

**General Practice  
Inspection (announced)**

Hywel Dda University  
Health Board,

Furnace House Surgery

17 November 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at Furnace House Surgery, St. Andrews Road, Carmarthen, SA31 1EX on 17 November 2015. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), a GP and a practice manager peer reviewer and two CHC members, representatives from Hywel Dda Community Health Council.

HIW explored how Furnace House 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. More detail regarding the finding of the CHC can be found in annexe B or on their website;

[www.communityhealthcouncils.org.uk/hywellda](http://www.communityhealthcouncils.org.uk/hywellda)

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## 2. Context

Furnace House Surgery currently provides services to approximately 14,399 patients in the Carmarthen area 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 7 GP partners; 2 salaried GP's; 6 nurses; 2 healthcare support officers; a practice manager and 15 part time receptionists. There are also arrangements for health professionals employed by the health board to be based at the practice.

The practice provides a range of NHS clinics and services (as cited within the patient information leaflet) including:

General practice

Coronary Heart clinic

Chronic obstructive pulmonary disease

Hypertension clinic

Asthma clinic

Diabetic clinic

Well woman clinic

Baby and immunisation clinic

Minor surgery

Antenatal clinic

Travel immunisation

Blood pressure checks

### 3. Summary

HIW explored how Furnace House Surgery met standards of care as set out in the Health and Care Standards (April 2015). Patients' views about the service provided by Furnace House Surgery were obtained by two members of the local Community Health Council (CHC) who accompanied us on the inspection.

Overall, patients told the CHC that they were satisfied with the practice and their relationships with staff delivering services. The vast majority of patients rated their overall experience of the practice as excellent or good and patients that the CHC spoke to were largely positive about their care and treatment.

We found the practice had arrangements in place to promote safe and effective patient care.

The practice made information available to patients to help them take responsibility for their own health and well being and to support carers.

The sample of patient records we reviewed were detailed and demonstrated care had been planned to ensure the safety and well being of patients. Internal communication systems were in place which aimed to avoid delays in referrals, correspondence and test results.

Suitable arrangements were in place to ensure the safe prescribing and review of medicines and to learn from any patient safety incidents.

Suitable arrangements were in place regarding safeguarding children and adults at risk. Staff had received appropriate training in this area.

We found the practice environment needed some improvements to ensure it was safely accessible from outside areas and protected the privacy of patients.

Suitable clinical procedures were in place to reduce the risk of the spread of infections and current arrangements seemed appropriate in protecting patients from preventable healthcare associated infections.

The practice had an effective, efficient management structure in place. There was clear delegation of responsibilities and staff all understood what was expected of them. We were met by a patient-centred staff team who were professional, knowledgeable and confident in their roles.

## 4. Findings

### *Quality of patient experience*

Patients' views about the service provided by Furnace House Surgery were obtained by two members of the local Community Health Council (CHC) who accompanied us at the inspection.

The vast majority of patients rated their overall experience of the practice as excellent or good, and patients that the CHC members spoke to, were largely positive about their care and treatment. Although many patients stated they found it difficult to make an appointment via the telephone, most patients confirmed that, having contacted the practice, they could see a GP within 24 hours, or a GP of their choosing within two days. However some patients reported having a wait of more than 20 minutes after their appointment time to be seen.

The pavement outside the main entrance was in poor repair, and it was not clear who was responsible for its maintenance. Patients also complained about having to use a nearby council owned pay and display car park.

In general, patients were satisfied with the overall environment within the surgery itself, although a significant amount of patients commented on the lack of clear signs for the public toilets.

Some patients suggested a private area for women to breastfeed their infants would be desirable.

The CHC have produced a more detailed report regarding the above issues which can be found at Appendix B.

### ***Improvement needed***

***The practice must ensure that access to the current appointments system enables patients' timely access to care.***

***The practice should ensure that clear signs are available in the waiting area so that patients can identify the toilet facilities.***

***The practice needs to consider the possibility of providing a private area for women to breastfeed their infants.***



*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)*

People visiting the practice were treated with dignity and kindness, and arrangements were in place most of the time to protect patients' privacy.

For example, we saw that most doors to individual consultation and treatment rooms were kept closed at all times, when staff were attending to patients. However the phlebotomist's (employed by the health board to take blood samples) room remained open throughout. This meant that not all staff were taking appropriate steps to maintain patients' privacy and dignity during consultations.

### ***Improvement needed***

***The practice must ensure the privacy of patients whilst receiving consultations and treatments.***

We observed staff greeting patients both in person and by telephone in a polite, friendly and welcoming manner and treating them with dignity and respect. There was a trilingual electronic check-in system in place to assist patients whose first language was English, Welsh or Polish. This showed that the practice understood the local community and the language needs of the population. We also saw bilingual signs (English/Welsh) throughout the building, and we were told that a number of the qualified staff could speak both English and Welsh. However the reception/administration staff could only speak English. The practice manager told us that this would be considered in future workforce planning.

The website was bilingual (English/Welsh) and the practice was already looking at translating current patient information leaflets into Welsh. The practice website enabled patients to request appointments. The practice also offered a text reminder system for their appointments, which patients could receive if they wished.

There was a front reception area which was acceptable, although there was no lowered area for staff to speak with patients using mobility aids, at face level. There was though, an enclosed area behind the front desk, which offered privacy to staff making and receiving telephone calls. We heard staff being patient and discreet when speaking with patients on the telephone. In addition, staff told us that they had private rooms available to discuss any sensitive issues with patients to maintain confidentiality.

There was a loop system at the reception desk for patients with hearing difficulties. All staff were aware of how to use it. Practitioners would come to the waiting area to call for their next patient. This ensured that everyone could hear when their name was called

Staff told us that the nurses mainly acted as chaperones to the doctors at times when patients needed to undergo intimate examinations, although some reception / administration staff had also been trained should they be required to assist. We saw there was a written policy on the use of chaperones and any person acting as chaperone would need to document their attendance in the examination room, within the patient's notes. This meant there was a procedure and working practices in place to protect patients and practice staff.

*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)*

There was a comprehensive complaints process in place (and other systems) to empower people and their families to provide feedback on their experiences of using the practice. However, we identified that the practice's written concerns (complaints) procedure needed revision to fully comply with Putting Things Right, (the arrangements for handling concerns and complaints about NHS care and treatment in Wales). This was completed whilst we were at the practice.

Patient leaflets needed to be available in the waiting area so that patients could take them home for future reference.. Such leaflets needed updating to include the CHC contact details. There was also a need for the practice to have the CHC's own leaflets available in the waiting area, for patients to take away with them.

We saw that staff maintained records of complaints received. The records demonstrated that the practice had dealt with complaints in a timely manner. An effective management system was described to consider and learn from complaints received. For example, staff told us about changes that had been made as a result of analysing complaints for recurring themes and trends. This meant staff used complaints as a way of learning and improving services.

We saw an example of the patient questionnaires used by the practice team to seek patients' views on their services. There was also a suggestion box and forms available to patients on an on-going basis. The suggestion box was not however, emptied on a regular basis which meant that patients' comments may not be acted on in a timely manner. The practice therefore needs to ensure it empties the suggestion box regularly.

We found that the practice did not have a process for obtaining the views of vulnerable groups at the time of inspection, to ensure that they were adequately meeting the needs of those patients in their community.

***Improvement needed***

***The practice needs to ensure it updates the patient leaflet with the CHC contact details.***

***The practice needs to ensure it makes all information leaflets such as; complaints/concerns, patient information and CHC available in the waiting area.***

***The practice needs to develop a system to access the views of the vulnerable patients in their community to ensure they are adequately meeting their needs.***

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

**Overall, we found the practice had arrangements in place to promote safe and effective patient care.**

**The practice made information available to patients to help them take responsibility for their own health and well being and to support carers.**

**The sample of patient records we reviewed were detailed and demonstrated care had been planned to ensure the safety and well being of patients. Internal communication systems were in place which aimed to avoid delays in referrals, correspondence and test results.**

**Suitable arrangements were in place to ensure the safe prescribing and review of medicines and to learn from any patient safety incidents.**

**Suitable arrangements were in place regarding safeguarding children and adults at risk. Staff had received appropriate training in this area.**

**We found the practice environment needed some improvements to ensure it was safely accessible from outside areas and protected the privacy of patients.**

**Suitable clinical procedures were in place to reduce the risk of the spread of infections and current arrangements seemed appropriate in protecting patients from preventable healthcare associated infections.**

### **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)*

Information was available to patients to help them take responsibility for their own health and well being and to support carers.

We saw a variety of health promotion materials on display in waiting areas which were easily accessible to patients. The health care support worker held smoking cessation sessions and worked with patients around these health

issues. The practice had also identified a nurse to commence chronic disease clinics. This was in line with the issues identified in the GP cluster.<sup>1</sup>

There was information available for carers in the waiting area and the practice had a carer's champion / lifestyle coach to promote and support carers.

### **Safe care**

*People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented. (Standard 2.1-Managing Risk and Promoting Health and Safety)*

We found the practice environment needed some improvements to ensure it was fully accessible from outside areas and offered adequate privacy to patients.

The premises were laid out over two floors and the practice shared the building with other community health services employed by the health board, such as the phlebotomist. There was an electronic door for ease of entry by patients and a passenger lift enabled access to the first floor. Although we found the premises to be accessible to patients who used wheelchairs and those with limited mobility, we did however notice that the electronic doors did not stay open for very long. We discussed this with the practice manager who told us that this would be easy to rectify and would be addressed as a matter of urgency.

The practice had a full and detailed health and safety policy in place and we saw that environmental health and safety risk assessments were regularly carried out. There was a comprehensive fire risk assessment in place and we saw documents showing that regular servicing and maintenance took place on fire safety equipment to ensure its working order. These were the responsibility of the practiced manager.

Although the practice had commenced the transfer to electronic patient records, we saw that some patient's clinical notes remained as paper records. These were stored on open shelves at the back of the office. This posed a security risk should someone enter the premises unescorted.

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<sup>1</sup> The GP cluster is a group of local GP's (in this instance eight practices called Taf and Tywi cluster) who meet to set health targets in line with the needs of the local population.

***Improvement needed***

***The practice should consider a safer means of storing patients' clinical records to maintain confidentiality and security.***

*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)*

Staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce the risk of cross infection.

We saw that clinical treatment areas and waiting areas appeared visibly clean. Patients confirmed that this was always the case.

Hand washing and drying facilities were provided in clinical areas and toilet facilities.

We saw waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Once collected from surgeries, clinical waste was securely stored outside until it could be safely collected.

We saw that infection control policies and procedures were in place to assist staff in their day to day work.

Senior staff described that all clinical staff were expected to ensure they received Hepatitis B vaccinations as required, to protect themselves and patients in this regard. We saw management staff kept a central register which they monitored to ensure staff stayed up to date. There were no issues identified with staff compliance with health vaccinations.

*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 found suitable arrangements were in place for the safe prescribing and review of medicines prescribed to patients.

Patients could access repeat prescriptions by using the box in reception or on line via the website.

Staff used the health board's formulary (a list of medicines that may be prescribed) and staff kept up to date on local and national prescribing guidance through a variety of means. This included ongoing work through the Taf and Tywi GP cluster and support provided on a regular basis, from a visiting health board pharmacist. A senior nurse at the practice checked the emergency drugs daily/weekly. We noticed that the fridge (which stored medication such as child and travel vaccines) required daily temperature recordings. However when we checked, this had not been undertaken for some time.

***Improvement needed***

***The practice needs to ensure that the fridge temperature is recorded daily to ensure the optimum storage for drugs.***

There was a regular process in place to audit the prescribing of medication such as antibiotics. This was to measure and monitor practice, especially the appropriateness of prescribed medication and to maintain patient safety

Staff told us that all patients had reviews of their medication in person with a GP (especially the more vulnerable patients).

*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 suitable systems and working practices in place, to manage child and adult protection cases on a day to day basis. For example, there was a policy in place regarding child protection arrangements and a range of supporting written materials to assist staff in managing child protection cases. This included local contact numbers for reporting any concerns or allegations to the relevant authorities. There was also a very clear document to provide guidance for staff about their responsibilities in responding to, and reporting, alleged abuse.

Staff had completed child protection training in the past and the lead person for child protection at the practice, had since provided training and updates.

There was an adequate policy in place around safeguarding vulnerable adults and supporting information available, which included local contact numbers for reporting.

## **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)*

The practice had suitable arrangements in place to report and learn from patient safety incidents and significant events.

Senior staff at the practice explained that patient safety incidents and significant events were reviewed and discussed when the need arose. The doctors and practice manager met regularly and other members of staff were able to join when they wanted to, or when needed. We looked at records and confirmed that reviews of incidents and events took place with relevant members of the practice team coming together when needed and actions being passed onto staff, mainly through staff meetings. We saw that staff reviewed significant events and concerns/complaints regularly, informally monitoring for themes and trends between these times.

Staff told us that individual clinicians were responsible for ensuring they kept up to date with best practice guidelines. Doctors met over lunchtime every day which also gave them an informal time to discuss such issues.

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

The practice had established systems for the management of external and internal communications/information. Discussions with staff suggested that although the internal arrangements were good, the quality of the discharge summaries from the hospitals were not. Internally there was a system to code patient referrals which were checked weekly to ensure referrals had been sent and received. Arrangements were in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner. There was a good "buddy" system to cover individuals who were away from their surgery. We saw good communication systems with out of hour services, blood results and hospital letters. Cumulatively, this meant that internal communication systems supported effective patient care.



## **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 looked at a sample of patients records from each GP working at the practice (27 in all) and found a good standard of record keeping.

Notes contained sufficient detail of consultations between doctors and patients and it was possible to determine the outcome of consultation and the plan of care for the patient.

There was no formal auditing of clinical notes to ensure quality standards were maintained and that there was consistency in how each practitioner recorded entries. There were regular READ code<sup>2</sup> meetings to ensure consistency in these recordings.

### ***Improvement needed***

***The practice needs to consider completing peer audits to ensure quality and consistency of patient record entries.***

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<sup>2</sup> **Read codes** are the standard clinical terminology system used in General Practice in the United Kingdom

## *Quality of management and leadership*

**The practice had an effective, efficient management structure in place. There was clear delegation of responsibilities and staff all understood what was expected of them. We were met by a patient-centred staff team who were professional, knowledgeable and confident in their roles.**

### **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.*

Overall we found a stable, patient-centred, confident staff team.

The team undertook some mandatory audits as required by the health board but did not audit other aspects of the practice's services with a view to making improvements. We suggested the team consider doing this as a way of gathering evidence about what was working well and what was working less well, so that action and change could be initiated. This has been discussed in the record keeping section.

Staff told us they felt able to approach management staff to raise concerns and had confidence that these would be welcomed and managed appropriately. The practice had a range of relevant written policies and procedures to guide staff in their day to day work.

Staff working within the practice were organised into teams, each with particular roles and responsibilities, which contributed to the overall operation of the practice. Receptionists met as a team and the doctors and practice manager also met as a team. Whilst some of these meetings were minuted, staff told us some of the meetings were informal. We suggested that in future all meetings were minuted.

Although it was clear that staff communicated well between teams and staff told us they felt able to approach clinicians, the practice did not get together as a complete team to discuss issues that could affect the practice as a whole. Some staff told us they would welcome more formal arrangements to bring teams together and we informed senior staff, as a point to consider.

The practice had a detailed and reflective Practice Development Plan which they had developed in line with the GP cluster's identified targets. Senior staff from the practice were clearly committed to the cluster work: one of the GP

partners being the lead practitioner. The practice also used this forum as a way of generating quality improvement activities and to share good practice. This meant the practice was active in identifying challenges in providing care to patients and learning and sharing best practice as a way to improve services.

*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))*

Discussions with staff and a review of a sample of staff records indicated they had the right skills and knowledge to fulfil their identified roles within the practice.

Staff were able to describe their roles and responsibilities within the wider practice team and indicated they were happy in their roles. All staff we spoke with confirmed they felt supported by senior staff and had opportunities to attend relevant training. Staff told us they had annual appraisals and a sample of staff records supported this. This gave staff the opportunity to receive feedback on their performance, to discuss training needs and indicate if any additional support was needed.

We looked at the recruitment paperwork in a small sample of staff files and found that appropriate employment checks were carried out prior to employment. Staff told us they had received a good induction on joining the practice and felt well supported when learning their roles. The practice had a good induction programme for new staff including a mentor. There were also induction packs specific to the roles including a locum information pack.

The practice kept individual certificates of staff training records and assessed staff's training needs both individually, and as a whole, on an annual basis. Senior staff told us they looked at everyone's training requirements on an annual basis, and then planned training for the year ahead to ensure staff stayed up to date with ongoing work and training requirements.

## 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 Furnace House 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, measurable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HW with sufficient assurance concerning the matters therein.

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

The improvement plan, once agreed, will be evaluated and published on HW'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.

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## Appendix A

General Medical Practice: Improvement Plan

Practice: Furnace House

Date of Inspection: 17 November 2015

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the patient experience</b>					
Page 6	The practice must ensure that access to the current appointments system enables patients' timely access to care.	5.1	<p>The practice conducts regular reviews of our appointments system.</p> <p>The practice cannot guarantee that all appointments will run to time.</p> <p>Staff have been trained to be aware of actions to be taken if they believe a patient waiting in the practice is in need of immediate assistance.</p>	GP Appointments lead	Ongoing
Page 6	The practice should ensure that clear signs are available in the waiting area so that patients can identify the toilet	2.1	We are in the process of purchasing new signs for the practice.	Practice Manager	30 July

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	facilities.				
Page 6	The practice needs to consider the possibility of providing a private area for women to breastfeed their infants.	1.1 and 4.1	Notification signs informing patients of the possibility of a private area have been placed in the waiting areas.	Practice Manager	Completed
Page 7	The practice must ensure the privacy of patients whilst receiving consultations and treatments.	4.1	The practice will inform the phlebotomist of the need to ensure that the dignity and privacy of patients is maintained at all times.	Practice Manager	Completed
Page 9	The practice needs to ensure it updates the patient leaflet with the CHC contact details.	3.4	These details have been updated	Practice Manager	Completed
Page 9	The practice needs to ensure it makes all information leaflets such as; complaints/concerns, patient information and CHC available in the waiting area.	3.4	Completed	Practice Manager	Completed
Page 9	The practice needs to develop a system to access the views of the vulnerable patients in their community	6.3	In addition to our suggestion boxes and the information on our website. We are currently working towards achieving the Silver Carers Award.	Practice Manager	12 months



Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	to ensure they are adequately meeting their needs.		This will lead to increased communication with the carers of vulnerable patients and the vulnerable patients themselves.		
<b>Delivery of safe and effective care</b>					
Page 12	The practice should consider a safer means of storing patients' clinical records to maintain confidentiality and security	3.5 and 4.2	Whilst we consider the storage system we currently have in place to be more than adequate. Following on from this visit and due to the expected advances in Information Technology over the next 12 months we will be undertaking a review of the storage system within the current financial year	GP Building lead/Practice Manager	May 2017
Page 13	The practice needs to ensure that the fridge temperature is recorded daily to ensure the optimum storage for drugs.	2.6	Our existing system has been reviewed to increase its robustness.	Senior Practice Nurse	Completed
Page 15	The practice needs to consider completing peer audits to ensure quality and consistency of patient record entries.	3.5	We have completed a peer audit as suggested.	GP's	13 January 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of management and leadership</b>					
	No improvement needed				

**Practice representative:**

**Name (print): Phillip Davies**

**Title: Practice Manager**

**Date: 13/5/16**

## Appendix B

### Community Health Council Report

*Report from Hywel Dda Community Health Council*



## **HIW – CHC Joint GP Inspection (CHC Report)**

<b>Visit Summary</b>	
Practice:	Furnace House Surgery, Carmarthen
Date / Time:	17 <sup>th</sup> November 2015 at 9.45 am
CHC Team:	Hywel Dda Community Health Council Pat Neil – Member (Lead) Maureen Webley – Member
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 21 patients, the vast majority of who had been registered with the practice for over ten years.

The vast majority of patients (over 80%) rated their overall experience of this practice as excellent or good.

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 provided good explanations of their treatment.

Just over three quarters of patients surveyed considered the practice's opening times to be very good or good. However, the vast majority of the patients we spoke to reported difficulties related to the appointments system. Over 80% of patients told us they found it to be very difficult (57%) or difficult (24%) to make an appointment, because it was difficult to get through on the telephone to make an appointment.

Most patients confirmed that, having contacted the practice, they can expect to see a GP within 24 hours, or a GP of their choosing within 2 days.

However, most patients also reported problems with being seen at their appointment time, with only a fifth of patients we spoke to reporting that they were seen on time. Many patients (40%) reported having to wait more than 20 minutes after their appointment time to be seen.

### **Observations**

The surgery is located in the centre of Carmarthen town and there is a busy road in front of the main entrance, which causes difficulty for some patients. The only parking available is in a 'pay & display' car park across the road.

The main entrance to the surgery has electronic doors, and whilst this should enable easier access for less mobile patients and wheelchair users, there are concerns that the door closes too quickly.

The pavement outside the main entrance is in poor repair, and at the time of our visit it was not clear who was responsible for its maintenance. The Practice Manager agreed to find out.

### *Environment - Internal*

In general, patients were satisfied with the overall environment within the surgery itself, and in particular the cleanliness of the waiting area and the helpfulness of reception staff. Some concerns were raised however about a lack of signage for the toilet.

Our members noted the reception desk was rather high, with no dropped section allowing wheelchair users or children easier access.

Although the surgery has a hearing loop system, at the time of our visit this was retained in the back office and there were no signs letting patients know this facility is available.

### *Communication & Information on Display*

Patients can check into their appointment electronically or with the receptionist, although our members noted that most people preferred to speak to the receptionist on arrival.

There is a TV screen in the waiting area providing a range of information, although this was considered to be of limited usefulness. This is because the TV is situated too high to enable patients to refer to it comfortably, and the information could be presented in a larger size to enable patients to read it more easily.

The surgery provided a good display of leaflets in the reception area, albeit these were rather overloaded and out of date.

A copy of the patient survey report is attached.

Pat Neil and Maureen Webley

**CHC Member**

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