

General Practice Inspection (announced)

Hywel Dda University
Health Board, Llanfair
Surgery

16 December 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 to Llanfair Surgery, Llanfair Road, Llandovery, Carmarthenshire, SA20 0HY on 16 December 2015. The inspection comprised of an HIW inspection manager (inspection lead), a GP peer reviewer, a practice manager peer reviewer and two representatives from Hywel Dda Community Health Council (CHC).

HIW explored how Llanfair 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.

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

2. Context

Llanfair Surgery currently provides services to approximately 5,600 patients in the Llandovery and Llangadog areas of Carmarthenshire. The practice forms part of GP services provided within the geographical area known as Hywel Dda University Health Board.

The practice employs a staff team which includes four GP partners, three salaried GP's, a GP registrar, two practice nurses, a healthcare assistant, dispensary staff and a number of reception and administration staff (including practice manager).

The practice provides a range of services, including:

- Antenatal clinic
- Baby clinic
- Cryotherapy clinic
- Chronic disease management clinics
- Dispensing of prescriptions.

We were accompanied by two members of the local CHC at this inspection.

3. Summary

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

The CHC spent time speaking to patients about the practice and received very positive feedback.

We found that whilst the practice were aware of their responsibilities in relation to handling concerns, they needed to improve parts of their system and process for recording informal concerns and suggestions. They also needed to improve the written policy and ensure it is more easily available.

Overall, we found evidence to support the conclusion that the surgery team placed considerable emphasis on providing a quality service to their patients in accordance with the Health and Care Standards.

We identified areas of service which required improvement. Specifically, we identified the need to review dispensing practice. Some of our findings presented the potential for immediate risk to patients and were therefore dealt with during and immediately after our inspection. Some of the dispensary issues that did not pose an immediate risk can be resolved over a longer term.

We also found that some general refurbishment was being done throughout the practice, but not in any order of priority. We recommended that the approach to this be reviewed.

We found evidence of strong leadership from GP's and practice manager, overseeing a happy and cohesive staff team. The team were well established and confident about their roles and responsibilities. We considered that a more formal programme of staff meetings to discuss issues and ensure continued continuity and upkeep of standards would be beneficial.

4. Findings

Quality of patient experience

The CHC spent time speaking to patients about the practice and received very positive feedback.

We found that whilst the practice were aware of their responsibilities in relation to handling concerns, they needed to improve parts of their system and process for recording informal concerns and suggestions. They also needed to improve the written policy and ensure it is more easily available.

Two members of Hywel Dda CHC were present at the surgery on the day of our inspection. Their role was to seek patients' views with regard to services provided by Llanfair Surgery through the distribution of questionnaires and via face to face conversations with patients and/or their carers. Eleven questionnaires were fully/partially completed. The CHC have produced a report which provides an analysis of the information gathered. The report produced by the CHC with detailed findings from questionnaires can be found at Appendix B.

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

We found evidence that the practice considers patient privacy, dignity and confidentiality.

There was a large reception area with seating around the edges. There was an open reception desk and a hatch which was opened if a patient knocked and was used to discuss prescriptions or other matters with the reception staff. We overheard a loud conversation between a patient and staff member using this hatch. There was no easy way for the member of staff to protect the patients' privacy and dignity during the conversation. We raised this with the practice and asked them to consider ways in which they could improve the privacy available to patients in the waiting area. We noted that there was a small seating area separated by double doors from the waiting room which we were told could be used, however, this was frequently already in use during our visit.

Improvement needed

Consider what measures can be taken to improve the privacy and confidentiality of patients in the waiting area when they speak to staff.

All telephone calls to reception staff were handled in an area behind reception which could not be overheard and was only accessed by staff.

We saw that where chaperones had been used in a consultation, the staff had made a note of this on the patient record. The staff who chaperoned patients had been trained and were given refresher training every 18 months.

We saw that all doors to clinical rooms were kept shut during consultations and there were curtains around treatment couches to maintain patient privacy and dignity during clinical examinations.

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

The practice were aware of their responsibilities around handling concerns (complaints) but need to make some improvements to the systems they have in place. Our findings are as follows:

- The complaints policy needs to be improved so that it is specific to the practice, whilst also following the principles of Putting Things Right¹. The policy should be easily available to patients (either on display, or copies available in the waiting area and on the website)
- There was a suggestion box in reception but this was not easy to see and should be placed more prominently

¹ Putting Things Right' is the NHS arrangement for handling and responding to concerns in NHS services and was introduced by the Welsh Government in 2011

- The practice make a note of all concerns they receive but this is not on a single document. We advised that they create one document where all concerns are recorded so that they can identify any trends and themes
- We saw examples of letters the practice had sent to complainants which showed they had responded promptly and were taking the matters seriously
- The practice should ensure that their complaints procedure is sent out, or offered to anyone who either makes or is considering making a complaint.

Improvement needed

Review the complaints policy and systems for handling complaints and feedback so that all the issues we found are put right.

Delivery of safe and effective care

Overall, we found evidence to support the conclusion that the surgery team placed considerable emphasis on providing a quality service to their patients in accordance with the Health and Care Standards.

We identified areas of service which required improvement. Specifically, we identified the need to review dispensing practice. Some of the concerns we had presented the potential for immediate risk and were therefore dealt with during and immediately after our inspection. Some of the dispensary issues that did not pose an immediate risk can be resolved over a longer term.

We also found that some refurbishment was being done but not in any order of priority. We recommended that the approach to this be reviewed.

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)

There were a number of information boards in the reception area with posters for patients; some of these were health messages, information for carers and also information about groups in the local community.

Patients check in for appointments by presenting to reception staff. However, we saw that often this did not happen and patients would go straight to sit down. The reception staff knew the patient's well and where they were able to they checked the patients in, otherwise they would approach the individual and offer their help.

The midwives covering the local area work very closely with the practice and patients are referred directly to them by the practice staff. Patients using their service are then seen either in the practice or at the local hospital building which is next door.

The practice had also developed their own internal systems to help them sensitively identify patients that they had concerns about – whatever these might be – and we saw very effective use of their IT package to do this. We felt

that this was good practice and suggested that they use this system more widely as a discreet way of sharing information between staff.

There was a register of patients who have caring responsibilities. We also saw that there were some posters in reception directed specifically at carers and the additional needs that they may have. The practice produces a patient newsletter and has used this as a way of reaching out to carers, emphasising the need to let the practice know about their situation so that their care can also be a priority. At present, there is no carer's champion amongst the staff due to high workload and the practice manager is covering this work. The practice should identify a dedicated carers champion to ensure that this work continues to be given priority.

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)

There was a written policy detailing the process to follow to ensure that relevant staff are immunised against hepatitis B. There was immunisation information on each relevant staff member, but in some it was not clear whether suggested actions had been followed up or not. We suggested to the practice manager that she undertake a review of this list and ensure that any outstanding actions are followed up. Also that a policy is created so that when staff are recruited, the appropriate immunisation information is gathered for their records.

We saw one particular area where refurbishment was needed as the carpet was lifting and presented a trip risk. We discussed this and were told that there was a practice refurbishment programme in place; however, this was not linked to any health and safety priorities. Any refurbishment should be done by identifying the areas of highest priority (which may be due to risk) and undertaking these first. We discussed this with the practice manager and suggested that health and safety is given a higher priority by undertaking regular checks of the premises and making a record of any issues. The issues identified can then be discussed at the next practice meeting or sooner if urgent.

Improvement needed

Refurbishment of the building should be done according to priority which takes account of any health and safety considerations.

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 areas throughout the practice appeared visibly clean. We noted that there was hand sanitising gel at various points throughout the practice for patient and staff use, including one close to the main entrance for use when arriving or leaving.

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

We identified serious concerns in relation to the dispensing arrangements at this surgery and we dealt with these through our immediate assurance² process. The practice provided HIW with assurance that they had dealt with the immediate risks and were continuing to deal with the other we identified issues.

Llanfair Surgery is a dispensing practice. There had recently been a change in the dispensary staff and we saw that the new staff had to manage a busy daily dispensing workload whilst working with some old systems which were not fit for purpose. We had serious concerns about how the practice were recording controlled drug stocks and traced some inaccurate records back to 2012 and 2013. We were sufficiently concerned about our findings that we ensured a full stock audit was done whilst we were present. We were satisfied that following this the stock levels and records were accurate.

We also found evidence to suggest that there had been insufficient management input into the work of the dispensary staff and as a result, the poor systems had continued for some time. We discussed this and found that the practice had recognised and begun to take action to tackle some of the issues. We recommended that some of the issues be prioritised and addressed without any delay.

² HIW's immediate assurance process is what we use when we identify an immediate patient safety risk during an inspection. Healthcare settings are expected to put the problem right immediately and notify us of their actions.

Improvement needed

Ensure that all dispensary practices are reviewed and that the staff are supported to put a safer, easier system into place.

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)

There were systems in place to help ensure that safeguarding practices and knowledge amongst the practice staff were up to date and adequate.

We saw training records which confirmed that GP staff had been trained to the required level and standard in safeguarding. Other practice staff also had safeguarding training to the level appropriate to their roles.

There was an identified GP lead for safeguarding and we saw that the practice had set up their own electronic flag system to help make it even clearer for them to identify safeguarding concerns. We considered this to be a good system and suggested they ensure they use it for all confirmed and potential safeguarding cases they deal with.

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)

There were systems for sharing information between staff at the practice. Between clinical staff, this was in the form of a structured system of regular meetings. We saw examples of evidence from these which showed that the clinical staff were discussing clinical incidents and concerns, thoroughly recording them, addressing any follow up actions which were necessary and using them as learning opportunities.

We found that a comparable system was not in place for non clinical incidents. This included incidents in the dispensary, which were documented but not reviewed appropriately. We recommended that all significant incidents are formally considered in the same way that clinical incidents are.

Improvement needed

Develop a system for documenting all significant incidents / events and for reviewing these appropriately by relevant staff.

We looked at 36 patient records and found that these were of a consistently good standard. We did not identify any issues from this sample. We suggested that a system for formal peer review be set up to help maintain the good standards that we saw.

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

There was a hearing loop system and this was placed prominently on the reception desk.

Staff at the practice have also had some training in the use of sign language.

Some of the staff were able to speak in Welsh and could therefore provide patients with a bilingual service.

We saw evidence of a system used to manage all incoming patient information efficiently. Letters received through the mail were date stamped and scanned onto the relevant patient record on the day of receipt, before being passed to the relevant doctor to action. In the event of urgent action being required, this will be passed to one of the GPs working that day. There is a 'buddy' system so that if one GP is off, another designated GP will review all his/ her incoming patient results and letters.

Patient records were held securely in areas which were only accessible to staff.

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)

There were a variety of patient information leaflets available in the reception and other patient areas of the practice. Some of these were available in both Welsh and English.

The sample of 36 patient records we saw at demonstrated that people's personal and social care needs were assessed and measures taken to address those needs with the support of other health and social care professionals as required.

The practice were also using their electronic systems to identify patients who according to certain criteria could be considered at risk of deterioration, for example through falls. They called this 'stay well planning' and once a patient had been identified as a concern; a bespoke plan of care to keep them well was then developed.

We noted that patient consent was recorded on clinical records where required.

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)

We discussed the appointment system available to patients and were told that there are three bookable surgeries during a day. All GP's see routine patients and have a slot for up to three emergency patients at the end of each surgery. On the day of our inspection, we noted that all patients telephoning were offered an appointment on the same day. The CHC spoke to patients and had very positive feedback about the quick access to an appointment. Reception staff told us that the system seems to work well for both patients and staff.

There is a practice nurse and health care assistant also working each day; patients see them to have blood taken, wounds dressed, for women's health and chronic disease management clinics.

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 were told that patients living in the geographical area served by the practice had diverse cultural and ethnic backgrounds. Conversation with staff and a senior GP revealed the efforts being made on a multi-professional basis to engage equally with all individuals and families.

Quality of management and leadership

We found evidence of strong leadership from GP's and practice manager, overseeing a happy and cohesive staff team. The team were well established and confident about their roles and responsibilities. We considered that a more formal programme of staff meetings to discuss issues and ensure continued continuity and upkeep of standards would be beneficial.

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.

There was strong leadership from the practice manager and GP's at the practice. This was evident through the confidence with which staff carried out their work. Staff also spoke very highly about the GP's and practice manager and told us that it was a supportive, happy place to work.

There were regular audits across different areas of the practice, the majority of which related to clinical care and some administrative processes. The last full health and safety audit had been done in 2010. Audits can help to identify problems early and also provide an opportunity to review standards and make improvements where needed. In light of this, health and safety audits need to be given higher priority.

Improvement needed

Health and safety audits should be undertaken regularly and the results discussed.

We found that there were some records of staff meetings but that these were done on an ad hoc basis. We have suggested that opportunities to formalise the frequency of staff meetings be considered to ensure that all matters are discussed. For example, non clinical significant events which are not currently documented or formally considered.

Improvement needed

Review the overall governance arrangements to ensure that clinical and non clinical issues are effectively accounted for, recognising that both

areas have the potential to impact (positively and negatively) on effective patient care.

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))

As a training practice, there are new trainee GP's each year. We spoke to various staff members some of whom told us that they the GP trainees to be keen and up-to-date. The practice also told us that many of the previous trainees had come back to work as permanent GPs at the practice.

The staff we spoke to were unanimously happy in their work at the practice. A number of the staff had worked at the practice for many years.

The records we saw confirmed that there were annual staff appraisals and staff told us that whilst they used these to discuss their development for the coming year, they could also discuss this at any time outside of their appraisal.

The practice manager referred to various training that staff had been given, some of which was in house. All types of training can be beneficial and help to increase the skills of knowledge of staff and should therefore be documented so that staff records are accurate.

Improvement needed

Ensure that all staff training sessions are recorded in individual files.

5. Next steps

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

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

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

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

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

6. Methodology

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

Figure 1: Health and Care Standards



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

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

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

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

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

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

Appendix A

General Medical Practice: Improvement Plan

Practice: Llanfair Surgery

Date of Inspection: 16 December 2015

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
5	Consider what measures can be taken to improve the privacy and confidentiality of patients in the waiting area when they speak to staff.	4.1	This message will be displayed in the reception area: Confidentiality <i>We always endeavour to be as discreet as possible when speaking with patients at the reception desk. If, however, you feel your enquiry or discussion requires more privacy, please bring this to our attention and we will be happy to speak to you away from the reception area.</i>	Practice Manager	Completed on 09.02.16

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
6	Review the complaints policy and systems for handling complaints and feedback in line with the findings above.	6.3	The complaints policy has been reviewed and is now practice specific and in line with the Putting Things Right principles. See Appendix A	Practice Manager	Completed on 17.12.15
			The policy is on display in the waiting room.	Practice Manager	Completed on 17.12.15
			The policy will be available on the website.	Practice Manager	03.03.16
			The suggestion box has been refurbished and following a long discussion at the HIW visit. The font on the box has been enlarged from font size 12 to 16. The box has been placed in a more prominent position on the reception desk.	Practice Manager	Completed on 05.01.16
			The practice has devised a document on which patient concerns can be recorded and can be accessed from the receptionists'	Practice Manager	Completed on 04.02.16

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			<p>desktop. These documents will be reviewed at staff meetings. Trends will be discussed quarterly and potential need for remedy reviewed. See Appendices B & C.</p> <p>The Practice will ensure a copy of the complaints procedure accompanies letters sent to complainants. See Appendix A</p>	Practice Manager	In place
Delivery of safe and effective care					
9	Refurbishment of the building should be done according to priority which takes account of risks.	2.1	The area criticised in the report for needing refurbishment is part of rolling programme which is indeed linked to health and safety priority. This being the most current risky area at the time of the report. We have previously refurbished more risky areas i.e. having instituted a new disabled access and have refurbished the waiting room extensively. The area mentioned in the report will be refurbished on 27.02.16 as planned before the visit.	Practice Manager	Work to commence 27.02.16

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
10	Ensure that all dispensary practices are reviewed and that the staff are supported to put a safer, easier system into place.	2.6	Please see Immediate Assurance Improvement Plan submitted December 2015.	Dr Windsor-Jones	As submitted plan
12	Develop a system for documenting all significant incidents / events and for reviewing these appropriately by relevant staff.	3.1	The practice has devised a document on which concerns, significant incidents/ events can be recorded. This can be accessed from all staff's desktop. This is a universal document so that answers will have statistical relevance. These documents will be reviewed by appropriate staff at least quarterly and need for remedy reviewed. See Appendices B & C.	Practice Manager	Completed on 04.02.16
Quality of management and leadership					
15	Health and safety audits should be undertaken regularly and the results discussed at practice meetings.	2.1	Health and safety audit will be undertaken as date. See copy Appendix D	Practice Manager	10.02.16
15	Consider formalising the frequency of all staff meetings.	7.1	We do have staff meetings and their timing is responsive to need.	Practice Manager	10.02.16

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			However, quarterly meetings will be considered by the whole team at the next PT4L meeting to be held on 10.02.16. See Appendix D		
16	Ensure that all staff training sessions are recorded in individual files.	7.1	Recording document has been designed and its use will be implemented as date 10.02.16 as per Appendix E	Practice Manager	10.02.16

Practice representative:

Name (print):

Title:

Date:

Appendix B

Community Health Council Report

Report from Hywel Dda Community Health Council



Visit Summary

Practice:	Llanfair Surgery, Llandovery
Date / Time:	16 th December 2015
CHC Team:	Hywel Dda CHC Rosemond Nelson – Member (Lead) Kerry Pearson - Officer
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

During our visit, CHC members were able to speak with and carry out a patient survey with 14 patients, most of whom had been registered with the practice for over ten years.

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

Around three quarters of patients surveyed considered the practice's opening times to be very good or good. All patients we spoke to reported it was 'very easy' or 'easy' to book an appointment with their GP.

The majority of patients surveyed confirmed that, having contacted the practice, they can expect to see a GP within 24 hours. To see a GP of their choice however, two thirds of patients told us they may have to wait a little longer, up to 48 hours or more.

One patient we spoke to suggested a late night surgery or Saturday morning surgery would be helpful.

Observations

The surgery is located in the town of Llandovery. The surgery is located on the same site as Llandovery Hospital. Whilst there is clear signage for hospital patients there is no visible signage for the surgery from the roadside or car park. The car park facilities are shared with hospital patients. Three disabled parking bays are available for patients to use.

The main entrance to the surgery has good access with a ramp for patients with poor mobility.

Environment - Internal

In general, patients were satisfied with the overall environment within the surgery itself, and in particular the helpfulness of the reception staff and access to the surgery.

Our members observed a high level of cleanliness in the waiting areas and the good condition of the furniture, although there was no seating of varying heights or styles to allow easier access for frail or less mobile patients. There is no dedicated disabled toilet. The male toilet had a disabled sign on the door and was fitted with a 'pull cord' alarm, although our members noted it was unsuitable for anyone using a wheelchair due to the size of the room. The ladies toilet is larger and may be more suited but would need to be adapted to provide a 'pull cord' alarm. The pharmacy area did not provide an area of privacy for private conversations.

The surgery provides a children's play area and the practice confirmed that this was cleaned weekly.

Communication & Information on Display

The surgery provided a good display of up to date information for patients to access in waiting areas, however there was no surgery 'opening' times or 'out of hours' information displayed externally, although the names of the practice GP's were displayed.

There is an electronic display unit giving up to date information and the practice also has a very comprehensive practice booklet, however this needs updating regularly as the CHC information was incorrect at the time of our visit.

A copy of the patient survey report is attached.

Rosemond Nelson
CHC Member

Kerry Pearson
Officer