

General Practice Inspection (Announced)

Panton 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 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 Panton Surgery at Halkyn Road, Holywell, Flintshire, CH8 7TZ, within Betsi Cadwaladr University Health Board on the 6 February 2020.

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

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

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

2. Summary of our inspection

Overall, we found that Panton Surgery 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
- 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 an excellent standard.

This is what we recommend the service could improve:

- Ensure that medication is linked to medical conditions within patients' notes.
- Ensure any duplicated policies and procedures are rationalised.
- Ensure that any learning from significant events meetings are summarised and discussed by the clinical team and locum doctors.

3. What we found

Background of the service

Panton Surgery currently provides services to approximately 3,468 patients in the Holywell 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 a clinical lead (one day per week), a pharmacist (one day per week), two practice nurses, a healthcare assistant (currently on maternity leave), an advanced nurse practitioner, a mental health practitioner and the use of locum GP's. The practice is supported by a dedicated practice manager, a secretary, an administrator and five receptionists.

The practice provides a range of services, including:

- Chronic conditions such as diabetes, respiratory
- Cervical Screening
- Family Planning
- Seasonal Influenza Vaccination
- Child Immunisations
- Travel Vaccination
- Midwife Clinics
- Child Health Clinics
- Advanced Physiotherapy Services.

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 Panton Surgery provides safe and effective care to their patients, in a pleasant environment with friendly, professional and committed staff.

We found that the practice was working hard to provide a high quality experience to their patient population. We found relevant information displayed in the reception and waiting area, in both English and Welsh.

Patients told us that they were treated with dignity and respect by all 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 50 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 excellent or very good. Patient comments included:

“Care is very good. Staff are always polite”

“Very happy. Reception staff always very helpful, never have to wait for appointment”

"Excellent staff, very friendly cannot do enough for you"

"Very happy"

"The service appears to be predominantly staffed by Locum GP's"

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

"By having a resident practitioner instead of locum's who don't know or understand conditions"

"Would be nice to have regular Doctors"

"Having permanent GP's"

"Continuity of 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. 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. We found that reception staff used their knowledge and experience to signpost patients. We advised the practice that they should consider developing a flow diagram to help reception and administrative staff signpost patients more easily, which the practice agreed to consider.

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

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 member of staff 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 No Smoking sign was displayed by the main entrance and in the waiting room which confirmed the emphasis being placed on compliance with smoke free premises legislation². We also noted that there were ample smoking cessation advice leaflets for patients to take away and a video screen offering smoking cessation advice was available in the waiting room.

Dignified care

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

Half of patients who completed a questionnaire told us that they could only sometimes get to see their preferred doctor.

We saw staff greeting people in a professional yet very 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. 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 around the practice and a poster displayed on each consulting room door. We were informed that

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.

all the nurses at the practice act as chaperones and had received formal 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 bilingually. 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. We saw that patients were either called to their appointment by staff, or patient's full name was displayed on the screen in the waiting area. However, we found that the room number was not displayed nor called out to patients. During our observations, we noted that some patients did not know which room to attend when they were called. We recommend that the practice informs patients of the room number when they are called to their appointment.

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.

Improvement needed

Ensure that patients are made aware which room to attend when called to their appointment.

Communicating effectively

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

We were informed that one member of staff can communicate bilingually with patients. Arrangements are also in place to access translation services when required. We noted that the Iaith Gwaith poster was on display by the reception / waiting area. The Iaith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers.

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 very satisfied with the hours that the practice was open. The majority of patients also 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. No telephone repeat prescriptions were accepted by the practice for safety reasons. However, patients can use My Health Online³ facility to request repeat prescriptions. 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, coronary heart disease, diabetic check, asthmatic review, home visits and cervical smears.

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

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.

The practice was located within Holywell Community Hospital. There was good disabled access to the building with ample car parking spaces within the car park.

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

There were disabled access toilets located within the waiting area for use by patients along with baby changing facilities.

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.

People's rights

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

We noted that the practice had a dedicated 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 we spoke with were aware of their responsibilities in relation to equality and diversity.

Listening and learning from feedback

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.

During our visit we saw that there was a comment box available for patients to provide feedback or leave suggestions. We were informed that any comments or feedback are reviewed and acted upon if appropriate by the practice manager. We advised the practice to display an analysis of any 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 at the practice.

We also noted that a dedicated noticed board was in place providing patients with ample information on how to raise a concern / complaint in regards to the NHS in Wales Putting Things Right⁴ and relevant advocacy contact details.

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 were brought to the attention of the practice manager and the health board.

⁴ Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that the practice had arrangements in place to promote safe and effective patient care.

We found a staff team who were patient centred and committed to delivering a high quality service to their patients. There was an effective internal communication system in place.

The sample of patient records we reviewed were of excellent 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 a tour of the practice building, we found all areas to where patients had access, to be clean and uncluttered, which reduced the risk of trips and falls.

General and more specific health and safety risk assessments were undertaken on a regular basis.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced regularly. Emergency exits were visible and a Health and Safety poster was displayed within the practice.

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 staff had access to personal protective equipment (PPE) such as gloves and disposable plastic aprons to reduce cross infection.

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.

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.

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.

We were told that all existing and new staff had received safeguarding training at level one and level two, with all clinical staff trained at level three. We were also informed that safeguarding issues is a standard item on the practice weekly meetings. We found that 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 Service⁵ (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.

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 Datix⁶ system for reporting incidents. Significant events were being recorded and discussed at clinical meetings. However, we recommend that any learning from these meetings are summarised and discussed at regular intervals between the clinical team and locum doctors. This will ensure that any lessons learned and / or changes have been implemented at the practice.

Improvement needed

Ensure that any learning from significant events meetings are summarised and discussed by the clinical team and locum doctors.

⁵ 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).

⁶ Datix is a patient safety web-based incident reporting and risk management software for healthcare and social care organisations.

Information governance and communications technology

We found that there were information governance policies and procedures in place. Staff members we spoke with were aware of how to access this information.

Record keeping

A sample of patient records were reviewed. We saw evidence that staff at the practice were keeping excellent 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.

However, we did note that medication was not always being linked to medical conditions within the sample of patients' notes we examined. We recommend that medication is always linked to medical conditions within patients' notes.

Improvement needed

Ensure that medication is always linked to medical conditions within patients' notes.

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.

However, we did find some duplicated policies which needed to be rationalised.

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 staff that they felt able to raise any issues with the practice manager or the clinical lead and that issues would be addressed in a comprehensive and thorough manner. The practice manager 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 practice manager.

Staff had access to all relevant policies and procedures to guide them in their day to day work. The electronic file of policies and procedures contained some duplication. It appears to have happened when the local health board took over the running of the practice and introduced some of their own policies and procedures. We recommend that any duplicated policies and / or procedures are rationalised. There was a practice development plan in place and this was being reviewed and updated on a regular basis.

The practice was part of a local cluster group⁷. The engagement with the cluster group was reported as being good, with the clinical lead or a nurse attending along with the practice manager.

Improvement needed

Ensure any duplicated policies and procedures are rationalised.

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 practice manager confirmed that all staff had received an annual appraisal and had completed mandatory training. We were informed that records are monitored by the practice manager and overseen by the health board. All staff we spoke with confirmed they had opportunities to attend relevant training and had received an annual staff appraisal by the practice manager.

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

⁷ 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).

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 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.

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: Panton Surgery

Date of inspection: 06/02/2020

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 assurance issues 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: Panton Surgery

Date of inspection: 06/02/2020

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				
Ensure that patients are aware which room to attend when called to their appointment.	4.2 Patient Information	Following the HIW inspection, we have updated our call in system. Now, when a patient is called into see the GP, the patients name and the room number is called out and is also displayed on the screen.	Practice Manager	completed
Delivery of safe and effective care				
Ensure that any learning from significant events meetings are summarised and discussed by the clinical team and locum doctors.	3.1 Safe and Clinically Effective care	The practice have included further clinical meetings to discuss and ensure any learning or changes are embedded within the culture of the practice. These shorter meetings are scheduled between the main clinical meetings and	Clinical Lead	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>are minuted. They occur on a weekly basis. If locum is not able to attend the meeting, then the minutes are forwarded by email to the locums.</p> <p>The practice Policy/Procedure will be updated to reflect this addition.</p>	Practice Manager	31st July 2020
Ensure that medication is always linked to medical conditions within patients' notes.	3.5 Record keeping	<p>All prescribing clinical staff will be made aware that medication should be linked with a condition within the records moving forwards. This will also be added to the induction policy for clinicians. Each practice manager will add the EMIS or Vision step by step guide on how to link a medication to a problem to their Locum induction packs.</p> <p>Additional checks will be made during patient medication reviews and any updates made accordingly.</p> <p>A programme of audit will be implemented to ensure that</p> <p>a. All instances are addressed</p>	<p>Asst Area Medical Director/ Lead for Managed Practices/ Practice Manager</p> <p>GP/Medicines Management team</p> <p>Asst Area Medical Director/Clinical</p>	<p>31st July 2020</p> <p>31st July 2020</p> <p>31st August</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		b. To monitor compliance moving forward.	Lead/GP/CG	2020
Quality of management and leadership				
Ensure any duplicated policies and procedures are rationalised.	Governance, Leadership and Accountability	<p>Review of policies and procedures has been completed and duplicates have been removed. .</p> <p>Staff will be updated if there are any changes made to the policy/procedure folder. They will be informed of any to future changes during staff meetings and changes will also be displayed on the staff noticeboard.</p>	<p>Practice Manager/CG</p> <p>Practice Manager</p>	Completed

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): Clare Darlington

Job role: Assistant Director Primary Care & Community Services

Date: 19 June 2020

