access to a GP and appointment slots are held at a local GP practice where patients can be seen by a GP. In light of the feedback we received from staff, we recommend that the health board reviews the current arrangement.

The health board should review the clinical support arrangements and ensure all staff are aware of what clinical support is available to them.

Since the practice has been managed by the health board, the practice has experienced significant issues in recruiting permanent GPs. This has required locum GP coverage to provide the level of services needed. The health board is proactively attempting to recruit permanent GPs. Consequently, continuity of care for patients is not at an optimum level. This has placed considerable pressures on certain staff working at the practice and the situation was very difficult for the practice team to manage.

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

Local cluster group meetings were held, where all the local GP practices who are managed by the health board are brought together to share learning. We were informed by the practice manager that the engagement with the cluster group was very good and practices were working well together.

We were told by staff that they have seen significant improvement at the practice since it was taken over by the health board.

Staff had access to policies and procedures to guide them in their day to day work. The practice manager was in the process of reviewing and updating all relevant local policies and procedures.

Workforce

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

Staff were very clear and knowledgeable about their roles and responsibilities.

Staff were committed to providing a high standard of care for patients and this was supported by a range of policies and procedures. All policies and procedures contained an issue and review date ensuring that they were reviewed regularly and that practices were up to date.

All staff we spoke with confirmed they had opportunities to attend relevant training. We were provided with information which showed that the majority of staff had completed mandatory training and/or plans were in place for staff to renew their training where applicable.

We saw that there were formal recruitment policies and procedures in place. We also saw that there was a comprehensive induction programme in place for locum GPs.

Staff told us that regular team meetings took place and we saw that detailed records of these meetings were being kept on file.

4. Next steps

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 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 inspection.

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](#).

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
Clean store room door left unlocked and ajar where razor blades were stored. Room was accessible to patients.	Razor blades can cause serious risk of harm.	Escalated to practice manager.	The Clean Store room door was immediately locked and staff informed accordingly.

Appendix B - Immediate improvement plan

Service: The Laurels Surgery

Date of inspection: 26 January 2023

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were 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: The Laurels Surgery

Date of inspection: 26 January 2023

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/ Regulation	Service action	Responsible officer	Timescale
The health board must review the number of locum GP appointments arranged each day to ensure it is providing adequate number of appointments to its patients.	Standard 5.1 Timely Access	The Health Board Area Team & Practice Manager are working closely together to ensure that they are given the correct guidance on adequate sessions per practice daily to enable safe practice. We will continue to use the Locums to support the Practice until recruitment is at the full capacity. We are also continuing to focus on our recruitment and retention programme led by our Primary Care Academy, with a number of innovative schemes being implemented to attract additional GPs to the region. Likewise, we continue to progress the development of other health professional such as Advanced Nurse Practitioners who are able to support patients with a range of health issues and support the GPs'.	Practice Manager Area Team Programme Managers Rachael Page - Assistant Director of Primary Care	ongoing

<p>The health board must implement a system to monitor patients' referrals.</p>	<p>Standard 5.1 Timely Access</p>	<p>The Practice is going to adopt and implement a monthly Audit on Referrals. This will Audit USC, Urgent and Routine Referrals to highlight any delays/missed referrals or issues. Also, to introduce a quick key for GPs to add within consultations to ensure no referrals are missed.</p>	<p>Practice Manager</p>	<p>1 month to implement then ongoing</p>
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> • Medication prescribed is always linked to a medical condition within patients' notes. • Any bloods tests requested by the clinicians are clearly documented within patients' notes. • The offer of a chaperone is always recorded within patients' notes where this is clinically appropriate. 	<p>Standard 2.6 Medicines Management</p> <p>Standard 3.5 Record Keeping</p>	<p>The Health Board is working with Locum GPs to complete peer reviews to highlight all 3 points.</p> <p>Blood test requests are all saved under WCCG within EMIS to view.</p> <p>All points will be added on as a rolling agenda to the Practice two weekly Clinical meeting as a reminder to all clinicians.</p>	<p>Practice Manager</p> <p>Clinical Lead</p> <p>Senior Clinical Lead</p> <p>Practice Nurse Lead</p>	<p>ongoing</p>

<p>The health board should review the clinical support arrangements and ensure all staff are aware of what clinical support is available to them.</p>	<p>Standard 3.1 Safe and Clinically Effective Care</p>	<p>The Practice Manager will update admin and clinical teams on weekly cover via Rota's, updating in meeting with both Clinical Team and Admin/reception teams, and ensure EMIS clinical appointments are up to date.</p> <p>One EMIS home page there is escalation process's on who to contact if clinical escalation is required.</p>	<p>Practice Manager Clinical Lead</p>	<p>ongoing</p>
<p>The health board must continue with efforts to recruit permanent clinicians to reduce the reliance on locums and to ensure the continuity of care to patients.</p>	<p>Standard 7.1 Workforce</p>	<p>The Area are focusing on a project of Recruitment and Retention working with the Primary Care Academy to attract GPs to work within Primary Care.</p>	<p>Area Team</p>	<p>ongoing</p>

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

Service representative

Name (print): Becci Jones

Job role: Practice Manager

Date: 06/04/2023