

**General Practice
Inspection (announced)**
Cardiff and Vale University
Health Board, Roathwell
Surgery

6 January 2016

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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 Roathwell Surgery, Cardiff on 6 January 2016. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), a GP peer reviewer, a practice manager reviewer and two Community Health Council (CHC) representatives from Cardiff and Vale of Glamorgan CHC.

HIW explored how Roathwell 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

Roathwell Surgery currently provides services to 6992 patients living in the inner city area of Cardiff; the number having decreased by 2.8% (205 patients) in the twelve month period from January 2015-16. The practice forms part of GP services provided within the geographical area known as Cardiff and Vale University Health Board.

The practice also currently operates a branch surgery on the periphery of Cardiff City Centre. The practice made an application to close the branch surgery during September 2015. That application is pending; a public meeting being scheduled for Monday 11 January 2016 as part of the required public consultation process.

The practice employs a staff team which includes 4 GP partners, one business partner, 2 part-time practice nurses, a practice manager, one health care assistant and a team of administrative and reception staff.

Health Visitors, District Nurses, Community Psychiatric Nurses, a Midwife and a Counsellor (who are employed by the health board), work closely with the staff team at the practice.

The practice provides a range of general medical services, including:

- Management of long term health conditions
- Ante natal care
- Baby clinics/child health
- Cervical Cytology
- Minor Surgery
- Travel advice and vaccinations

We were accompanied by two members of the local Community Health Council (CHC) at this inspection.

3. Summary

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

Discussions with staff revealed that the practice team faced a number of challenges in their attempts to ensure that care, treatment and support was provided in response to people's basic human rights such as privacy and informed choice. This was due to the layout of the environment, recent staff changes and the limited resources/services available to assist staff when they needed to communicate with patients whose first language was not English.

Whilst it was evident that the team made every effort to meet patients' needs and expectations, we found that improvements were required in respect of the concerns/complaint process in place.

We found that the service placed an emphasis on providing safe and effective care to patients. This was largely achieved through working in partnership with other health, social care professionals and other statutory organisations.

Improvements were however identified in respect of the health, safety and welfare of staff and the need for staff training with regard to child and adult protection arrangements.

The practice staff presented as a hard working team. We also found evidence of a clear management structure and effective leadership.

In addition, the practice manager and GPs were committed to providing staff with formal training and developmental opportunities.

4. Findings

Quality of patient experience

Discussions with staff revealed that the practice team faced a number of challenges in their attempts to ensure that care, treatment and support was provided in response to people's basic human rights such as privacy and informed choice. This was due to the layout of the environment, recent staff changes and the limited resources/services available to assist staff when they needed to communicate with patients whose first language was not English.

Whilst it was evident that the team made every effort to meet patients' needs and expectations, we found that improvements were required in respect of the concerns/complaint process in place.

Two members of the Cardiff and Vale Community Health Council ¹(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 Roathwell Surgery through the distribution of questionnaires and via face to face conversations with patients and/or their carers. CHC members also considered the presentation of the internal and external practice environment.

The CHC have produced a report which provides an analysis of the information gathered. That report can be found at Appendix B.

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

We reviewed the content of a sample of 14 patient records at this inspection and found that the quality and detail was generally good. For example, we found evidence of effective communication and information sharing between the patient and the practice team. We were also able to confirm overall, how decisions relating to patient care and treatment, were made. In addition, records were up to date, understandable in accordance with professional

¹ Cardiff and Vale Community Health Council is a statutory organisation that monitors the quality of NHS services provided within the Cardiff and Vale University Health Board area. <http://www.wales.nhs.uk/sitesplus/897/home>

standards and guidance; and shared with other health and social care professionals when appropriate.

We found that patients' records were stored securely, updated and were able to be retrieved in a timely way.

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 observed that staff faced a significant challenge when trying to ensure that individual patients' conversations were not overheard by others, on arrival at reception. This is because the one waiting area at the premises was integral to the reception area and there was insufficient space to request patients stand at a distance from the reception desk to maintain confidentiality. Conversations with the practice manager revealed that ways of changing the layout of this area had been explored, but none proved to be practical, or in-keeping with fire safety guidelines.

The transparent screen between the reception staff and people in the waiting area however, did prevent telephone conversations (taking place behind the desk), being overheard.

Discussions with the practice manager confirmed that one of the consultation rooms would be used should patients wish to speak to reception/practice staff privately.

We saw that doors to consulting/treatment rooms were closed at times when practice staff were speaking with patients. This meant that appropriate steps were being taken to maintain patients' privacy and dignity.

We were informed that administrative staff had been provided with 'in-house' training with regard to chaperone duties, as there were occasions when a nurse was not available to assist during patient examinations. The practice had also developed a chaperone policy offering guidance to staff about this aspect of patients' dignity. Scrutiny of a sample of patient records at inspection however, showed that the offer of a chaperone to two patients, who were undergoing intimate examinations, was not recorded.

There was a patient dignity policy available to staff which set out the need for all staff to respect patients, and how that may be achieved. The practice was however advised of the need to link this document with the Equality Act 2010

because of its relevance to people's dignity and rights. The policy made reference to the availability of a hearing loop to assist patients with hearing difficulties to understand what was being said to them. We found that the portable hearing loop equipment was not in use and staff acknowledged that they had not used it for some considerable time. This was brought to the attention of a senior member of the practice team, as failure to offer this service may impact negatively on patients' dignity. A tannoy system was used to call patients from the waiting area to the consulting/treatment rooms.

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)

We found that the practice encouraged patients and/or their carers to provide feedback regarding services received, from time to time. The most recent survey, completed in the past two months, had resulted in the return of 25 patient questionnaires. We were informed that the results of that survey had been summarised (although we did not see a copy of that summary) and we were told that a further survey would be undertaken in the near future to seek a larger sample of patients' views as a means of identifying service improvements.

The above-mentioned surveys were also supported by patients views obtained through the GP revalidation² process.

We saw that patients were encouraged to provide the practice with feedback on services provided, via its newly created website. Specifically, the practice aimed to set up a virtual patient representation group to enable people to have their say. However, some patients may not have access to a computer to do this. Additionally, the wider practice population, (for example, patients who were unable to attend the surgery, patients whose first language was not English and individuals with learning disabilities or complex mental health problems/illness),

² Revalidation is the process by which all licensed doctors have to demonstrate to the General Medical Council (GMC) that they are up to date and fit to practise and complying with the relevant professional standards.

were not actively provided with alternative ways to offer their views or experiences regarding their care.

Conversations with the practice manager confirmed that the practice had attempted to set up a patient participation group in the past as a forum for obtaining patients' views on services provided. We were told that 100 patients had been invited to take part and only two patients turned up for the meeting. The practice has not explored this idea further since.

The practice had a written procedure and a separate comments/complaints and suggestions form in place to assist patients and their carers to raise concerns about their care and/or treatment. However, these were not displayed anywhere within the practice premises. In addition, neither of the written documents made any reference to 'Putting Things Right'³ arrangements or contact details of the local Community Health Council, to inform people of their right to seek advocacy and support with their concerns, if needed. We further found that there were some inconsistencies between the complaints procedure and the practice's complaints handling 'desk aid' (a form of quick reference guide); the timescale for acknowledging NHS complaints stated as being three days in the 'desk aid' which was not consistent with 'Putting Things Right', which states two days. This meant that staff may not therefore respond to patients appropriately following the receipt of a complaint.

Improvement needed

The practice is required to describe the action taken to ensure that patients are made aware of the NHS complaints process in place, the details of which must be consistent with Putting Things Right arrangements.

We saw that records had been maintained of written complaints received. The records demonstrated that the practice had dealt with the complaints brought to their attention in a timely manner. However, there was no system in place to record verbal concerns on an on-going basis. The practice therefore had no means of identifying themes, trends or improvements in this regard.

³ *Putting Things Right* relates to the current arrangements in Wales for raising concerns about NHS treatment.

Improvement needed

The practice is required to describe the action taken to ensure that verbal concerns are captured in accordance with Putting Things Right arrangements.

We found that there was a whistleblowing policy in place for staff to follow if they felt the need to raise any concerns about service provision to patients, in a confidential way. The policy did not however provide staff with contact details of relevant external organisations that may be called on to assist them if they felt unable to speak with anyone at their place of work. We therefore advised that this issue was addressed.

Delivery of safe and effective care

We found that the service placed an emphasis on providing safe and effective care to patients. This was largely achieved through working in partnership with other health, social care professionals and other statutory organisations.

Improvements were however identified in respect of the health, safety and welfare of staff and the need for staff training with regard to child and adult protection arrangements.

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)

We spoke with clinical and administrative staff at the practice during our inspection and were informed that there were regular occasions when they were threatened verbally by a minority of patients in the reception area and in the consultation rooms. Such situations therefore created difficulties in maintaining their own safety when attempting to support those patients and improve their health and well-being. There was therefore a system in place whereby staff would support one another on such occasions and a number of staff had received training with regard to the development of effective communication skills.

We found that there were two staff who took on the role of carer's champion. However, conversation with one of those individuals demonstrated that they were rarely approached by people who were designated carers. We were provided with a copy of the practice carer's policy. Whilst the policy referred to the need to identify carers (for example at the point of registering with the practice), there was no register of carers at the practice to highlight those individuals who may need support. There was no carer's communication board or leaflets to take away, which would have provided individuals with useful information as to where they could seek help and advice with their day to day caring responsibilities. In addition, the practice's newly launched website and patient leaflet made very little reference to this issue.

Improvement needed

The practice is required to describe how it will ensure that people, who are designated carers, are provided with opportunities to obtain advice and support with their role.

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)

All areas visited in the practice were tidy and free from trip hazards. Some consultation rooms were situated on the ground floor which enabled patients with mobility difficulties to gain access, easily and safely. A number of consultation rooms were however situated on the first floor of the building which meant that some patients would not be able to use those facilities.

There was a recently updated fire safety policy in place which provided staff with clear instructions about what to do in the event of a fire. We also observed the display of visual fire exit signs located throughout the building.

Conversations with staff though highlighted that they had not received any training during the past twelve months with regard to health and safety legislation.

Improvement needed

The practice is required to inform HIW of the action taken to ensure that all staff receive training with regard to health and safety legislation.

We found that there was a display screen equipment (workstation posture guide-desk aid) policy document held at the practice. However, when asked, staff told us that they had never been offered a formal risk assessment of their office work station/desk area or support as to how to complete an individual assessment; being frequent computer users. Additionally, two members of staff had personally purchased back rests for comfort purposes. These issues were brought to the attention of senior members of the practice team.

Improvement needed

The practice is required to inform HIW of the action taken to ensure that the health, welfare and safety of staff (who are frequent users of

computers in the workplace), has been assessed, in accordance with existing health and safety legislation.

There was a manual handling policy in place to advise staff on the handling, and lifting of items within the workplace.

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))

Areas of the practice premises visited appeared visibly clean overall and we were provided with a copy of the cleaning plan which had been agreed between the practice and an external cleaning contractor. The cleaning plan clearly set out the frequency of cleaning various areas/items and what standard was expected based on a risk assessment of each area concerned. We found that the internal environment was in need of some re-decoration.

Discussions with the practice manager confirmed that all instruments used during the course of minor surgery procedures were collected by an external contractor for the purposes of sterilisation/decontamination. The instruments would then be returned to the practice in sealed packaging ready for use.

We saw that appropriate hand washing facilities and paper hand towels were available in all clinical areas and toilet facilities seen, which helped to reduce the risk of cross infection and protect both patients and staff.

Conversations with senior members of the staff team highlighted that all clinical staff were expected to ensure they received Hepatitis B vaccinations as required. Examination of records held in this regard revealed that all clinical and administrative staff had been immunised; results of subsequent blood tests being kept at the practice.

There was an infection prevention and control policy and checklist in place to guide staff as to how to protect themselves and patients from cross infection. The policy stated that infection control training would take place annually for all staff; however, the training information made available to us did not confirm this.

Improvement needed

The practice is required to describe the action taken to ensure that all staff receive regular training with regard to infection prevention and control.

There was a policy in respect of the management of clinical waste which provided staff with guidance on this aspect of service provision.

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

Roathwell Surgery does not dispense medicines from the practice premises and we were told that patients tended to use local pharmacies for this purpose.

We were informed that the practice was looking forward to working with a new 'GP cluster'⁴ pharmacist and had already started to consider things that the pharmacist could help the practice team to improve, for the benefit of patients. This was in relation to aspects of prescribing specific drugs and ways of best managing situations where patients were being prescribed large numbers of medication for complex long term healthcare conditions.

Discussions with one of the GPs indicated that the practice partners usually completed medication reviews on a six monthly basis with their patients; some being undertaken at twelve month intervals.

Examination of a sample of fourteen records however showed that two patients had not received a review of their medication for more than twelve months. We also found that a third patient continued to be prescribed an item which should have been discontinued many months ago. These matters were brought to the attention of one of the GPs who took immediate action in respect of our findings associated with the third patient.

⁴ A GP practice 'Cluster' is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. GPs in the Clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients.

Scrutiny of the content of two other patients' consultations/medical notes further revealed that the GP's findings in both cases were at odds with the medication that was prescribed. These matters were discussed with one of the GPs in order that all GPs are reminded of the need to ensure that consultation records are sufficiently detailed in future in terms of the reasons for prescribing patients' treatment. The GP concerned assured us verbally that the above matters would be addressed.

We considered the arrangements in place with regard to the management of patient who are prescribed Warfarin drug treatment and near patient testing⁵, but were unable to obtain very much information about this aspect of care on the day of inspection as the staff responsible were not present. HIW therefore contacted the practice the day after the inspection to seek the information needed. The initial response from the practice did not provide sufficient detail about how the practice monitored relevant patients, or who was responsible for ensuring that regular blood tests took place prior to medication being prescribed on an on-going basis. HIW therefore requested additional information and were subsequently provided with sufficient written assurance that patients received their care and treatment in a safe manner.

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)

We were told that one of the GP partners was the nominated lead for child and adult safeguarding and we were provided with a copy of their child and adult protection protocols respectively.

The child protection protocol made repeated references to healthcare bodies and committee procedures that applied in England. The practice's vulnerable adults policy also made reference to healthcare bodies that formerly existed in England. We did however see that a separate copy of the All-Wales child protection procedures was available to staff.

⁵ Near patient testing is an enhanced service which refers to the more specialised services to be provided within primary care. The treatment of several diseases within the fields of medicine, particularly in rheumatology, is increasingly reliant on drugs that, while clinically effective, need regular blood monitoring. This is due to the potentially serious side-effects that these drugs can occasionally cause. It has been shown that the incidence of side-effects can be reduced significantly if this monitoring is carried out in a well-organised way, close to the patient's home. <http://www.wales.nhs.uk/sites3/Documents/480/near-patient-testing-e.pdf>

The above issues however meant that staff were not provided with relevant information about All-Wales adult safeguarding arrangements or contact details for the local adult and child protection teams.

Improvement needed

The practice is required to revise its child and adult protection protocols and provide HIW with a copy. This is in order to provide HIW with assurance that staff have access to All-Wales safeguarding arrangements and details of local organisations for reporting purposes.

We were told that all reception staff had received level 1 child protection training. Discussions with one of the GPs did indicate that they had completed level 3 child protection training during July 2015. We were also informed that all GPs were required to complete mandatory child protection level 3 training. This would then be documented in individual GP appraisal folders in the future.

Examination of two (clinical) staff files and conversations with members of the staff team revealed that there were gaps in staff training; with four individuals not having received any training with regard to child protection in the past two years in accordance with the practice protocol. The same applied to training with regard to adults at risk.

Improvement needed

The practice is required to provide HIW with details of the action taken to ensure that all staff receive the appropriate level of child and adult protection training to support them in their work and to protect at risk members of the practice population.

One of the GPs indicated that the practice team had received its first IRIS (Identification and referral to improve safety) training, a programme funded by South Wales Police to try to identify domestic abuse at an early stage. The practice was waiting for their allocated link worker to organise a meeting at the surgery with the clinical and administrative team. Once this has been completed the surgery will be an IRIS safe surgery and will have posters and telephone numbers on the wall for vulnerable patients to see and use.

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 there was a named GP with responsibility for receiving, and distributing information about, patient safety incidents. We were also informed that staff were encouraged to raise any concerns they may have about patients' safety.

We were told that all-Wales safety alerts and notices received at the practice were emailed to each GP partner and discussed at monthly practice partner meetings. Conversations with the practice manager also revealed that changes were made to policies as a result of those discussions, to ensure that practice staff had the most up to date information to assist them in their work.

However, we identified that not all staff were invited to attend meetings where such matters were discussed. This meant that opportunities for learning from significant events/patient safety incidents may have been missed. This was brought to the attention of the lead GP during our visit.

Improvement needed

The practice is required to provide HIW with details of how it will ensure that all members of the practice team are encouraged and enabled to report, and reflect on, incidents in the future so that lessons may be learned and the risk of repeated events is minimised.

One of the GPs informed us that the practice had been able to introduce an electronic advice system at the surgery. This was because a number of hospital based consultants agreed to offer e-mail advice to GPs in an attempt to ensure that patients received effective care. The practice also continued to use teledermatology⁶ and told us that they highly regarded that service when making decisions about patients' treatment.

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

We were told that the practice had not been asked by patients at any time, to discuss their health problems in Welsh during appointments. We were able to

⁶ **Teledermatology** is the use of communication technology to connect healthcare practitioners and patients with dermatologists to improve skin health. The technology allows the patient to be examined and even treated for their skin condition without making a trip to the hospital.

confirm though that staff regularly tried to use 'language line'⁷ to assist patients (whose first language was not English) to discuss their health related problems with doctors and nurses. We were told however, that interpreters were not available to assist on many occasions.

One clinical member of the practice team described how they sometimes used 'google translate' to assist patients to communicate in the language of their choice in an interactive way. The staff member also described how she provided patients with written information downloaded from the computer software, in a language to suit their needs.

We found that the practice had recently launched its website which contained a section that allowed patients to download general health information in a wide variety of languages to help them to understand their rights.

We further found that there was a well established electronic messaging system in place to convey patient messages to the GPs. This served to minimise any delays in responding to patients' 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)

The practice manager told us that the practice's patient information leaflet was produced in normal and large print, in response to individual requests. We saw that the leaflet contained a useful self help section which guided patients on what to do when faced with certain illnesses/minor injuries.

We requested to see a copy of the patient consent form used at the practice associated with minor surgery procedures and joint injections. We found that the documentation used took full account of the needs, language ability and ages of patients in obtaining consent prior to the medical treatment, investigation or minor operation.

⁷ **Language Line** is a UK language translation service agency that provides a wide range of language services. www.languageline.co.uk

Timely care

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

Conversations with members of the staff team revealed that patients were able to make advance appointments with GPs (two weeks in advance); six appointments being available for booking each morning and four being available every afternoon (per GP). The practice manager also told us that the practice had recently introduced the My Health Online⁸ system. The practice had not yet however conducted a review of the revised appointment arrangements (which were introduced during June 2014); to determine patients' views or whether any further changes may be made.

In an attempt to meet patients' changing/complex needs, one of the GPs indicated that the team would like to develop the increased use of technology. For example, the practice wished to increase telephone consultations with patients (where appropriate) and invite e-mail requests for repeat prescribing. However, the practice team felt that they were unable to pursue these initiatives at this time due to staff and time constraints.

Discussions with the lead GP further revealed that the practice faced on-going challenges in terms of the number of appointments requested by patients versus the number of appointments available. We were informed that this was partly due to the limited number of doctors' hours/appointments available at the practice at any one time.

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)

⁸ **My Health Online** gives patients the opportunity to book GP appointments, order repeat prescriptions and update their general details such as change of address, from their home computer. <http://www.wales.nhs.uk/nwis/page/52549>

We found that the practice made efforts to provide appropriate and consistent services to a culturally diverse population. They did this through assessing the needs of individuals who visited the practice (some of whom were registered for very short periods of time only) and providing care and treatment accordingly. The practice team also placed an emphasis on working with the health board, community based health and social care teams and Cardiff Health Access Practice (CHAP)⁹ to provide primary health care services to some of the most vulnerable individuals living in the inner-city area served by the practice.

⁹ CHAP provides an initial public health and general healthcare screening service for newly arrived asylum seekers. It also provides an ongoing Primary Care service for vulnerable patients. In this case, 'vulnerable' would mean those having difficulty achieving or sustaining registration with a mainstream GP practice.

Quality of management and leadership

The practice staff presented as a hard working team. We also found evidence of a clear management structure and effective leadership.

The practice manager and GPs were committed to providing staff with formal training and developmental opportunities.

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.

Conversations with one GP partner revealed that the practice continued to experience significant challenges in terms of providing effective care and treatment to their practice population. This was partly due to the large numbers of patients who would register with the practice for very short periods of time. We were also made aware of the particular challenges associated with newly registered patients who presented with a lifetime of unmet physical and psychological needs.

We were told that a full clinical governance self assessment toolkit was currently being filled in by members of the practice management team. This was updated on annual basis and was used to try to develop ideas for the provision of services in response to the changing needs of the patients.

The practice had a Practice Development Plan and we were told this was reviewed regularly by the lead GP and practice manager.

We found that GPs at the practice met every month to discuss all matters relating to the day to day operation of the service. Staff also told us that they would attend staff away days twice a year. In addition, the staff annual appraisal process (which was viewed very positively by staff) had enabled them to ask a variety of questions associated with their work and to provide ideas and suggestions for improvement to services to patients.

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 found that the practice had recently employed three new reception staff as one long standing member of the team had retired, and two individuals had taken up other administrative duties.

Discussions with staff confirmed they had been provided with some training opportunities in the past twelve months in accordance with their identified roles within the practice. These were largely provided through monthly continuing professional development sessions attended by the wider practice team on a variety of topics.

Conversations with individual staff confirmed that they felt able to raise any work related concerns with senior practice staff.

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 Roathwell 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: Roathwell Surgery

Date of Inspection: 6 January 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
Page 9	The practice is required to describe the action taken to ensure that patients are made aware of the NHS complaints process in place, the details of which must be consistent with Putting Things Right arrangements. Health and Care Standard 6.3		We are in the process of setting up a notice board which will have information specifically for Roathwell Surgery. We will include information regarding the NHS complaints process.	Alyson Brettell	1/2 months
Page 10	The practice is required to describe the action taken to ensure that verbal concerns are captured in accordance with Putting Things Right		We always try to encourage patients to put any complaints/concerns in writing. These will then be discussed at the partners meeting.		

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	arrangements. Health and Care Standard 6.3		However saying that, if patients would rather make a verbal complaint/concern we will try and resolve these on the day if at all possible. All verbal complaints/concerns will be reported to either the Business Partner or Practice Manager.	Alyson Brettell	Ongoing
Delivery of safe and effective care					
Page 11	The practice is required to describe how it will ensure that people, who are designated carers, are provided with opportunities to obtain advice and support with their role. Health and Care Standard 1.1		We are gathering information for carers and having a specific notice board put up in reception for this information to be displayed on.	Alyson Brettell	1/2 months
Page 12	The practice is required to inform HIW of the action taken to ensure that all staff receive training with regard to health and safety legislation. Health and Care Standard 2.1		We have CPET days once a month and we will organise a session during one of these days. This will either be done through E-learning or we will look to have outside training provided.	Alyson Brettell	ongoing
Page 12	The practice is required to inform HIW of the action taken to ensure that		We have purchased the health & safety (display screen) regulations	Alyson Brettell	3/6 months

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	<p>the health, welfare and safety of staff (who are frequent users of computers in the workplace), has been assessed, in accordance with existing health and safety legislation.</p> <p>Health and Care Standard 2.1</p>		<p>handbook. We will use this to assess all staff using computers and make any changes as required.</p>		
Page 13	<p>The practice is required to describe the action taken to ensure that all staff receive regular training with regard to infection prevention and control.</p> <p>Health and Care Standard 2.4</p>		<p>Again we have CPET days once a month and we will organise a session during one of these days. This will either be done through E-learning or we will look to have outside training provided.</p>	Alyson Brettell	ongoing
Page 15	<p>The practice is required to revise its child and adult protection protocols and provide HIW with a copy. This is in order to provide HIW with assurance that staff have access to All-Wales safeguarding arrangements and details of local organisations for reporting purposes.</p> <p>Health and Care Standard 2.7</p>		<p>We have revised both our Child and Adult protection protocols and a copy of each will be kept in reception.</p>	Alyson Brettell	completed

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Page 15	<p>The practice is required to provide HIW with details of the action taken to ensure that all staff receive the appropriate level of child and adult protection training to support them in their work and to protect at risk members of the practice population.</p> <p>Health and Care Standard 2.7</p>		<p>All reception staff who have not yet completed training will undertake this in a CPET session via E-learning. We will also check the level of training that each clinical member has completed and if necessary organise additional training.</p>	Alyson Brettell	ongoing
Page 16	<p>The practice is required to provide HIW with details of how it will ensure that all members of the practice team are encouraged and enabled to report, and reflect on, incidents in the future so that lessons may be learned and the risk of repeated events is minimised.</p> <p>Health and Care Standard 3.1</p>		<p>Information will be passed to reception staff via the reception supervisor who will report to the partners at the monthly practice meetings. Concerns that staff have regarding patients can report these to the supervisor who will then report back to the partners at the monthly meetings. If it is felt that an incident needs to be addressed before a meeting then these can be brought to the attention of the Practice Manager or Business Partner who will then speak directly to the partners. We will also set aside time before CPET training for</p>	Alyson Brettell	ongoing

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			staff to discuss any concerns and also receive information regarding any incidents or information received by the practice.		
Quality of management and leadership					
	No formal improvements identified				

Practice representative: Alyson Brettell

Name (print): Alyson Brettell

Title: Practice Manager

Date: 2/3/2016

Appendix B

Community Health Council Report

Report from Community Health Council

HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Roathwell Surgery
Date / Time:	6 th January 2016 – 9:30am
CHC Team:	Cardiff and Vale of Glamorgan Clare Clements – Member David Turner – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

The CHC visiting were able to speak to, and undertake a patient survey with, 8 patients during this joint visit.

7 of the 8 patients (88%) found the booking of an appointment to be difficult or very difficult. The main concerns of these patients relate to getting through on the phone and getting an appointment that fits in with work commitments. One patient did comment that they “cannot just walk in and get an appointment” which had been the arrangement previously.

It was recorded that 6 of the patients spoken to, were not seen at their

allocated appointment time. 2 of these patients went on to wait over 20 minutes beyond their allocated time.

When asked to individually rate the 'greeting', 'understanding of concerns', 'treatment explanations' and 'awareness of your medical history' for the GPs and Nurses, all responses were 'excellent' with the exception of GPs 'understanding of concerns' which received 3 ratings of good.

Overall, patients rated their experience of this practice as good. There were no ratings of 'poor' or 'very poor' recorded, although neither was there a rating of excellent.

Observations

Environment - External

- There is only on street parking available at the Practice. Given the location of the Practice and the population it serves, this does not make it the most accessible of surgeries.
- There is ramp access to the Practice from the main road.

Environment - Internal

- There are concerns over the capacity at the surgery, especially in consideration of the proposed closure of the branch surgery in Splott. This would have a significant impact on the main surgery, with additional patients attending.
- Despite the limitations of the building, the Practice team do their utmost to accommodate their patients in whatever way they can. For example, all patients with mobility issues are seen in a downstairs consulting room.

Communication & Information on Display

- There is an adequate supply of information on display. However, there was no information relating to winter issues such as Flu immunisation and shingles.

- It was noted that the Practice had posters up in regard to the patient meeting to discuss the proposed closure of their branch surgery.

Clare Clements
CHC Member

