



General Practice Inspection (Announced)

Dyfed Road Surgery, Abertawe
Bro Morgannwg University Health
Board

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

In writing:

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

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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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 are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

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 Dyfed Road Surgery at Dyfed Road, Neath SA11 3AW, within Abertawe Bro Morgannwg University Health Board on the 3 December 2018.

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 Dyfed Road Surgery provided safe and effective care to patients. However, we did find that the practice was not fully compliant with the Health and Care Standards in all areas of service provision.

This is what we found the service did well:

- Patients made positive comments about the service they had received from the practice
- There was a very good display of health promotion material available with numerous leaflets for patient to read and take away
- We saw that staff were polite, courteous and professional to patients and visitors at the practice
- Leadership within the practice was good and staff said they were happy in their roles
- A commitment to patient centred care was evident within the practice.

This is what we recommend the service could improve:

- Review and update written policies and procedures to ensure they all accurately reflect current arrangements at the practice
- Demonstrate that suitable staff recruitment checks have been conducted
- Ensure all staff have received up to date training for all mandatory requirements, such as cardiopulmonary resuscitation, and that records are kept within the practice
- Formalise practice meetings and utilise agendas, and develop meeting minutes to aid communication throughout the teams
- Refurbish some fixtures and fittings occupied by patients and staff

We had an immediate concern, which was dealt with under our immediate assurance process. This meant that we wrote to the service immediately after the inspection, outlining that urgent remedial actions were required. This was in

relation to accessibility and viability of all resuscitation equipment. Details of the immediate improvements we identified are provided in Appendix B.

3. What we found

Background of the service

Dyfed Road Surgery currently provides services to approximately 10,000 patients in the Neath area. The practice forms part of GP services provided within the area served by Abertawe Bro Morgannwg Health Board.

The practice employs a staff team that includes seven GP partners, one salaried GP, two practice nurses, one health care support worker, a practice manager and a team of administrative staff. The practice also provides training for GPs and has two dedicated GPs that can provide training. There are currently two GP registrars and two foundation year GPs within the practice.

There were also other clinical support services available, that were provided by professionals employed by Abertawe Bro Morgannwg University Health Board. These included district nurses, health visitors, midwives and a pharmacy technician.

The practice provides a range of services, including:

- General medical services
- Minor surgery
- Baby & child clinic
- Blood pressure and heart disease risk assessment
- Asthma clinic & diabetic clinics
- Family planning & smear tests
- Travel advice and immunisation
- Dressings & removal of stitches
- Phlebotomy (taking blood for laboratory tests)
- Non NHS services (for example completing insurance claim forms).

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.

Patients provided positive comments about the staff team and the services provided at the practice. We saw that efforts were made to protect patients' privacy and dignity and that the services offered by the practice were accessible to patients.

Patients reported that access to timely care was good however; the provision of adequate parking was inadequate within the healthcare premises, which was owned by the local health board.

The practice displayed a very good range of health promotion information and numerous leaflets supported this for patients. However, the practice is required to improve on the information provided to patients regarding the NHS Wales Putting Things Right process for complaints raised.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the services provided. On the day of the inspection, we also spoke to patients to find out about their experiences at the practice. In total, we received 40 completed questionnaires. The majority of the patients that completed a questionnaire were long-term patients at the practice (that is, those that had been a patient for more than two years).

Patients were asked in the HIW questionnaire to rate the service provided by this GP practice. Responses were positive, and the majority of patients rated the service as either excellent or very good. Patient comments included the following:

"Excellent services and staff"

"Excellent service from doctors, nurses and district nurses. Talking to people who used other practices, Dyfed Road is a fantastic service"

"This is an excellent practice. I say this having had a number of issues which the GP has spent much time seeking to cure"

and alleviate. I cannot speak more highly of the service I receive".

"All staff are always pleasant and accommodating"

Staying healthy

There was a good selection of poster information available, which was displayed on a number of information/ notice boards. This was to help patients and their carers to take responsibility for their own health and well-being. Some examples of the information displayed are:

- Health eating and the 5 a day campaign
- Oral health
- Smoking cessation
- Flu vaccination programme
- NHS screening services such as; bowel, breast, cervical and prostate cancer
- Priority treatment for veterans

In addition, there were a number of health promotion leaflets available to support some of the information displayed on the noticeboards for patients to read and to take away.

Advice and information specifically for carers, was also displayed within the designated noticeboard in the waiting room. The practice also had a nominated carer's champion. We were provided with a brief description of this role, and this involved providing carers with useful information about various local agencies and organisations that may be able to support them with their day-to-day responsibilities.

The practice offered a range of general medical services that aimed to promote patients' health and well-being. These included providing guidance on fitness to work, advice on long-term medical conditions such as asthma and diabetes, travel advice and smoking cessation.

The practice had a Practice Development Plan (PDP) in place. Within this, there were a number of objectives and actions relating to staying healthy and health promotion.

Dignified care

All patients that completed and returned a HIW questionnaire felt that they had been treated with respect when visiting the practice. We also observed staff treating patients with courtesy and respect. However, most patients that completed a questionnaire told us that they could only sometimes get to see their preferred doctor.

Consulting rooms and treatment rooms were all located on the ground floor and were away from the waiting areas. We saw that doors to the rooms were always closed during consultations. This helped protect patients' privacy and dignity when the GP or nurse reviewed them.

There was chaperone information displayed within the main waiting area advising patients that they could request a chaperone to be present during consultations. Staff also told us that the GPs would offer chaperones in all appropriate circumstances. The practice also had a policy in place for the use of chaperones, and if a one were required, this would be a member of the clinical staff. The use of chaperones aims to protect patients and healthcare staff when intimate examinations of patients are performed.

Patient information

The practice had a website, which was easy to navigate with all the relevant information about services provided by the practice. In addition, information regarding the staff working there and other healthcare related information was also available. Furthermore, the pages could be translated in to Welsh.

The website promotes My Health Online for ordering repeat prescriptions, but not for making appointments. My Health Online can also assist patients to make appointments as well as to request repeat prescriptions, both of which can be of benefit to patients and the practice. However, patients cannot book online appointments at the practice. This is because the practice operates a system that requires dialogue with the patient/carer, to establish a brief description of the issues. This is to direct the patient to the most appropriate service or clinician. Senior staff told us that there was a plan in place to update and improve their website.

The practice had produced an information leaflet for patients. This contained relevant information about the practice and the services offered. The leaflet did not refer to the data protection act and the security of patient data, although this information was available on their website.

The patient leaflet also referred to operating a complaints procedure however, it did not relate to the NHS Wales Putting Things Right¹ process. In addition, there was no information on the practice website to inform patients of the complaints process.

Inside the practice, information for patients on how to raise a concern was not clearly displayed. There was only one A4 size poster available regarding some of the NHS Wales Putting Things Right process, but not all information was present. In addition, there were no Putting Things Right leaflets readily available for patients to read and take away.

We reviewed the medical records of a sample of patients. These confirmed that verbal information had been given to patients, to help them understand their medical conditions, associated investigations and management of their illness or condition. We also saw that there were suitable arrangements in place to obtain patient consent.

There was a policy in place for obtaining patient consent however, this requires review and updating, and with dates and version control applied to the policy. This would ensure that they have the most up to date version in place, and is reviewed appropriately. The consent form used, is that provided by the local health board.

Improvement needed

The practice is required to provide HIW with details of the action it will take to ensure that:

- The appropriate complaints process and reference to Putting Things Right is displayed on the practice website
- The patient information leaflet is updated to include relevant

¹ 'Putting Things Right' is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales.

reference to the NHS Wales Putting Things Right process

- All patients are aware of the Putting Things Right process by displaying this appropriately within the practice
- That Putting Things Right information leaflets are readily available for patients to read and take away
- That the patient consent policy is reviewed and updated.

Communicating effectively

The majority of patients that completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language. The majority that completed a questionnaire also felt that things were always explained to them during their appointment in a way that they could understand. Patients also told us that they were involved as much as they wanted to be, in decisions made about their care.

The practice staff we spoke to confirmed that a working hearing loop was available. This is used to help patients who have hearing difficulties, to communicate with staff. The staff also confirmed that they could access a translation service to help communication with patients who did not speak English, to understand what was being said during their consultations with the GP or nurse and vice versa. We were also told that patients were encouraged to bring someone with them if there were occasions where language barriers were expected or if it was difficult to access the translation service.

All areas of the practice were well signposted on the walls, to clearly orientate patients to the rooms and other facilities.

We considered the arrangements in place for when patients required contact from the practice for additional requirements. For example, to return for a follow up appointment, a blood test, or to receive treatment/ prescription, based on test results.

We were told that the practice staff would either telephone the patient/carer or write to them informing them for example, to book an appointment or collect a prescription. In addition, the GPs would also check to ensure if the follow up process had also been completed and that the patient had responded as appropriate. This is good practice to ensure that every aspect of patient care is appropriately maintained.

We spoke to staff regarding discharge summaries received from local hospitals. They indicated that the quality of some discharge information could be

improved and that where applicable, this matter was addressed with the health board or with the relevant hospitals.

Timely care

The practice opening hours are between 8:00am to 6:30pm Monday to Friday. This information is provided on the patient information leaflet however, on the website it states that the practice closes at 6:00pm. We therefore advise, that the practice updates its website to reflect the 6:30pm closure.

The practice does not provide routine GP appointments between 12:30pm and 2:30pm although, the phone lines and doors remain open. If a patient did require GP attention during this period, then the GP would ensure that this takes place. Nursing appointments and some clinics also operate during this time. A mixture of pre-bookable (routine) and on the day (urgent) appointments were offered. Patients are required to telephone the surgery from 8:00am onwards to secure an on the day appointment.

The majority of patients that completed a questionnaire told us, that they were very satisfied or fairly satisfied with the hours that the practice was open.

The practice nurses run a number of chronic disease management clinics, where patients are monitored and given advice on managing their conditions. This service aimed to reduce demand for appointments with GPs whilst ensuring that patients were seen by an appropriate healthcare professional. This would allow more time for GPs to see those patients with more complex health conditions.

The practice offered home visits to patients who were too ill to attend the practice and those who were housebound. They also completed weekly ward visits to the designated nursing care home.

Arrangements via the health board were in place to provide cover for urgent medical care out of hours. However, around a third of the patients that completed a questionnaire told us that they would not know how to access the out of hours GP service.

Senior staff confirmed that whilst in house second opinions were used, the process for this was generally informal. These aim to ensure that patients receive the most appropriate ongoing care from the most appropriate healthcare professional.

We were informed that non-urgent referrals were made within three to five days after this had been agreed with the patient. Urgent referrals were completed

sooner for example; the practice used urgent suspected cancer protocols to ensure that patients received care and treatment in a timely way. Practice staff confirmed that a system was in place to check that referrals had been received and acted upon by secondary care (hospital) services.

We were informed that the practice had a phlebotomy service which was undertaken by the practice health care assistant and a phlebotomist. If they were unavailable, the practice nurse, or doctors could obtain patients' blood samples if urgent, to ensure timely care.

Improvement needed

The practice is required to provide HIW with details of the action it will take to ensure that:

- All patients are aware of how to access the out of hours GP service.

Individual care

Planning care to promote independence

Patient facilities for the practice were located on the ground floor. Entry to the practice was suitable for wheelchair users and for those with other mobility issues. However, a very small number of patients that completed a HIW questionnaire felt that it was not very easy or not at all easy to get into the practice building.

The main reception desk had a low-level section which would enable a wheelchair user to easily speak with reception staff if required. The doorways inside the building were mostly wide enough to allow safe use of wheelchairs, motorised scooters and pushchairs. However, some doors to enter the consulting rooms were narrower than the standard width door. The GPs told us that if the practice team knew a patient would have difficulty accessing the room, they would arrange to see them in a different room.

Car parking spaces were available for patients. However, there were not enough spaces to allow for all patients attending the practice to park. To the front of the practice, there were double yellow lines or resident only on both sides of the road, so patients could not park there. In addition, there was also very little parking available in the nearby residential area.

Within the HIW questionnaires, some patients suggested that the practice could improve the service it provides, by improving the parking facilities. These were notably around the difficulty in parking at the practice and that spaces at the

practice were minimal for patients. We could also see that there was an issue with the lack of available parking. Furthermore, to the left side of the building, where there were some parking spaces, although the access was very uneven and poorly maintained with numerous potholes. This would increase the risk of trips or falls for staff and patients. It would also be difficult for wheelchair users to safely access this area. The practice staff told us that this area does not belong to the practice and is not maintained by the health board who own the practice building.

Within the HIW questionnaires, some patient comments included:

"I always find it difficult to park"

"Only thing would be parking situation, and also disabled bays not flat. Makes it harder when pushing wheelchair around on slight inclines"

"Better parking facilities especially for the elderly and parents with young babies and children".

The practice is set on the ground floor within a large building. The building belongs to the local health board, and there are numerous other healthcare services operating within the building. The volume of staff and people accessing all the services provided at the building exacerbated parking issues. There was a multi-storey car park approximately 5-10 minutes' walk away, however, this option is not suitable for some patients with mobility issues or are that are unwell.

There were male and female toilets situated within the ground floor near the waiting area. They were also suitable for disabled patients. This promoted the independence of patients with mobility issues.

We found that the long-term needs of some patients were monitored effectively. This was particularly the case for those patients with diabetes, asthma or high blood pressure.

Within their development plan, the practice is participating in 1000 Lives Learning Disability Project. The aim of the project is to improve and audit the quality of healthcare provided to patients with a Learning Disability especially with regard to their Annual Health Check. A designated GP is working with the local health board and social services to provide an accurate register for learning disability patients.

People's rights

We found that peoples' rights were promoted within the practice, and arrangements were in place to protect peoples' rights to privacy and saw staff treating patients with dignity, respect and kindness.

We also found that patients could be accompanied by their relatives or carers within the practice, and during consultation or treatment if desired. Practice staff also confirmed that patients could have a chaperone present during their consultations, as discussed earlier.

Listening and learning from feedback

Within the reception and waiting area, there was a locked box to collect repeat prescriptions and to place notes where patients could provide verbal comments and suggestions. We saw a sample of the feedback forms. Those that we saw were mostly positive comments.

There was no current system in place for recording verbal concerns/complaints, but formal or written complaints were recorded. In addition, response times, to concerns raised by patients, were not compliant with the NHS Wales Putting Things Right process. There was minimal information available for patients on the Putting Things Right, as highlighted earlier.

Improvement needed

The practice is required to provide HIW with details of the action it will take to ensure that:

- It will develop a system for the recording and response to verbal concerns or complaints received from patients or relatives/carers, in keeping with the Putting Things Right process.

Delivery of safe and effective care

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

Overall, we found that the practice had arrangements in place for the delivery of safe and effective care to patients. Notes made within patients' electronic medical records were clear and concise.

Suitable arrangements were in place to ensure the safe prescribing of medicines and to learn from any patient safety incidents. The sample of patient records we reviewed were generally of a very good standard.

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

Safe care

Our concerns regarding the availability of all suitable resuscitation equipment, were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Managing risk and promoting health and safety

The practice had been within the same premises since 1974. The entire premises were found to be visibly clean, well-organised and well-signposted. However, the fixtures and fittings did look very tired and worn. This was reflected in the original design of the building where some doors were narrower than the current standard size, and in addition, the external doors were of old aluminium type.

Whilst there were no obvious environmental risks to patient or staff safety identified in relation to slips, trips or falls, the vinyl on the seating areas were torn or threadbare worn in some areas. Some of this damage was also covered with silver duct tape².

Senior staff stated that there were arrangements in place with a nearby cluster practice, should the practice not be able to operate out of the existing building. The practice had a business continuity plan in place for guidance on dealing with other service delivery issues.

There were appropriate fire and safety risk assessments in place and all electrical equipment was suitably portable appliance tested (PAT)³.

Infection prevention and control

As discussed above, the vinyl on the seating areas were torn or threadbare in some areas. Some of this damage was also covered with silver duct tape. The damage in the seating vinyl posed a risk for maintaining infection prevention and control. This is because it would be difficult to adequately clean these areas, and micro-organisms or bacteria could harbour within the tears or thread bare areas thus, potentially cross-contamination to other patients or visitors to the practice.

There were no concerns raised by patients over the cleanliness of the practice, and all of the patients that completed a questionnaire felt that the premises was very clean.

Hand washing and drying facilities were available in key areas of the practice. In addition, there were hand sanitising dispensers readily available in most areas. However, on the day of inspection, the hand sanitising dispenser in the waiting area had been covered and sealed with a black plastic bag. We were told by the practice staff that this must be because the dispenser was empty,

² Duct tape, also referred to as duck tape, is cloth or scrim-backed pressure-sensitive tape, often coated with polyethylene.

³ Portable appliance testing (PAT) is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. Most electrical safety defects can be found by visual examination but some types of defect can only be found by testing.

and there was no refill currently available. Staff also said that they were not aware of why the domestic (cleaning) staff had covered this with a black bag, since it was not covered on Friday, prior to closure over the weekend. Effective hand hygiene helps to reduce the risk of cross infection.

The waiting areas, corridors, treatment rooms and consulting rooms all appeared visibly clean. We saw that personal protective equipment (PPE) such as gloves and disposable aprons were available for use by clinical staff to reduce the risk of cross infection. Nursing staff confirmed that PPE was always readily available.

We saw that domestic (household) waste and clinical waste (including medical sharps for example, needles) had been segregated into different and appropriate coloured bags/containers to ensure it was disposed of safely and correctly. Clinical waste awaiting collection was securely stored to prevent unauthorised access.

Practice staff had access to a policy in relation to infection prevention and control. This needs to be reviewed, so that it accurately reflects the current arrangements in relation to infection control audit activity and cleaning schedules. Whilst the policy referred to relevant procedures in relation to infection prevention and control, further details and guidance for staff on such procedures could have been included.

We saw evidence that individual records had been kept for all staff in relation to their Hepatitis B immunisation status.

All consulting and treatment rooms were fitted fabric dignity curtains around the examination couches. There were no current plans to use disposable curtains to help prevention or reduce the risk of cross infection.

Practice staff told us that an infection control audit had been undertaken within the last 12 months.

Improvement needed

The practice is required to provide HIW with details of the action it will take to ensure that:

- The local health board is contacted to discuss the need of replacing or refurbishing the seating within the patient waiting areas, to maintain infection prevention and control and the risk of cross-contamination to patients and visitors

- Hand sanitising gel refill packs are always readily available
- The infection control policy is reviewed and for it to include reference to relevant procedures.

Medicines management

The practice used the local health board formulary (and crosschecked where required with the British National Formulary⁴), to refer to specific medications where required. Arrangements were in place to ensure that the most up to date information was used in accordance with local and national guidance. This meant that GPs prescribed medication from a preferred list of approved medicines.

Senior staff confirmed that reviews of patients' repeat medication were undertaken. This was done during some consultations, through hospital clinics, and when the GPs undertake medication reviews of their patients. Where it was identified that patients were no longer taking medicines, we were told these medicines were removed from the repeat prescribing list.

Within the sample of patients' medical records we reviewed, we saw the reasons for prescribing medication had been recorded. Recording this information helps inform decision making when reviewing treatment at future consultations. We also saw a consistent approach to the documentation. Using an agreed approach may help GPs find this information more easily. In addition, the records we reviewed included the reasons why a patient may have stopped their medication. Similarly, recording such reasons would help to inform future consultations.

⁴ The British National Formulary is a United Kingdom pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology, along with specific facts and details about many medicines available on the UK National Health Service. Information within the BNF includes indication(s), contraindications, side effects, doses, legal classification, names and prices of available proprietary and generic formulations, and any other notable points.

The practice had equipment and drugs available for use in the event of a patient emergency (collapse) at the practice. We saw records had been kept that showed the equipment and drugs had been checked monthly. This was to check that they are always available and ready to use. A system for obtaining replacement equipment and drugs was described. Whilst checks had been completed monthly, the practice should consider increasing the frequency of such checks to weekly as recommended by guidance⁵ produced by the Resuscitation Council (UK).

Whilst checking the emergency equipment, we found that a number of items were out of date or were absent. In addition, the defibrillator was functional but old and was battery operated when in use. To ensure there is no draining to the battery pack, the practice kept this disconnected from the defibrillator when not in use. When we attempted to connect the battery pack, to check the defibrillator, initially they would not successfully connect together however, with some force, one of the GPs was able to connect them together. There is a significant risk that in the event of an emergency situation, some staff may not be able to connect the battery to use the defibrillator successfully.

The adult ECG pads for the defibrillator were past their expiry date. In addition, there were no paediatric ECG pads available for the defibrillator and furthermore, the resuscitation trolley did not contain any paediatric oxygen masks.

Some records had been maintained of equipment and drug checks by staff; however, these were not always completed regularly. In addition, where the trolley had been checked, it was not documented that the above issues had been identified or rectified. The lack of regular checks meant that there was potential risk for the resuscitation trolley not being sufficiently stocked with the essential equipment for use in the event of a patient emergency.

Our findings above were dealt with under our immediate assurance process and details of this can be found in Appendix B.

⁵ [Resuscitation Council \(UK\) - Quality Standards for cardiopulmonary resuscitation practice and training](#)

Training records showed that staff had undertaken resuscitation training. However, this training was out of date for some staff, and therefore required updated training. We were told that staff had been booked on to a number of training days to update themselves. However, at times, these study days had been cancelled externally to the practice, which was out of their control. Last minute cancellations made it difficult for staff to undertake update training in a timely manner.

Improvement needed

The practice is required to provide HIW with details of the action it will take to ensure that:

- Emergency equipment is checked and recorded weekly
- Ensure all practice staff complete annual resuscitation training.

Safeguarding children and adults at risk

A policy and other forms of written procedures in relation to safeguarding children and adults at risk were available within the practice. Such procedures aim to promote and protect the welfare and safety of children and adults who are vulnerable or at risk.

Arrangements were described for recording and updating relevant child protection information on the electronic patient record system. Senior staff confirmed that a designated GP at the practice was a lead for child and adult protection/ safeguarding. This meant that staff had a local contact person to report, and discuss, concerns in relation to safeguarding issues.

We were told that the GP lead for safeguarding undertakes regular review of the child protection register along with a health visitor. Health visitors were attached to the practice and arrangements for multi-professional working were described to promote the welfare and safety of children. We were told that with any identified child protection issues or amendments required, alerts were placed or removed within the electronic patient system where applicable.

Staff we spoke to confirmed that should they have any concerns around the welfare of a patient, they would report this to senior practice staff.

All staff had evidence of safeguarding training appropriate to their role.

Medical devices, equipment and diagnostic systems

With the exception of the defibrillator as discussed above, all medical devices, equipment and any diagnostic systems were in a good state of repair. They were well maintained and fit for purpose and where appropriate, had been electronically safe tested.

Effective care

Safe and clinically effective care

Senior staff confirmed that patient safety incidents were reported directly via an electronic reporting system called EMIS. This is a clinical system for delivering integrated healthcare. It allows healthcare professionals to record, share and use vital information so they can provide better and more efficient care. Incidents were also shared with the local health board via the electronic system called Datix.

We were told that any significant patient safety incidents were discussed during weekly clinical meetings and then shared with the wider team during practice meetings. This was with the aim of sharing relevant information and identifying any learning and to prevent reoccurrence.

We identified that the GPs had a good knowledge of current guidelines produced by the National Institute for Health and Care Excellence (NICE)⁶. However, there was no evidence of formal discussion of those guidelines with other relevant members of the team.

Senior staff confirmed that relevant safety alerts were circulated ad hoc throughout the practice team as necessary, and usually at team meetings. Arrangements were also described for discussing and keeping staff up to date with best practice and professional guidance.

We were told that any relevant information as discussed above was disseminated to all staff via email and an electronic notice board. However, the

⁶ The role of the National Institute for Health and Care Excellence is to provide patients, health professionals and the public with authoritative, robust and reliable guidance on current 'best practice'.

practice did not keep a log of who had read and understood the information shared. It is advisable that the practice records where staff have read the relevant shared information along with any relevant meeting minutes. This is to maintain effective communication and shared learning to promote patient safety.

Improvement needed

The practice is required to provide HIW with details of the action it will take to ensure that:

- Significant events and new guidelines are always shared with staff in a formal and timely manner.

Quality improvement, research and innovation

The practice has a practice development plan (PDP), and one of the objectives is to utilise new technologies to improve efficiency and safety. The practice plans to investigate digital dictation systems, install the Digital Telephone Recognition software, and now uses Welsh Clinical Communication Gateway (WCCG), for referrals and receiving correspondence. This aims to reduce the time from a patient being seen by a GP and for the referral arriving in hospital.

Another PDP objective is to improve patient access to contraception services. For this, a second GP has completed Intrauterine System (IUS) and Intrauterine Device (IUD)⁷ training so that there will be two GP's qualified to fit an IUS or IUD. To further enhance this service, the practice plans to consider contraceptive implant training.

⁷ IUD - is a small plastic and copper device that's put into the uterus (womb). It has one or two thin threads on the end that hang through your cervix (the entrance to the uterus) into the top of your vagina. The device releases copper, which alters the cervical mucus, which makes it more difficult for sperm to reach an egg and survive. The IUS is similar to the IUD, but instead of releasing copper like the IUD, it releases the hormone progestogen into the womb.

In addition, within their PDP, the Practice will pilot the use of National Early Warning Scores (NEWS)⁸, Situation, Background, Assessment, Recommendation (SBAR) communication⁹ and the recognition and prevention of Acute Kidney Injury. This is to improve the care of people with acute illness and possible sepsis.

Furthermore, the practice will implement anti-microbial stewardship, to audit and thus, reduce the inappropriate prescribing of antibiotics.

One of the GPs has also completed Quality Improvement (QI) silver level training. The aim is increase the capability on QI methodology and to disseminate the methods and techniques learnt.

Information governance and communications technology

Information governance was good in relation to the security of electronic patient data and their medical records. Hard copies of medical notes were stored securely within the administration office to the rear of the building.

Record keeping

As previously described, we reviewed a sample of patient medical records. These were in an easy to navigate electronic format, and were secure against unauthorised access.

Entries made in the medical records were clear and concise. The notes made were sufficiently detailed to help inform decision making at subsequent consultations and so plan patients' ongoing care and treatment. We saw that all the records included key information, such as the identity of the clinician recording the notes, the date, and the outcome of, the consultation. The records showed that entries had been made in a timely manner following each

⁸ National Early Warning Score (NEWS) - is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the vital signs.

⁹ SBAR is an acronym for Situation, Background, Assessment, Recommendation; a technique that can be used to facilitate prompt and appropriate communication. This communication model is a way for health care professionals to communicate effectively with one another, and also allows for important information to be transferred accurately. The format of SBAR allows for short, organised and predictable flow of information between professionals.

consultation. We saw that Read codes¹⁰ were used effectively within the sample of medical records we reviewed.

Arrangements were described for summarising information in patients' electronic medical records. We were told that only clinical staff summarised records. Summarising information helps ensure that GPs and nurses have easy access to a patient's relevant past medical history to help inform care and treatment decisions effectively and efficiently.

There was no process in place for regular peer review/ audit of the quality of data entry within patient records. Therefore, we advise that the practice considers undertaking regular peer review or audits of data entry.

¹⁰ Read codes are a set of clinical computer generated codes designed for use in Primary Care to record the everyday care of a patient. The codes also facilitate audit activity and reporting within primary care.

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.

Overall, we found that the practice was well led and well run. The staff team were happy in their work and said that they felt well supported. The whole staff team also had a patient centred approach.

We identified that some written policies and procedures would benefit from being reviewed to ensure they reflect current arrangements at the practice.

Improvement was also needed around demonstrating that suitable recruitment checks are fully completed.

Governance, leadership and accountability

At the time of our inspection, the practice was operated by seven GP partners. A full-time practice manager was also in post and was responsible for the day to day management of the practice.

We were told that there was a designated GP as lead for governance, quality assurance and quality improvement. There was also a clinical governance file available. In addition, all medical and nursing staff seemed individually motivated to keep up to date with health initiatives, guidelines and awareness of national patient safety alerts.

There was a clear willingness and motivation within the practice team to support and develop new and existing staff through shared and experiential learning, to improve the services provided to patients.

Clinical cases were reported as being discussed on a regular but informal basis and also scheduled between GPs. However, nursing staff were not present or invited to those meetings due to their clinical commitments. The inspection team therefore advise, that all relevant clinical staff should be involved in regular set clinical meetings for the purposes of learning and continuity of

patient care. We were told that there were not always clinical meeting minutes recorded therefore, no formal records made to ensure that actions were followed through and who was responsible for them. We advise that minutes and actions are always recorded.

Other staff meetings were usually held once a month, however, these were informal and without agendas and minutes. We were told that due to the lack of available meeting room, and staff work commitments, it was difficult for all staff to attend.

The practice was part of a local GP cluster. We were told that the GPs and practice manager attended local cluster meetings regularly. This helps promote cluster working and engagement as well as some shared learning. We were told that the GP Cluster Lead emails all the clinicians on her return from the meetings, to pass on all the relevant information. The Practice Manager passes on relevant information to the non-clinical staff.

A range of written policies and procedures was available to guide staff in their day to day jobs. Staff we spoke to were aware of how to access these. Whilst policies and procedures were in place, we identified that some required updating and with version control.

Improvement needed

The practice is required to provide HIW with details of the action it will take to ensure that:

- A review and update is undertaken of the practice policies and procedures to ensure that they accurately reflect the current arrangements at the practice and that they are up to date along with version control

Staff and resources

Workforce

The practice staff that we spoke to were able to describe their particular roles and responsibilities, which contributed to the overall operation of the practice. Some staff working within the practice took on dual roles and worked flexibly. For example, one of the practice nurses undertakes the role of summarising patient information. In addition, some administrative staff could function at reception if required. This meant that staff could provide cover for each other

during absences as highlighted earlier, to reduce the risk of disruption of services to patients.

Comments from staff indicated that they were supported to attend internal and some e-learning/training relevant to their role. Training information provided verbally by senior staff showed that not all staff were up to date with all mandatory training such as cardiopulmonary resuscitation (CPR). This has been discussed earlier.

Arrangements were described for staff annual appraisals. However, not all practice staff had received an appraisal within the last 12 months. An annual appraisal process will help identify the performance, training and development needs of staff. This can also provide an opportunity for managers to provide staff with feedback about their work.

As previously discussed, the building, which is owned by the local health board, was very worn and tired looking. The whole environment for the GP practice was quite small and cramped for the number of GPs and overall staff working there, and particularly since, they provide care for approximately 10,000 patients. As a number of different NHS services use the premises, parking for the practice staff and patients is also an issue, as discussed earlier.

The shared areas for staff were also small and cramped which included the very small and shared area for making food and drink. The admin staff had to work in an area where the paper hard copies of medical records were stored, and there were minimal windows to allow for any natural daylight. In addition, there was no room available to allow for formal meetings. Meetings had to take place within the open plan admin staff working area. Furthermore, any GPs on call or GPs that were undertaking administrative work had to do this within the open plan admin area.

During the tour of the ground floor of the premises, we could see that a number of rooms were locked and unoccupied throughout the day. Staff told us that these rooms were not always in use however, they were not able to use these rooms for the use of the practice, as they were allocated to other NHS healthcare services.

The practice would benefit from some refurbishment of current fixtures and fittings along with a larger working environment. For example, acquiring access to additional consulting rooms for the on-call GP to work undistracted, and also additional office/meeting spaces to carry out private conversations/meetings, which would also prevent the risk of distraction to the admin staff working within the open plan area. An appropriate provision of staff rest/ kitchen area would

also be beneficial. The above would allow for an improved working environment for all staff within the GP practice and would also benefit the patients.

We discussed the working environment with senior staff at the practice and they told us that the above would be beneficial to both staff and patients. However, they had no control over the allocation of additional rooms, and that the health board would need to arrange refurbishment to the current fixtures and fittings.

Improvement needed

The practice is required to provide HIW with details of the action it will take to ensure that:

- A robust induction list is in place to ensure a standardised approach with all members of staff new to the practice
- Formal communication is made with the local health board to discuss the requirement for refurbishing and repairing some areas occupied by patients
- Formal communication is made with the local health board to discuss the options for the provision of further consulting and meeting rooms within the premises, and for the provision of an appropriate staff rest/ kitchen area.

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
No immediate concerns were identified.			

Appendix B – Immediate improvement plan

Service: Dyfed Road Surgery

Date of inspection: 3 December 2018.

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
<p>The inspection team considered the arrangements for the checking of resuscitation equipment.</p> <p>The defibrillator was functional but old and was battery operated when in use. To ensure there is no draining to the battery pack, the practice kept this disconnected from the defibrillator when not in use. When we attempted to connect the battery pack, to check the defibrillator, they would not successfully connect together. The practice nurse also attempted to connect them without success.</p>	Standard 2.6 and 2.9			

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>One of the GP's came to assist and with some force, was able to connect them together. There is a significant risk that in the event of an emergency situation, some staff may not be able to connect the battery to use the defibrillator successfully.</p> <p>The adult ECG pads for the defibrillator were past their expiry date. In addition, there were no paediatric ECG pads available for the defibrillator.</p> <p>The resuscitation trolley did not contain any paediatric oxygen masks.</p> <p>Some records had been maintained of checks by staff; however, these were not completed regularly. In addition, where the trolley had been checked, it was not documented that the above issues had been identified or rectified. The lack of regular checks meant that there was potential risk for the resuscitation trolley not being sufficiently stocked with the essential equipment for use in the event of a patient</p>				

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>emergency.</p> <p>The practice is required to provide HIW with details of the immediate action it will take to ensure that resuscitation equipment is fully functional and is always available and safe to use, in the event of an adult and paediatric patient emergency.</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):

Job role:

Date:

Appendix C – Improvement plan

Service: Dyfed Road Surgery

Date of inspection: 3 December 2018

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				
<p>The practice is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> The appropriate complaints process and reference to Putting Things Right is displayed on the practice website The patient information leaflet is updated to include relevant reference to the NHS Wales Putting Things Right process All patients are aware of the Putting Things Right process by displaying 	4.2 Patient Information	<p>The complaints process and a reference to Putting things right will be added to our website, the patient information leaflet will be updated and the process will be displayed appropriately within the practice.</p> <p>Putting things right leaflets are now available in the waiting room and the reception desk for patients to read and take away</p>	<p>Practice Manager</p> <p>Practice Manager</p> <p>Dr Bennett</p>	<p>1 month</p> <p>Actioned</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>this appropriately within the practice</p> <ul style="list-style-type: none"> • That Putting Things Right information leaflets are readily available for patients to read and take away • That the patient consent policy is reviewed and updated. 		Our consent policy will be reviewed		1 month
<p>The practice is required to provide HIW with details of the action it will take to ensure that:</p> <p>All patients are aware of how to access the out of hours GP service</p>	5.1 Timely access	An A3 poster has been added to the noticeboards in the main waiting room. This information will also be added to our practice website	Practice Manager	1 month
<p>The practice is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> • It will develop a system for the recording and response to verbal concerns or complaints received from patients or relatives/carers, in-keeping with the Putting Things Right process. 	6.3 Listening and Learning from feedback	The practice will develop a system to record verbal concerns and complaints received	Practice Manager	1 month

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
<p>The practice is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> The local health board is contacted to discuss the need of replacing or refurbishing the seating within the patient waiting areas, to maintain infection prevention and control and the risk of cross-contamination to patients and visitors Hand sanitising gel refill packs are always readily available The infection control policy is reviewed and for it to include reference to relevant procedures. 	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>We have verbally discussed with the Local Health Board the need for replacing/refurbishing the seating in the waiting areas and are currently waiting to hear back from them.</p> <p>The refill packs are back in stock and has been refilled</p> <p>The infection control policy will be reviewed to include a reference to all relevant procedures</p>	<p>Practice Manager</p> <p>Practice Nurse</p> <p>Practice Nurse</p>	<p>6 months</p> <p>Actioned</p> <p>1 month</p>
<p>The practice is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> Emergency equipment is checked 	2.6 Medicines Management	This has been actioned and is being checked by the Practice Nurses and	Practice Nurse	Already actioned

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>and recorded weekly</p> <ul style="list-style-type: none"> Ensure all practice staff complete annual resuscitation training. 		<p>recorded accordingly</p> <p>All non-clinical staff are up to date with Resuscitation training via e-learning as advised by ABMU. Clinical staff are due their training later this year, so this is in the process of being arranged</p>	Practice Manage	6 months
<p>The practice is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> Significant events and new guidelines are always shared with staff in a formal and timely manner. 	3.1 Safe and Clinically Effective care	Folders have been set up in Docman for SEA's, NICE etc., so that information can be work flowed to all relevant staff with a complete audit trail	Dr Howe	Actioned
Quality of management and leadership				
<p>The practice is required to provide HIW with details of the action it will take to ensure that:</p> <p>A review and update is undertaken of the practice policies and procedures to ensure that they accurately reflect the current arrangements at the practice and that they are up to date along with version control.</p>	Governance, Leadership and Accountability	A review will be undertaken of the practice policies and procedures	Practice Manager	3 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice is required to provide HIW with details of the action it will take to ensure that:</p> <ul style="list-style-type: none"> • A robust induction list is in place to ensure a standardised approach with all members of staff new to the practice • Formal communication is made with the local health board to discuss the requirement for refurbishing and repairing some areas occupied by patients • Formal communication is made with the local health board to discuss the options for the provision of further consulting and meeting rooms within the premises, and for the provision of an appropriate staff rest/ kitchen area. 	7.1 Workforce	<p>We will review our induction process</p> <p>Verbal discussions have taken place with the LHB regarding refurbishing/repairing the seating area in the waiting room and the options for using any empty rooms within the health centre</p>	Practice Manager	<p>Ongoing</p> <p>1 month</p> <p>6 Months</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): Wendy Jones

Job role: Practice Manager

Date: 10.02.2019