

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

2 February 2016

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In writing:

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

Or via

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

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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 Station Road Surgery, 15-16 Station Road, Penarth, Vale of Glamorgan on 2 February 2016. Our team comprised of an HIW inspection manager (inspection lead), a GP peer reviewer and two representatives from Cardiff and Vale of Glamorgan Community Health Council.

HIW explored how Station Road 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

Station Road Surgery currently provides services to approximately 5,169 patients in the Penarth area of the Vale of Glamorgan. The practice forms part of GP services provided within the geographical area known as Cardiff and Vale University Health Board.

The practice employs a staff team which includes 4 part-time GP partners, 2 practice nurses, a team of receptionist/administrative staff and a part-time practice manager.

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

Patients registered with the practice who are residing in nursing homes (within the practice's geographical area) are also supported by the Penarth Integrated Care Team (PICT).¹

The practice provides a range of services, including:

- The management of long term health conditions
- Ante natal care
- Baby clinics/child health
- Cervical Cytology
- Minor Surgery
- Family Planning Clinics

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

¹ The Penarth Integrated Care Team¹ (PICT) was established comprising 2 nurses working the equivalent of 6 days and 1 doctor working 3 days per week. The team works with four GP practices and is GP managed. The team also works with nursing homes, residential homes, secondary care providers and the local authority in order to identify patients who would benefit from detailed assessment and support from services linked to primary care.

3. Summary

Patients' views about the services provided by Station Road Surgery were obtained by members of the local Community Health Council (CHC). Patients told the CHC that they were satisfied with the service provided; each one commenting very positively on the level of care they received from all staff.

We found that staff treated patients with respect and arrangements were in place to ensure that patients' privacy and dignity was maintained.

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.

We were also able to confirm that the practice was very well organised and had a wide range of procedures and processes in place which helped to ensure that patient care was delivered in a timely way.

We did identify the need for some improvement to the way which patient consultations were recorded within the practice system.

Consideration of the arrangements in place to manage the day to day operation of this service revealed that it was well led, with a demonstrable emphasis on improving delivery of care to patients.

We also found that there was a focus on developing nursing and administrative staff as a means of fostering a culture of learning and professionalism.

4. Findings

Quality of the patient experience

Patients' views about the services provided by Station Road Surgery were obtained by members of the local Community Health Council (CHC). Patients told the CHC that they were satisfied with the service provided; each one commenting very positively on the level of care they received from all staff.

We found that staff treated patients with respect and arrangements were in place to ensure that patients' privacy and dignity was maintained.

Two members of the Cardiff and Vale Community Health Council ²(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 Station Road 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.

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 saw that people visiting the practice were treated with dignity and kindness and arrangements were in place to protect patients' privacy. For example, whilst reception staff did answer calls from patients at the reception desk, the use of their personal details was kept to a minimum to reduce the possibility of compromising patient confidentiality. We also saw that the ground floor patient waiting area (located opposite the reception desk), was enclosed by a glass partition and doorway, to prevent conversations being overheard.

² 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>

Conversations with members of the staff team revealed that they had not been asked by any patient to produce practice information in Welsh, to date. We did note though that there were copies of the practice's patient information leaflet at reception, in normal and large print, for people to take away with them.

There was a portable loop hearing system at the reception desk for the benefit of patients with hearing difficulties to understand what was being said to them. Staff told us that they had received training in its use although patients did not tend to request this form of assistance.

We were given a computer software demonstration of how the practice team were able to readily identify patients who may need some additional help when they visited the practice (for example, patients with visual or hearing difficulties, or complex health care conditions/learning disabilities). This meant that the practice placed an emphasis on being as pro-active in supporting their patients as possible.

Discussions with the practice manager revealed that one of the consultation rooms or the treatment room 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 provided with a copy of the practice's chaperone policy which provided staff with advice regarding chaperone duties, as there were occasions when a nurse was not available to assist during patient 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)

We found that the practice actively encouraged and enabled patients and/or their carers to provide feedback regarding services received, on an annual

basis. This was achieved through a GP cluster-wide³ survey which took place during June each year. We saw that patient responses to the 2015 survey had been positive. We were further informed that patients' feedback obtained as part of the GP's revalidation⁴ process, had generally been very complimentary.

There was a suggestions box in the patient's waiting area, the use of which was monitored regularly by the practice manager. We were told however that patients never took the opportunity to use it.

The practice had recently made an attempt at re-establishing a patient participation group which could be used to identify and discuss ideas for improving services to patients. Given that such a small number of people responded to letters in this regard, the practice told us that they were planning a further meeting where they hoped more patients would volunteer to take part.

We found that patients were also encouraged to provide the practice with feedback on services provided, via its website. However, some patients may not have access to a computer to do this.

The practice had a clear written process to guide staff as to what they needed to do when patients raised any concerns (complaints) about services received. Whilst the content of the process reflected *Putting Things Right*⁵ arrangements, there was no information on display in either of the two waiting areas to inform patients about this process. During the course of our inspection, the practice manager promptly created a poster which was then displayed for patients to see.

We saw that records had been maintained of complaints received. The records demonstrated that the practice had dealt with the complaints brought to their attention, in a timely manner. We also saw that there was a whistleblowing

³ 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.

⁴ 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.

⁵ *Putting Things Right* relates to the current arrangements in Wales for raising concerns about NHS treatment.

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.

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.

We were also able to confirm that the practice was very well organised and had a wide range of procedures and processes in place which helped to ensure that patient care was delivered in a timely way.

We did identify the need for some improvement to the way which patient consultations were recorded within the practice system.

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 reviewed the content of 20 electronic patient records and found that clinical staff had generally provided patients with sufficient information about their health condition, investigations needed and options for managing their health and wellbeing.

Staff confirmed that the practice had two nominated 'Carer's Champions' who were available to assist people in their role as carers. One of the two staff concerned described how they would provide carers with information about various agencies and organisations that may be able to support them with their day to day responsibilities.

Whilst we were told that some carers rarely approached them, the practice had developed a procedure whereby carers were encouraged to make themselves known to a member of the staff team. One of the carer's champions would then request that a carer's identification form be completed, which assisted in determining what additional support and advice may be required. We were also informed that individuals who had a designated carer role (where this was known to be the case), were 'flagged up' on the computer system to raise staff awareness of some of the difficulties they may face.

We saw a large display of relevant information and leaflets within the ground floor waiting area for people/carers to take away. In addition, the practice were awaiting a visit from a representative of the Vale Local Authority as they were seeking to secure a bronze award for their work in supporting individual carers of patients, who were registered with the practice.

Patients can be assured that the service made every effort to anticipate their needs. This is because we were provided with a copy of the practice's development plan which contained detailed information about the approach taken to service delivery. We further found that meetings of representatives associated with the GP cluster⁶ in the area had resulted in a number of discussions on various topics which included:

- The exploration of the concept of a virtual patient participation group
- The completion of an annual cluster patient satisfaction questionnaire
- The collection of data on unsafe patient hospital discharges

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 were able to confirm that there were a range of appropriate and up to date practice policies and procedures in place. This meant that staff had access to relevant information to assist them in their work. Discussions with the practice manager confirmed that when a policy was reviewed (for example, on an annual basis, or when changes needed to be made in accordance with revised professional guidance), he made sure that staff were aware of how this may affect the way they did things.

We saw that there were suitable arrangements in place for the storage and collection of clinical and household waste from the practice.

⁶ 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.

A brief tour of the building revealed that the practice team were providing care to patients alongside considerable environmental constraints.

The practice premises did not have any disabled parking, had limited disabled access (internally and externally) and the majority of consultation rooms were located on the first floor of the building. Those rooms could only be accessed via steep stairs as there was no lift and no possibility of putting a lift in place.

The practice had explored the possibility of fitting a stair lift to the first floor. This was however considered to be a concern by the fire officer as there was only one stairway which acts as the fire escape from the first and second floors respectively.

The premises were considered to be too small for the number of patients registered with the practice; rooms having multiple occupancy. For example, on any given day, rooms were occupied (at different times), by a GP, health visitor, midwife, and other agencies. In addition, there was no room for expansion to enable the practice to encourage GP trainees, or other healthcare professionals to work at the practice to improve services for patients.

We were provided with a copy of an accessibility report (regarding the practice premises) which the GP partners had paid to have completed by an external organisation. The report highlighted that the building created challenges for the team when delivering care to patients, particularly as there was little scope for making improvements to the layout or fabric of the premises.

In addition, the electrical wiring report dated March 2015 emphasised that two of the four electrical circuits in the building were unsatisfactory. Attempts to address those matters had been complicated by the fact that the building is not owned by the current GP partners.

Clinical rooms seen were tidy and free from clutter and trip hazards, and key codes were fitted to doors of administrative offices to prevent unauthorised access. This meant that the practice recognised the importance of ensuring staff and patients' safety and the security of all records held at the premises.

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))

Discussions with the practice manager confirmed that all minor surgery instruments were single use only, as a means of preventing infection.

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

All relevant members of the practice team had received Hepatitis B vaccinations and we were able to confirm their subsequent level of immunity by looking at the information held. This meant that there was an appropriate system in place to ensure that staff and patients were protected from this blood borne virus.

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 discussed the local policy in place for effective prescribing with one of the GPs. We also reviewed the content of the practice development plan with regard to prescribing. As a result we were satisfied that there was compliance with legislation, regulatory and professional guidance.

We specifically considered the arrangements in place with regard to the management of patient who are prescribed Warfarin drug treatment and near patient testing⁷. As a result, one of the nurses provided us with a very detailed explanation of the process in place to monitor and support patients in receipt of those services provided by the practice. We were also given a copy of a newsletter (dated December 2015), which the nurses had prepared for patients

⁷ 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>

in receipt of warfarin therapy. This was with the intention of providing patients with some practical tips about diet, alcohol and the effects that other medication may have when taking warfarin.

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 found that all practice staff had received level 1 child protection training and arrangements had been made for a number of staff to attend adult protection training during June 2016. Four doctors had already completed level 2 adult protection training and three had completed level 3 child protection training, one being in the process of completing an on-line course. One of the GPs was known to be the nominated lead for safeguarding matters and the practice had also developed detailed policies and procedures for staff to follow should they become aware of any allegations of adult or child abuse.

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 spoke with members of the practice team on the day of our inspection and were able to confirm that staff were encouraged to raise any concerns they may have about patients' and/or their own, safety.

We were told that all-Wales safety alerts and notices received at the practice were emailed to each GP and discussed between the partners in a timely way. 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.

All staff were invited to attend formal practice meetings which were held every six months where day to day practice matters and patient safety incidents were discussed. A number of staff also confirmed that there were daily opportunities to address any service issues with the practice manager and /or one of the GPs. Additionally, as each of the four GPs worked on a part-time basis, they had a well established means of communicating with each other (usually by email or telephone) throughout the week. This was to ensure the smooth running of the practice and to share key information about services provided.

Administrative staff told us that they attended their own meetings every two months (approximately) as a means of sharing ideas about work processes.

We also saw the notes recorded from the first meeting held between the practice and a local mental health organisation. We were told that such meetings were to continue in the future as a means of determining how best to support patients in receipt of mental health services and to identify and address any gaps in the provision of care.

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 confirm though that staff would use 'language line'⁸ to assist patients (whose first language was not English) to discuss their health related problems with doctors and nurses, if required.

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. More specifically, we found that the practice secretary conveyed messages to GPs in respect of patient test results and messages (where GP action was required) were not 'closed' on the system until those actions were completed.

Record keeping

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

We explored the content of 20 patient electronic records and found that members of the practice team, or locum doctors would have no difficulty deciding what needed to be done next. The amount of detail provided within the

⁸ **Language Line** is a UK language translation service agency that provides a wide range of language services. www.languageline.co.uk

records overall, also assisted with providing continuity of care to patients. However we did find the need for some improvement because of the following:

- Five of the patient records did not always provide details of patient examinations carried out in an easily identifiable form. For example, one patient had been prescribed medication for asthma, but there was no evidence of the recording of a chest examination. This meant that the record was incomplete and may create difficulties at future consultations when GPs need to make a comparison regarding the usefulness of medication prescribed
- Where changes were made to a small number of patients' daily prescribed medication, there was not always a planned follow-up visit put in place

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to ensure that the quality of record keeping remains consistent with existing professional standards for the clinical structure and content of patient records.

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

Dignified care

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

We saw that the practice's patient information leaflet was produced in normal and large print, for the benefit of patients and their carers.

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

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)

The practice is open Monday to Thursday between the core hours of 8:30am to 6:00pm and doesn't close at lunchtime. The first available appointment is 8:30am each day with the exception of Friday, when this changes to 8:10am; the last appointment being 17:50pm. This revised arrangement (since June 2014) had created more appointments for patients on one of the busiest days of the week.

The practice had started to encourage people to use the 'My Health On-line'⁹ service as a result of comments made by some patients following the June 2015 practice survey. This was in order to make it easier for patients to access services.

We found that the practice had a limited number of pre-bookable daily appointments (up to 4 weeks in advance); the remaining appointments being accessed via a combination of My Health online, telephone, or by patients turning up at the practice.

Conversations with the practice manager and GPs revealed however that the practice continued to face challenges in terms of the number of appointments requested by patients versus the number of appointments available.

^{9 9} **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>

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)

Demographically, the population within the Eastern Vale GP cluster is elderly, with 20.9% patients over the age of 65 years compared to the Cardiff and Vale University Health Board average of 14.5% and the Wales average of 18.7%.

In addition, the percentage of patients with mental health problems is higher than the Wales average.

Discussions held with members of the team, demonstrated that the practice made every effort to work closely with other health and social care professionals and groups to support patients in the community wherever possible. Conversation with the practice manager also revealed the practice's intention to work with the GP cluster and voluntary organisations to identify opportunities for collaboration, which would hopefully have a positive impact on patients' care in the future.

We saw that the practice had a current policy in place explaining how staff may assist patients (whose first language was not English) to understand practice services. The practice staff also had easy access to a current equal opportunities policy and one which related to whistleblowing, should they feel the need to raise any concerns about patient care outside of the practice team.

Quality of management and leadership

Consideration of the arrangements in place to manage the day to day operation of this service revealed that it was well led, with a demonstrable emphasis on improving delivery of care to patients.

We also found that there was a focus on developing nursing and administrative staff as a means of fostering a culture of learning and professionalism.

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 the practice manager and three of the GPs revealed that they completed regular audit activity based on aspects of service provision. Examples of those related to all prescribing audits determined by the health board as well as supplementary audits relating to some treatments for mental illness.

We were also made aware of the efforts they made to keep up to date with local and national guidance regarding the provision of primary care services. This was partly achieved through the involvement of GP partners with the wider work of the health board and the local medical committee.

We were provided with a copy of the practice's business continuity plan which clearly set out the contingency arrangements in relation to unforeseen events. This was as a means of minimising any disruption to the provision of care, treatment and support to patients.

We also saw the practice's clinical governance policy which provided an overview of how it would empower patients to offer their views on services received. The policy also referred to how the practice would seek to identify any risks associated with service delivery and how those risks would be managed as well as commenting on the recruitment, management and development of 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 found there was an induction/orientation programme in place to ensure the effective introduction of new members to the practice team. This meant that patients were treated by individuals who had received training and support to become familiar with their role and practice processes.

Conversations with staff revealed they were happy in their roles and told us that the practice worked well together. All individuals appeared very motivated and offered examples of how they help one another to provide prompt, safe and effective care to patients.

We spoke with one of the practice nurses about the arrangements in place for her and the other practice nurse to complete the required nursing and midwifery council revalidation¹⁰ process and were satisfied that they were in receipt of sufficient support in this regard.

Discussions with individual staff confirmed that they felt confident in raising any issues of concern about the delivery of care and treatment to patients on a day to day basis; improvements being made as far as possible.

¹⁰ **Revalidation** is the new process that all **nurses** and midwives will need to go through in order to renew their registration with the Nursing and Midwifery Council.
revalidation.nmc.org.uk/

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 Station Road 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.

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: Station Road Surgery

Date of Inspection: 2 February 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
	No improvements identified				
Delivery of safe and effective care					
Page 16	The practice is required to inform HIW of the action taken/to be taken to ensure that the quality of record keeping remains consistent with existing professional standards for the clinical structure and content of patient records.	3.5	All partners have now undertaken an audit of each other's record keeping and are satisfied that the overall standard of record keeping is high. For future reference the partners will work to the GMC Good Medical Practice (2013) Domain 1 Para 19-21 <i>"Record your work clearly, accurately & legibly"</i>	Dr J D Griffin	Immediately
Quality of management and leadership					

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	No improvements identified.				

Practice representative:

Name (print):Carl Dean Lloyd.....

Title:.....Mr.....

Date:.....8/3/16.....