

## **General Practice Inspection (announced)**

Betsi Cadwaladr University  
Health Board

Cambria Surgery,  
Holyhead

28 October 2015

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## 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 Cambria Surgery, Ucheldre Avenue, Holyhead, Anglesey, LL65 1RA on 28<sup>th</sup> October 2015. HIW explored how Cambria Surgery met the standards of care set out in the Health and Care Standards (April 2015).

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.

The practice manager was on annual leave at the time of this inspection. Therefore we discussed matters with the Senior GP partner and the deputy practice manager/senior receptionist in her absence. This was in addition to reviewing the key documentation, policies and procedures that the practice manager had gathered for us beforehand.

## 2. Context

Cambria Surgery currently provides services to approximately 5,250 patients in the Holyhead and surrounding area of Anglesey. The practice forms part of GP services provided within the geographical area known as Betsi Cadwaladr University Health Board.

The practice staff team includes three GP partners, one salaried GP, two advanced nurse practitioners, one healthcare assistant, two practice nurses, nine administrative/reception staff (including a practice manager and a deputy practice manager/senior receptionist).

The practice provides a range of services, including:

- General health advice and treatments
- Chronic disease management, including diabetes, asthma, chronic airways disease, chronic heart disease and high blood pressure
- Annual and/or routine checks and tests
- Family planning
- Emergency contraception and sexual health advice
- Vaccinations, including child immunisations, flu, pneumococcal and holiday vaccinations
- Minor surgery

We were accompanied by two members of the North Wales Community Health Council (CHC) at this inspection. Their role was to seek patients' views with regard to the service provided at Cambria Surgery through the distribution of questionnaires and via face to face conversations with patients and/or their carers.

### 3. Summary

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

During the inspection the two North Wales Community Health Council (CHC) members obtained 11 questionnaires. Their overall responses indicated that patients were very satisfied with the services received, including the helpfulness of reception staff, the welcome received and information provided by GPs and nurses. A copy of CHC's report has been included in Appendix B of this report<sup>1</sup>.

Eight people commented about difficulties in getting a same day appointment. However, we found that the practice was proactively monitoring the appointment system and had appointed an advanced nurse practitioner which had alleviated some of the problems. There was no evidence that patient feedback had been formally sought since the last patient surveys were issued during March 2013, therefore we have advised the practice to consider processes that could be used for this purpose.

Overall, we found evidence that demonstrated the delivery of safe and effective care. Patients had access to a wealth of written information, people's communication needs were generally taken into account and the practice was accessible and fit for purpose. We looked at policies, procedures and patient records and saw that, overall, the quality was excellent. We have advised the practice to update the adult protection procedures and to source training in this area. We saw that effective systems were in place for staff recruitment and ongoing management and support. However we have advised that the practice should retain adequate records of staff members' Hepatitis B immunisation status.

From our overall review of documentation, policies, procedures and discussions with staff members, there was evidence that Cambria Surgery is a well managed and organised GP practice. We found staff, including a Senior GP partner and the practice manager (who we spoke with before and after the inspection) were efficient and professional in their conduct. We also found

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<sup>1</sup> Further information about North Wales CHC can be obtained via <http://www.wales.nhs.uk/sitesplus/900/home>.

effective management systems in place to ensure that staff members provide high quality, safe and reliable care for patients.

## 4. Findings

### *Quality of patient experience*

During the inspection the two North Wales Community Health Council (CHC) members obtained 11 questionnaires. Their overall responses indicated that patients were very satisfied with the services received, including the helpfulness of reception staff, the welcome received and information provided by GPs and nurses. A copy of CHC's report has been included in Appendix B of this report<sup>2</sup>.

Eight people commented about difficulties in getting a same day appointment. We found that the practice was proactively monitoring the appointment system and had appointed an advanced nurse practitioner which had alleviated some of the problems. There was no evidence that patient feedback had been formally sought since the last patient surveys were issued during March 2013, therefore we have advised the practice to consider processes that could be used for this purpose.

*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)*

From our discussions with patients and staff, we found that people could expect to be treated with dignity and respect at Cambria Surgery. Patients were complimentary about how they were treated, for example with 9 patients rating the greeting by the receptionists and GPs as excellent. We observed that staff were respectful and sensitive to patients' individual needs.

*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*

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<sup>2</sup> Further information about North Wales CHC can be obtained via <http://www.wales.nhs.uk/sitesplus/900/home>.



*and 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)*

Systems for patients to provide feedback about their experience were limited. We saw a suggestion box and forms in the reception area and the patient information booklet invited patients to make any comments or suggestions about the service. We saw that an “Improving Practice” survey had been completed in March 2013. A total of 155 patients participated in the survey, scoring their satisfaction against areas such as the practice appointment system, opening hours, staff greeting and complaints/compliments. From the results, we saw that patients’ scores were in the higher bracket of every area, indicating high satisfaction with the service.

We did not find evidence that a more recent survey had been undertaken to obtain patient’s views about the service.

***Improvement needed***

***Processes should be in place to regularly assess and evaluate patients’ experience. This should help the practice to measure that the good standards currently experienced by patients are being maintained.***

***Where practicable, the practice should demonstrate that patient feedback has been acted upon and/or used to influence changes to service provision and delivery.***

During our inspection, eight patients commented about difficulties in getting a same day appointment. However, we found the options for booking an appointment were good and included an online booking service, telephoning when the telephone lines open at 8.00 a.m. or attending the practice in person. We spoke to a GP about the appointment system and found that two audits had been undertaken in the last few years to monitor the demand for a same day appointment. As a result, approximately two years ago, an advanced nurse practitioner was recruited to see patients with acute problems such as coughs, colds, tonsillitis and skin problems. This role had helped to manage the demand for a same day appointment. The practice may therefore wish to consider how it communicates these improvements to patients, so that they are aware of the efforts of the practice to increase available appointments.

The patients we saw during the inspection had always managed to get an appointment during an emergency.

## ***Delivery of safe and effective care***

**Overall, we found evidence that demonstrated the delivery of safe and effective care. Patients had access to a wealth of written information, people's communication needs were generally taken into account and the practice was accessible and fit for purpose.**

**We looked at policies, procedures and patient records and saw that, overall, the quality was excellent. We have advised the practice to update the adult protection procedures and to source training in this area. We saw that effective systems were in place for staff recruitment and ongoing management and support. However we have advised that the practice should retain adequate records of staff members' Hepatitis B immunisation status.**

### **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)*

The service works closely with other health professionals such as the community district nurses, health visitors and midwives. Referrals are made in consultation with the patient and/or their carers, for example to counselling services, hospital consultants and carers support services. We saw that people who cared for someone else were invited to submit details about themselves and the cared for person(s). With their agreement, the practice offered to signpost carers to relevant organisations for advice and/or a carer's assessment.

Patients had access to a wealth of health promotion leaflets, which we saw in the reception and waiting room. Written information for patients included the types of treatments for common illnesses and accidents, thus empowering people to take responsibility for their own health and/or the health of the person for whom they care whenever possible.

### **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 that, overall, there were effective systems in place to ensure that people's health, safety and welfare were being promoted. There was evidence that relevant policies and procedures were regularly reviewed and updated and we saw that contracts were in place for the maintenance of equipment and utilities and for the disposal of hazardous, sanitary and general waste.

*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))*

All the areas we looked at during the inspection were clean, tidy and clutter free. We saw that liquid hand soap and disposable paper towels were available in all the toilet areas, along with posters for hand washing techniques. Cleaning products were colour coded in accordance with the areas to be cleaned. There was a cleaning contract in place and we saw that this included daily cleaning and weekly tasks. These measures helped to prevent cross contamination.

We looked at a copy of an infection control audit that had been undertaken by the practice manager during September 2015. The practice action plan included the provision of infection control training for staff which, given our positive findings during the inspection, we were confident would be sourced.

All healthcare professionals who may have direct contact with patients' blood or blood-stained body fluids, for example from sharps, should be up to date with Hepatitis B (Hep B) vaccination. We saw that the practice had a log of staff and Hep B vaccination dates. However the Hep B status record, to verify the staff member's Hep B immunity, was not available to view at the time of the inspection.

### ***Improvement needed***

***We advised the practice to obtain and keep a copy of individual staff members' Hep B status record, in accordance with the 2001 Health and Safety Executive (HSE) "Blood borne viruses in the workplace" guidance and recommendation, also in line with the Welsh Health Circular (2006) 086.***

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

The Local Health Board prescribing advisor was present during our inspection. We found that they worked closely with the practice and visited regularly to undertake medication audits, discuss the cost effectiveness of medication and to provide advice. We spoke with a senior GP partner and found that internal medication audits were also being regularly undertaken to, for example, monitor specific types of medications, correct dosage and overall effectiveness.

We were informed by the GP that all of the patients who are prescribed medication were being reviewed annually. We found that there were robust systems in place to remind patients of any overdue reviews and to ensure that these appointments were attended by them or that the repeat prescriptions process was ceased as necessary.

Therefore, the practice had good systems in place to ensure that patients received the right medicines and dosage as required.

*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)*

From our review of policies, training records and discussions with staff, we found that, overall, people's welfare and safety were being promoted through effective safeguarding systems. We saw copies of recent Nursing and Midwifery Council (NMC) registration details for the practice nurses and that the practice recruitment procedures included obtaining a Disclosure and Barring (DBS) check for new staff.

Staff had received child protection training during July 2015, as we saw from a sample of training certificates we viewed. We also found that staff had access to relevant child protection and protection of vulnerable adults' procedures. However, the welfare of vulnerable adults or adults at risk could be further supported by staff training in the protection of vulnerable adults (POVA). The adult protection procedures referred to the Care Quality Commission (CQC) which is the health and social care regulator for England. Therefore we advised the practice to review these procedures, to include the relevant contact details for organisations in Wales.

***Improvement needed***

**Adult safeguarding (POVA) training should be sourced for all staff members.**

**The practice adult safeguarding procedures should be updated (taking into consideration the “Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (2013<sup>3</sup>)” and Anglesey Council’s local authority adult safeguarding processes.**

### **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)*

We found that communication between staff members was very good. Weekly meetings were being held to discuss overall clinical governance, clinical guidelines and specific practice issues. These meetings also included discussions around patient safety and significant events.

We looked at a total of 18 patient records. The records were chosen by taking a small sample of consultations from the recent surgery lists of three GP partners and two practice nurses. Overall the quality of record keeping was excellent and consistent amongst staff. Information was easy to follow and we saw evidence that treatment was being fully discussed with the patient and their consent was obtained. Because there had been some staff changes recently and an audit of record keeping had not been undertaken for the last few years, we suggested that an audit be considered. This should assist the practice to maintain the high standard and consistency of record keeping amongst clinicians.

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

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<sup>3</sup> Available via <http://ssiacymru.org.uk/pova>

Overall, people's individual language and/or communication needs were being considered. Patients had access to comprehensive written information about the practice in English and Welsh. Alternative formats, for example large print, Braille or audio, could be made available upon request.

The loop system in the reception area, for patients who have a hearing impairment, was in working order on the day of our inspection. We were informed that the system is regularly tested. We suggested that the hearing loop sign could be moved to a more prominent position in the reception area.

A couple of the staff team were fluent Welsh speakers and we were informed that other staff could understand if patients spoke to them in Welsh first.

We saw that some of the written signage was supplemented by appropriate pictorial symbols, for example for toilets and fire exits. This meant that the practice was taking into consideration additional methods of communication to suit people's different needs.

### **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)*

In addition to our findings above regarding communication, we were informed that the practice utilised a function on their computer system to alert staff when a patient and/or their carer required additional support, whether this related to their mobility, capacity, communication or language needs for example.

One of the notices we saw displayed offered a chaperone service by one of the clinical staff to accompany patients during certain procedures.

These additional measures ensure that patient information is generally accessible, understandable and in a language sensitive to their needs.

### **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)*

Patients told us that they were always offered an appointment the same day in an emergency. Generally patients were seen within 20 minutes of their appointment times but, even if there were longer delays, the patients we saw did not express dissatisfaction. This was because they were very satisfied with the treatment and/or advice/information received by the GPs and nurses.

We observed that the practice was busy at some points during our inspection. However we observed a calm and relaxed atmosphere in the reception area and waiting room.

The patient information booklet and website provided detailed information about the practice appointment system, out of hours contact details and what to do, or who could be contacted, in an emergency.

At the time of our inspection the Senior GP partner was developing a system for following up urgent referrals sent by the practice for patients with certain types of cancer. This was to enable the practice to ascertain whether patients had been seen within timescales and the outcome.

### **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)*

We saw that the practice policies and procedures covered key areas such as equality, mental capacity, dignity, confidentiality and respect. One of the procedures related to the Disability Discrimination Act 1995, which was superseded by the Equality Act 2010. Therefore the Senior GP Partner agreed for the practice procedure to be reviewed and updated accordingly.

The overall accessibility to the practice was good and enabled wheelchair access. All the areas accessed by patients were on ground floor level and included two patient toilets, one of which had been adapted to include handrails and to enable wheelchair access. However, as part of future developments, we suggested that other improvements could be considered, for example a power assisted or automatic doors and improved signage for the disabled car parking bays. Overall, the car parking facility was good as there were ample car parking spaces or on street car parking nearby during busier periods.

## Quality of management and leadership

**From our overall review of documentation, policies, procedures and discussions with staff members, there was evidence that Cambria Surgery is a well managed and organised GP practice. We found staff, including a Senior GP partner and the practice manager (who we spoke with before and after the inspection) were efficient and professional in their conduct. We also found effective management systems in place to ensure that staff members provide high quality, safe and reliable care for patients.**

### **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.*

We spoke to various staff members during the inspection, including GPs, nurses and reception/administrative staff. We found that there was a strong ethos on sharing information, developing the service and learning from experience.

The practice manager had requested an alternative inspection date so that she was there to assist us with any queries we had during our visit. Unfortunately however, it was not possible for HIW to accommodate this request. In her absence we found that the practice was being effectively managed. For example, it was clear that practice policies and procedures had been regularly reviewed/updated by the practice manager and were accessible to staff. Staff members told us that everyone worked well as a team and they felt that the overall good management reflected in the good staff retention rate and low staff turnover.

We found that staff met formally on a regular basis, which included a GP partners' meeting, practice health care team meetings and whole practice team meetings. We were informed that each GP undertakes at least one or two audits annually, such as medication, number and cause of deaths and urgent referrals audits. Therefore we could be confident that the practice staff were proactive in continuously monitoring, developing and, where possible, improving standards. We were shown the electronic system where team minutes are stored and these were accessible to all practice staff.

*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))*

We looked at staff training records and saw that staff were up to date with mandatory training needs. All staff had received training in dementia during 2014 or 2015, which is very beneficial given the ageing population and the general rise in the number of people living with dementia. We saw that there was an induction programme for new staff and medical students.

The staff recruitment checklist demonstrated that all relevant recruitment checks are obtained prior to staff commencing in post. We saw that staff had received their last annual appraisal in March 2015, which included a learning and development plan for the forthcoming year.

Therefore there was evidence that staff were being well supported and were being provided with the right knowledge and skills to maximise their potential in accordance with their individual roles and responsibilities.

## 5. 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.

## 6. 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 Cambria 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.

**Appendix A**

**General Medical Practice: Improvement Plan**

**Practice: Cambria Surgery, Ucheldre Avenue, Holyhead, LL65 1RA**

**Date of Inspection: 28 October 2015**

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the patient experience</b>					
7	<p><i>Processes should be in place to regularly assess and evaluate patients' experience. This should help the practice to measure that the good standards currently experienced by patients are being maintained.</i></p> <p><i>Where practicable, the practice should demonstrate that patient feedback has been acted upon and/or used to influence changes to service provision and delivery.</i></p>	6.3	<p>ANP audit asking patients what they think to this service and is it meeting their needs</p> <p>Feedback to patients results of audit via paper report in reception and on practice webpage</p>	<p>Practice Manager</p> <p>Practice Manager</p>	<p>End of Jan 2016</p> <p>End of Jan 2016</p>

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
<b>Delivery of safe and effective care</b>					
9	<b><i>We advised the practice to obtain and keep a copy of individual staff members' Hep B status record, in accordance with the 2001 Health and Safety Executive (HSE) "Blood borne viruses in the workplace" guidance and recommendation.</i></b>	2.1 and 3.1	Hep B policy updated to include HSW blood borne viruses in the workplace guidance and recommendation  Copy of Hep B status has been requested to all those who have had Hep B immunisations	Practice Manager  Practice Manager	End of Jan 2016  End of Jan 2016
9-10	<b><i>Adult safeguarding (POVA) training should be sourced for all staff members.</i></b>  <b><i>The practice adult safeguarding procedures should be updated (taking into consideration the "Wales Interim Policy and Procedures for the Protection of</i></b>	2.7 and 7.1	POVA training arranged for 2 <sup>nd</sup> March 2016 at Cambria Surgery. Training to be done by BCULHB POVA team.  POVA policy updated to the Wales POVA policy	Practice Manager  Practice Manager	End of March 2016  done

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<i>Vulnerable Adults from Abuse (2013<sup>4</sup>)” and Anglesey Council’s local authority adult safeguarding processes.</i>				
<b>Quality of management and leadership</b>					
	N/A				

**Practice representative:**

**Name (print):** .....Laraine McEnhill.....

**Title:** .....Practice Manager.....

**Date:** .....17 November 2015.....

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<sup>4</sup> Available via <http://ssiacymru.org.uk/pova>

## Appendix B

### North Wales Community Health Council Report<sup>5</sup>



<b>Practice</b>	<b>CAMBRIAN, HOLYHEAD</b>
<b>Date</b>	<b>29.10.15</b>
<b>Lead Member</b>	<b>DR. SIBANI ROY</b>
<b>Supporting Member</b>	<b>MR BRACE GRIFFITHS</b>

**This document is designed to standardise the way in which CHC members provide feedback to the HIW Inspection Managers, whilst participating in joint HIW – CHC GP inspections**

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<sup>5</sup> Further information about the North Wales Community Health Council is available via:

<http://www.wales.nhs.uk/sitesplus/899/home>



## Patient Feedback

	<b>Comments / Observations</b>
Matters of Concern:	Main concern is appointment booking. Whilst there is a 2 week forward booking system in place for doctors and nurses; the 8 a.m. 'stampede' to get an appointment on the day appears to be a cause of frustration to a high proportion of patients. Patients can phone, book on line or call in surgery from 8 a.m. to get on day appointment.
Matter to be Commended:	<ul style="list-style-type: none"><li>• Emergency appointments available daily.</li><li>• Patients responded well to care given by doctors/nurses/receptionists</li><li>• Some patients found appointment system easy.</li><li>• Waiting times once in the surgery generally less than 20 minutes</li><li>• Nothing rated 'poor' – all excellent or good</li></ul>

### Additional Notes:

Spoke to 3 patients – not aware of on line booking system.

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## Environment - External

	<b>Comments / Observations</b>
Matters of Concern:	Observed one frail patient struggle to open the main door. Perhaps having a powered opener might help.
Matter to be Commended:	Clean exterior. Good parking – but note disabled parking spaces not very well signed.

Additional Notes:

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## Environment - Internal

	Comments / Observations
Matters of Concern:	None.
Matter to be Commended:	<ul style="list-style-type: none"><li>• In good state of décor and clean</li><li>• Reception desk at 2 levels</li><li>• Plenty of seats in waiting area</li><li>• Hearing loop works – but might benefit from sign being more visible e.g. on reception desk.</li></ul>

Additional Notes:

Note did not check Nurse & Doctors rooms as they were in use.

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## Communication & Information on Display

	<b>Comments / Observations</b>
Matters of Concern:	<ul style="list-style-type: none"><li>• Not major issue but there is a lot of information</li><li>• There is some 'theming' which is good, but perhaps could be confusing to find information</li><li>• Some locally prepared posters not laminated</li></ul>
Matter to be Commended:	<ul style="list-style-type: none"><li>• Good website. Some contact information out of date – Benefits Agency and Health Clinic, but overall good.</li><li>• Useful to know what 'accessibility' level it is built to 'A', 'AA', or 'AAA'.</li></ul>

Additional Notes:

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