

**General Practice
Inspection (announced)**

**Aberatwe Bro Morgannwg
University Health Board
New Cross Surgery,
Morrison**

15 March 2016

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Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	6
	Quality of the patient experience	6
	Delivery of safe and effective care	10
	Quality of management and leadership	18
5.	Next steps	21
6.	Methodology.....	22
	Appendix A.....	24
	Appendix B	29

1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at New Cross Surgery, 48 Sway Road, Morriston, Swansea, SA6 6HR on 15 March 2016. Our team, for the inspection, comprised of an HIW inspection manager (inspection lead), a GP peer reviewer and two representatives from Abertawe Bro Morgannwg Community Health Council.

Inspections of General Medical Practice (GP) inspections are announced and we consider and review the following areas:

- Quality of the patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person
- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

New Cross Surgery currently provides services to approximately 6,950 patients in the Morryston area of Swansea. The practice forms part of GP services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board.

The practice employs a staff team which includes four GPs, a practice manager, five nurses (including a nurse manager) and administrative and receptionist staff. Health visitors, district nurses and a midwife (who are employed by the health board) work closely with the staff team at the practice.

The practice provides a range of services, (as cited in the practice information booklet) including:

- Child Health clinic
- Diabetic clinic
- Coronary Heart Disease clinic
- Respiratory clinic
- Family planning clinic
- Stroke clinic
- Travel advice and vaccinations
- Cervical screening
- Contraceptive services and advice
- Maternity medical services
- Vaccinations and immunisations
- Childhood vaccinations and immunisations
- Minor surgery

3. Summary

HIW explored how New Cross Surgery met standards of care as set out in the Health and Care Standards (April 2015).

Patients' views about the service provided by New Cross Surgery were obtained by members of the local Community Health Council (CHC).

Comments from patients confirmed they were very satisfied with the care and treatment they had received. We found staff treated patients with kindness and respect. The practice had arrangements to ensure patients' privacy and dignity were maintained. We found that staff had not received training on performing formal chaperone duties and the practice should address this.

The practice had a suitable written procedure for patients to raise concerns (complaints) about their care and treatment. However, the information provided on the practice's website required updating to ensure that it was consistent with the written procedure.

Overall, we found the practice had arrangements in place to ensure patients received safe care. The practice made efforts to provide services to patients in a timely manner. We identified that formal policies should be agreed and developed in respect of repeat prescriptions of medicines and patient referrals, with a view to achieving a consistent approach to those areas of care. The practice should also develop a formal patient consent policy.

Arrangements were in place for safeguarding children and safeguarding adults at risk. However, the practice should arrange for staff to receive training on safeguarding matters as a priority.

We found the practice had given consideration to the communication needs of patients. However, most written information was available in English only and the practice should arrange for this to be made routinely available in both Welsh and English. Patient records had been maintained electronically. Some of those we looked at were brief so the practice should ensure that patient records are more detailed.

There was a clear management structure in place at the practice and staff clearly understood their roles and responsibilities. The staff team presented as friendly and were able to describe how individual members of the team communicated with one another to ensure that patients were provided with safe and timely care and support. Arrangements were described for conducting pre employment checks on staff, but there was no documentation to evidence this

process. The practice should therefore implement a system to demonstrate that suitable checks have been conducted to promote patient safety.

The practice had completed audits as part of its quality improvement activity. However it should also make arrangements to demonstrate how progress is being monitored.

4. Findings

Quality of the patient experience

Patients' views about the service provided by New Cross Surgery were obtained by members of the local Community Health Council (CHC).

Comments from patients confirmed they were very satisfied with the care and treatment they had received. We found staff treated patients with kindness and respect. The practice had arrangements to ensure patients' privacy and dignity were maintained. We found that staff had not received training on performing formal chaperone duties and the practice should address this.

The practice had a suitable written procedure for patients to raise concerns (complaints) about their care and treatment. However, the information provided on the practice's website required updating to ensure that it was consistent with the written procedure.

Two members of the Abertawe Bro Morgannwg Community Health Council (CHC)¹ were present at the surgery on the day of our inspection. Their role was to seek patients' views with regard to services provided by New Cross Surgery through the distribution of questionnaires and via face to face conversations with patients and/or their carers.

The patients the CHC spoke to were positive about the care and treatment they had received from the practice. The CHC have produced a report which provides a summary of the information gathered. That report can be found at Appendix B.

People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical psychological, social, cultural, language and spiritual needs. (Standard 4.1-Dignified Care)

¹ Abertawe Bro Morgannwg Community Health Council is a statutory organisation and monitors the quality of the NHS services provided within the Abertawe Bro Morgannwg area.

<http://www.wales.nhs.uk/sitesplus/902/home/>

People visiting the practice were treated with dignity and kindness and arrangements were in place to protect patients' privacy.

We observed reception staff greeting patients in a friendly manner and treating them with dignity and respect. The reception area was adjacent to the main waiting area. Seats were placed away from the reception desk which provided a degree of privacy for patients when speaking to reception staff. In addition, a partitioned area of reception was available which provided patients with a greater degree of privacy. We were also told that a separate room could be used should patients wish to speak to reception/practice staff privately. We saw that incoming and outgoing telephone calls took place in a screened area behind reception. This enabled patient information to be discussed in a confidential manner, away from other people visiting the practice.

We saw doors to consulting and treatment rooms were closed at all times when practice staff were seeing patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity.

The practice had a written policy on the use of chaperones. This aimed to protect patients and clinical staff when intimate examinations of patients were performed. Information advising patients of the availability of a chaperone was clearly displayed. Whilst members of staff were available to undertake a formal chaperone role, we were told that none had received training in this regard. The practice should therefore make arrangements to ensure that all members of staff who undertake a formal chaperone role receive suitable training.

Improvement needed

The practice should make arrangements to ensure all members of staff who undertake a formal chaperone role receive suitable training in this regard.

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health Services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback. (Standard 6.3-Listening and Learning from Feedback)

A patient and carer participation group had been set up and represented the GP cluster² group linked to the practice. We were told that regular meetings were held within the local community and were provided with details of meeting dates and venues. This group provided a forum for patients to become involved in the design and delivery of their local health and social services. Whilst this group was in place, the practice should also consider implementing a system to obtain feedback from patients and their carers on their experiences of using the practice.

Improvement needed

The practice should consider implementing a system to regularly obtain feedback from patients on their experience of using the practice. This is with a view to making improvements to the service as appropriate.

The practice had a written procedure in place for patients and their carers to raise concerns (complaints). This was consistent with *Putting Things Right*, the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales. We saw that copies of a leaflet, setting out the procedure to follow, were readily available in the main waiting area. This was presented in large print which made it easier for people with sight problems to read. We considered this to be noteworthy practice. The leaflet needed updating however to reflect the correct contact details for the Community Health Council as an advocacy service. The information on the practice's website also needed to be updated. This was because it incorrectly referred to patients being able to ask for a review by the Independent Review Secretariat. This is out of date, and no longer forms part of the current arrangements associated with complaints handling. Senior staff agreed to update the practice's procedure and the information provided to patients.

Improvement needed

The practice must review the information provided on its website so that it reflects the current Putting Things Right arrangements. The correct contact details of the local Community Health Council must also be included in information provided to patients and/or their carers.

² A GP practice 'cluster' is a grouping of GPs and practices locally determined by an individual NHS Wales Local Health Board. GPs in the clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients.

We saw that records had been maintained of complaints received by the practice. The records demonstrated that the practice had dealt with the complaints in a timely manner. An effective process was also described to support staff to consider and learn from complaints received. However, the practice should consider a way to demonstrate this process for audit purposes.

Delivery of safe and effective care

Overall, we found the practice had arrangements in place to ensure patients received safe care. The practice made efforts to provide services to patients in a timely manner. We identified that formal policies should be agreed and developed in respect of repeat prescriptions of medicines and patient referrals, with a view to achieving a consistent approach to those areas of care. The practice should also develop a formal patient consent policy.

Arrangements were in place for safeguarding children and safeguarding adults at risk. However, the practice should arrange for staff to receive training on safeguarding matters as a priority.

We found the practice had given consideration to the communication needs of patients. However, most written information was available in English only and the practice should arrange for this to be made routinely available in both Welsh and English. Patient records had been maintained electronically. Some of those we looked at were brief so the practice should ensure that patient records are more detailed.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manager their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)

Information was available to patients via a variety of means to help them take responsibility for their own health and well being. For example, health promotion material was available within the waiting areas of the practice together with information on local and national support groups. Patients could also access information via the practice's website. Additionally, we were told that patients were provided with verbal and written information about their medical conditions at nurse led clinics (for example diabetic, respiratory and coronary heart disease clinics) and at consultations with GPs.

Information for carers was prominently displayed in the waiting room. This included details of a local support group which carers could contact for advice and support in respect of their day to day responsibilities. The practice had a system to identify carers via the electronic patient notes system. Patients were advised to inform the practice staff if they had caring responsibilities. We were

told that a staff member had been identified as a Carer's Champion and was due to attend training to prepare for the role. This was with a view to promoting awareness of carers' needs and to help carers visiting the practice to obtain advice and support. It was anticipated that this person would also attend meetings of the patient and carer participation group.

Safe care

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented. (Standard 2.1-Managing Risk and Promoting Health and Safety)

We found arrangements were in place to protect the safety of patients and staff working at the practice.

During a tour of the practice building, we found all areas occupied by patients were clean, tidy and uncluttered, which reduced the risk of trips and falls. The practice building appeared to be maintained to a satisfactory standard both internally and externally. We saw that environmental risk assessments had been completed that identified risks and control measures to protect staff and patients from preventable injury.

Security measures were in place to prevent unauthorised access within the building.

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections. (Standard 2.4-Infection Prevention and Control (IPC) and Decontamination))

Measures were in place to protect people from preventable healthcare associated infections. For example, the practice had a written policy on infection control and clinical staff had ready access to personal protective equipment such as gloves and disposable aprons to reduce cross infection. The clinical treatment areas we saw appeared visibly clean. Hand washing and drying facilities were provided in clinical areas and toilet facilities. We also saw that clinical (hazardous) and 'household' waste, had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly.

Discussion with senior nursing staff confirmed that all instruments used during the course of minor surgery procedures were purchased as sterile, single use packs. This avoided the need for the use of sterilisation/decontamination equipment and would help reduce cross infection.

We were told that all clinical staff were expected to have Hepatitis B vaccinations to protect themselves and patients from infection. In addition, we saw that a central staff record had been maintained which demonstrated staff had received their vaccinations. We were told that where staff are identified as not having sufficient immunity (despite receiving vaccination injections) they would be advised of any further precautions they needed to take to protect themselves.

From our discussions with nursing staff, it was evident an emphasis was placed on ensuring satisfactory levels of hygiene and cleanliness were maintained in clinical treatment areas.

People receive the right medicines for the correct reason, the right medication at the right dose and at the right time. (Standard 2.6)

We were told that the practice followed the health board's prescribing policy and national guidelines. The practice had access to the health board's prescribing adviser and we were provided with information which confirmed that the practice sought advice and help on medication prescribing matters. We also saw that the practice used the Yellow Card Scheme³ to report concerns about adverse reactions to medication. We considered this to be noteworthy practice. This helped to monitor the safety and use of prescribed medicines.

The sample of patient records we saw, showed that the practice conducted reviews of patients' medication. Information on medicines was available for patients, however the records we saw did not always demonstrate that GPs had discussed possible side effects of medicines with patients to confirm their understanding.

Arrangements were described for the safe prescribing and review of medicines. However, the practice did not have a written policy for the repeat prescribing of medicines. Arrangements should therefore be made to formally agree a system

³ [The Yellow Card Scheme](#) helps monitor the safety of all healthcare products in the UK to ensure they are acceptably safe for patients and those that use them.

with the aim of achieving and to demonstrate a consistent approach by clinical staff in this regard.

Improvement needed

The practice should formally agree and implement a system with the aim of achieving and to demonstrate a consistent approach to repeat medication prescribing.

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7- Safeguarding Children and Safeguarding Adults at Risk)

The practice had written policies to guide staff about safeguarding children and safeguarding adults at risk.

Senior practice staff told us that one of the GPs had recently attended training on safeguarding adults. We were told that other members of the practice staff team had not attended training on safeguarding matters. Therefore, the practice should make arrangements for staff to attend appropriate training as a priority.

Improvement needed

The practice should make arrangements for staff working at the practice to attend appropriate training on child and adult safeguarding.

Whilst we identified improvement was needed around training, senior practice staff described good arrangements for multi-professional working and communication, to ensure the practice held relevant information about child protection matters. The practice's electronic patient record system could also be 'highlighted' to identify children and adults who were vulnerable or at risk. This assisted in ensuring that practice staff were made aware of relevant information.

Effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1-Safe and Clinically Effective Care)

The practice had arrangements in place to report, and learn from, patient safety incidents and significant events.

Senior staff at the practice explained that patient safety incidents and significant events were reviewed and discussed at practice meetings. We saw records had been maintained which included a summary of reported incidents and meeting notes. However, these did not clearly demonstrate how learning from incidents had been shared with the practice team, or the action taken to reduce the likelihood of a similar event happening again. Senior staff and other members of the practice confirmed that information was shared verbally. Senior staff were receptive to our suggestion to include more detail within the meeting records, to demonstrate learning, and the action taken, in response to such incidents.

Improvement needed

The practice should implement a system to clearly demonstrate learning, and the action taken, as a result of patient safety incidents and significant events.

Senior practice staff explained that incidents were not routinely reported to the health board. The practice should therefore confirm with the health board the expectation for sharing details of patient safety incidents and significant events.

In communicating with people health services proactively meet individual language and communication needs. (Standard 3.2-Communicating Effectively)

The practice gave consideration to the communication needs of patients. However, arrangements should be made to make more information routinely available in both Welsh and English.

Copies of a practice information leaflet were available and we were told that this could be provided in Welsh and in large print on request. Information was also displayed on notice boards and a television monitor within the practice waiting room. Most of the information available to patients was available in English only. Therefore given that the practice operates in Wales, arrangements should be made to make information routinely available in both Welsh and English.

Improvement needed

The practice should make arrangements to make written information for patients routinely available in both Welsh and English.

One of the doctors was a Welsh speaker. This enabled the practice to offer patients the opportunity to communicate in Welsh if they expressed a wish to do so. Senior staff explained that interpreting services could be used when needed and that a longer appointment time was allocated to allow additional time for patients who needed to use a translator.

The practice had a website that provided useful information for patients. Some of the information on the website required updating. We informed senior practice staff of our findings so that arrangements could be made to review and update the information available on the website. The practice may also wish to explore how information can best be provided to patients who visit the practice infrequently, to ensure they are included and made aware of any changes that may affect them.

We were told that a hearing loop had previously been installed but was no longer in use due to difficulties with it working. Therefore, adjustments had been made to the reception desk (by making windows in the glass screens) to make it easier for patients to hear when speaking to reception staff. In addition, we were told that patients with sight difficulties were identified on the practice's computer system so that staff knew that they needed to send written correspondence to them in large print.

The practice had systems in place for the management of external and internal communications/information between members of the team. Arrangements were in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner.

Dignified care

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner (Standard 4.2- Patient Information)

We found that the practice provided information for patients in a variety of ways.

Information for patients about the practice's services was available within a practice leaflet. This provided useful information, including details of the clinics available, the appointment system, the procedure for obtaining repeat prescriptions and how to access test results.

As described earlier, a range of information was displayed and readily available within the waiting area of the practice. Further information on the practice's services and links to health advice and information were also available on the practice's website.

Consent forms to demonstrate and record the process of obtaining consent for clinical examination and treatment were available. The practice did not have a written policy on consent and therefore arrangements should be made to

develop and implement a suitable policy for this to ensure a consistent approach to this aspect of patient care.

Improvement needed

The practice should develop and implement a suitable patient consent policy, taking into account relevant guidelines.

Timely care

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right time, in the right place and with the right staff. (Standard 5.1-Timely Access)

Conversations with senior practice staff demonstrated the practice was committed to improving patient access to services.

Patients were able to book routine appointments in person at the practice and by telephone. For patients requesting urgent appointments on the same day, the practice operated a telephone appointment triage system. Depending on the (triage) assessment by a GP, the patient may then be given a time to attend the practice, on that same day.

Comments made by patients to CHC members were mixed regarding their experiences of the appointment system. These related specifically to patients being unable to easily contact the practice by phone. Most patients though confirmed they were able to see a doctor within 48 hours. This included those patients wishing to see a doctor of their choice.

A number of clinics were available to patients with long term health conditions. These were organised and run by the nursing team who could monitor and offer advice to patients on the management of such conditions.

We were told that all referrals to other healthcare specialists/professionals were completed within two days. However, the practice did not have a written patient referral policy. Arrangements should therefore be made to formally agree a consistent approach by GPs with regards to referring patients to other healthcare professionals.

Improvement needed

The practice should formally agree and implement a system with a view to achieving a consistent approach to patient referrals.

Individual care

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation (Standard 6.2-Peoples Rights)

The practice building was accessible to patients who had difficulties with their mobility.

There was level access to the main entrance of the building and an automatic door. This enabled patients with mobility difficulties (and those patients who use wheelchairs) to enter the premises in a safe manner.

Seating within the waiting room was all of the same height. The practice should therefore give consideration to providing seating of varying heights to allow patients a choice depending on what they found easier to use.

Record keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance. (Standard 3.5-Record Keeping)

We selected a sample of electronic patient records for the purpose of determining whether the information they contained, was sufficient and clear. As a result, we identified there was room for improvement.

Whilst it was possible to determine the outcome of the patient consultations, some of the records contained only brief notes. These would have benefited from having more details recorded. We found satisfactory notes had been made regarding GP consultations which had taken place in patients' homes.

Improvement needed

The practice should make arrangements to ensure patients' records contain sufficiently detailed notes of consultations in accordance with professional standards for record keeping.

Quality of management and leadership

There was a clear management structure in place at the practice and staff clearly understood their roles and responsibilities. The staff team presented as friendly and were able to describe how individual members of the team communicated with one another to ensure that patients were provided with safe and timely care and support. Arrangements were described for conducting pre employment checks on staff, but there was no documentation to evidence this process. The practice should therefore implement a system to demonstrate that suitable checks have been conducted to promote patient safety.

The practice had completed audits as part of its quality improvement activity. However it should also make arrangements to demonstrate how progress is being monitored.

Governance, leadership and accountability

Effective governance, leadership, and accountability in-keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

Senior practice staff described a clear management structure with agreed lines of accountability and communication. It was evident from conversations with the senior staff that an emphasis was placed on improving and sustaining the care services provided by the practice.

The practice had a range of relevant written policies and procedures to guide staff in their day to day work. We saw that some of these were not dated which meant that we could not be sure that they were current, or relevant. Senior staff were receptive to our suggestion that all written policies and procedures be dated to demonstrate that they were being reviewed and updated regularly.

A system of staff rotation was in place with a view to develop staff so they could 'cover' colleagues duties where needed. We were told that relevant issues were communicated across the team by means of a daily verbal debrief and via internal emails. We were further told that a series of practice meetings were held regularly and we saw records demonstrating this process. Staff we spoke to felt that communication within the practice was good.

The practice formed part of the local GP cluster group and we were told that a representative from the practice attended monthly cluster meetings. These meetings provided opportunities to discuss and share learning from significant events and discuss strategies to develop and improve care services.

The practice had a Practice Development Plan and we were told this was kept under review by the practice partners.

As part of the overall quality improvement activity, we were told that the practice had conducted a number of clinical audits and we saw records demonstrating that process. It was not clear however how progress on making improvements was being monitored, (for example, through a system of repeat audit).

Senior practice staff explained that there was no formal system for peer review amongst the GPs. This would provide opportunities to discuss clinical cases and share learning with a view to making improvements. The practice should make arrangements to implement a formal system of peer review as part of the practice's quality improvement activity.

Improvement needed

The practice should:

- ***make arrangements to demonstrate how it is monitoring progress on making improvements as identified through quality improvement activity.***
- ***implement a formal system of peer review as part of the practice's quality improvement activity.***

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need. (Standard 7.1-Workforce))

Discussions with staff indicated they had the right skills and knowledge to fulfil their identified roles within the practice.

Staff working within the practice were able to describe their particular roles and responsibilities, which contributed to the overall operation of the service. All staff we spoke to confirmed they felt supported by senior staff at the practice and had opportunities to attend training. Whilst training records had been maintained, we identified that improvements could be made to indicate more clearly the type of training staff had attended, and when. Senior practice staff agreed to review the system of recording staff training.

Senior practice staff described the process for recruiting staff. Whilst this included pre employment checks, there was no paperwork to demonstrate what checks had been made. The practice should therefore implement a system to demonstrate that appropriate pre employment checks have been conducted as a means of promoting patient safety.

Improvement needed

The practice should implement a system to demonstrate that appropriate pre employment checks on staff have been conducted.

A system of staff appraisal was described. This allowed for feedback to be provided to staff on their work performance and agree their development and training needs. We saw that appraisal records were not dated and informed senior practice staff of this who confirmed that they had been conducted recently. Senior staff agreed to add dates to indicate when the appraisals had taken place.

Conversations with individual staff confirmed that they felt able to raise any work related concerns with senior practice staff and were confident these would be dealt with appropriately.

5. Next steps

This inspection has resulted in the need for the GP practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at New Cross Surgery will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be evaluated and published on HIW's website.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures

- Exploration of the arrangements in place with regard to clinical governance.

These inspections capture a *snapshot* of the standards of care within GP practices.

We provide an overview of our main findings to representatives of the practice at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the practice and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

Appendix A

General Medical Practice: Improvement Plan

Practice: New Cross Surgery, Morriston

Date of Inspection: 15 March 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
7	The practice should make arrangements to ensure all members of staff who undertake a formal chaperone role receive suitable training in this regard.	Standard 4.1	Requested this to be an agenda item in our cluster meeting to see if a training session can be arranged for the next PLTS meeting or in house training.	MR	Cluster meeting 17.5.16
8	The practice should consider implementing a system to regularly obtain feedback from patients on their experience of using the practice. This is with a view to making improvements to the service as appropriate.	Standard 6.3	Suggestion Box will be placed on the front desk during selective periods commencing 1.6.2016. Review web site to determine whether an online link can be added which will allow patient feedback.	MR	1.6.2016 Ongoing

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
8	The practice must review the information provided on its website so that it reflects the current Putting Things Right arrangements. The correct contact details of the local Community Health Council must also be included in information provided to patients and/or their carers.	Standard 6.3	Updated	MR	Completed
Delivery of safe and effective care					
13	The practice should formally agree and implement a system with the aim of achieving and to demonstrate a consistent approach to repeat medication prescribing.	Standard 2.6	An agenda item for the annual Prescribing meeting to obtain feedback and guidance on how to adopt a consistent approach.	GPs	Meeting arranged for 7.7.2016
13	The practice should make arrangements for staff working at the practice to attend appropriate training on child and adult safeguarding.	Standard 2.7	Staff to complete an online training course "Safeguarding for all staff working in a healthcare setting" Discussions are also taking place during cluster and practice manager meetings where we are requesting relevant training to be arranged by the ABMUHB.	MR	Commenced will complete end of June 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
14	The practice should implement a system to clearly demonstrate learning, and the action taken, as a result of patient safety incidents and significant events.	Standard 3.1	Ensure the Significant Event form is completed with relevant action points and dates to confirm the action has been taken.	MR	Ongoing
14	The practice should make arrangements to make written information for patients routinely available in both Welsh and English	Standard 3.2	When leaflets/brochures are received ensure both versions are displayed.	MR/DM	Ongoing
16	The practice should develop and implement a suitable patient consent policy, taking into account relevant guidelines.	Standard 4.1	A protocol is being drawn up		
15	The practice should formally agree and implement a system with a view to achieving a consistent approach to patient referrals.	Standard 5.1	Currently three GPs complete their own referrals and one via the secretary but all are submitted via WCCG. Urgent cancer referrals are within 48 hours but generally the same day with routine one in $\frac{3}{4}$ working days	GPs	Review at next partners meeting in June
17	The practice should make arrangements to ensure patients' records contain sufficiently detailed	Standard 3.5	Following the inspection clinical staff are making a conscious effort to record more relevant information	GPs	Member of staff to conduct

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	notes of consultations in accordance with professional standards for record keeping.		onto patient records. Whilst three GPs have 5 minute consultation slots the average length of time is approximately 7 minutes which has a bearing on the amount of detail added to the records.		opportunistic review of patients records. Review GMC guidelines to ensure compliant.
Quality of management and leadership					
19	The practice should: <ul style="list-style-type: none"> make arrangements to demonstrate how it is monitoring progress on making improvements as identified through quality improvement activity. implement a formal system of peer review as part of the practice's quality improvement activity. 	Health and Care Standards Part 2	Additional column has been added to the "minutes" form to ensure progress on action points has been reviewed/completed.	MR	Completed
19	The practice should implement a system to demonstrate that appropriate pre employment checks	Standard 7.1	NHS Wales DBS checks have commenced and will be ongoing for new staff.	MR	Completed and ongoing when

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	on staff have been conducted.		Checklist document drawn up for new staff.		required

Practice representative:

Name (print): Michael Rimmer.....

Title: Practice Manager.....

Date: 10.6.2016.....

Appendix B



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	New Cross Surgery, Morriston Swansea
Date / Time:	15 March 2016 - morning
CHC Team:	ABM CHC Margaret Price (Lead) Paula Bebell – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

During the visit, CHC members were able to speak with and carry out a patient survey with 33 patients, the majority of whom had been registered with the practice for over ten years.

97% of respondents rated their overall experience of this practice as good, very good or excellent.

The patients we spoke to were positive about their care and treatment. Patients told us that their GP and their nurse greeted them well, had a good awareness of their medical history, understood their concerns and provided explanations of their treatment.

Three quarters of patients considered the practice's opening times to be very good or good. However, a quarter of the patients we spoke to reported difficulties related to the appointments system. Patients reported that it was sometimes difficult to get through on the telephone.

Observations

Environment – External

Patients raised concerns regarding inadequate parking. Members noted poor signage to the surgery. At the time of the visit the building had a leak in the roof and weeds and rubbish were observed around the building. The surgery entrance is on one level, delivering easy access with an automatic front door.

Environment – Internal

Overall, patients were satisfied with the environment within the surgery.

Members noted that the waiting/reception area was cold and in need of decoration. The toilet areas were in need of repair and the surgery didn't use a hearing loop for patients.

Members commended the set-up of the chairs within the waiting area, which allowed confidentiality for patients at the reception area.

Communication & Information on Display

Patients are required to check in to their appointment electronically. Members noted there is no audible announcement when the patient name appears on the screen – this could cause a problem for a visually impaired patient or a patient who is sat in seats not facing the screen.

The surgery provided notice boards with very clear and up to date information showing health promotion topics. No bilingual leaflets/posters were available.