

General Practice Inspection (Announced)

**Powys Teaching Health
Board**

**Wylcwm Street Surgery
Knighton**

Inspection Date: 10 January 2017

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1. Introduction

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

HIW's primary focus is on:

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

HIW completed an inspection to Wylcwm Street Surgery at Wylcwm Street, Knighton Powys LD7 1AD on 10 January 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Powys Community Health Council.

HIW explored how Wylcwm Street 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

Wylcwm Street Surgery currently provides services to approximately 4,300 patients in the Knighton area. The practice forms part of GP services provided within the area served by Powys Teaching Health Board.

The practice employs a staff team which includes 2 GP partners, 2 salaried GPs, 3 practice nurses, 1 health care support assistant, 12 administration support staff and a practice manager.

The practice provides a range of services, including:

- Minor Surgery
- Travel immunisations
- Non NHS services (e.g. medical examinations for special purposes)
- Women's health and family planning
- Asthma/ Diabetic clinics
- Child health surveillance
- Minor Injuries service
- Open access appointments
- Nurse treatments and dressings

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

3. Summary

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

Overall, we found evidence that Wylcwm Street Surgery provides safe and effective care.

This is what we found the practice did well:

- Patients were very happy with the service provided by Wylcwm Street Surgery.
- Staff had a good understanding of patients' needs and requirements.
- All patients records viewed were completed to a high standard.
- The minor injuries provision provides an invaluable service in a rural part of Wales.
- There is an active patient participation group in operation and this focuses on providing a patient perspective on issues which can affect the experience of patients attending the surgery.

This is what we recommend the practice could improve:

- Staff training records needs to be clearly documented and updated regularly.
- New signage identifying the surgery and the availability of a minor injuries service need to be erected.
- Staff are required to have up to date job descriptions and annual appraisals.
- The surgery must ensure that health and safety policies and procedures are easily available and cover all mandatory areas. The surgery must also ensure pertinent risk assessments such as visual display screen and fire are undertaken in a timely manner.
- The building and its environment should be evaluated in order to promote ease of access into the building and continually monitor infection control measures.

4. Findings

Quality of patient experience

As part of this inspection, two members of the Powys Community Health Council (CHC) sought patient views on the day of the inspection. Unfortunately no questionnaires had been issued by the CHC prior to the inspection. Feedback on the day was unanimously positive about the service received from doctors. The feedback on the service provided by the nurses was also very positive, except that two negative comments were received by the CHC.

Wylcwm Street Surgery worked positively with their patients to provide a service tailored to their needs and this was reinforced further with the active patient participation group which is well established in the surgery.

The role of the two members of the CHC present at the surgery on the day of our inspection was to seek patients' views with regard to services provided by Wylcwm Street Surgery via face to face conversations. In total 13 patients / guardians were interviewed as part of the inspection by the CHC and all noted Wylcwm Street Surgery as excellent or very good.

Standard 4.1 Dignified care

People's experience of healthcare 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.

It was observed during the inspection that staff on the reception desk made an effort to speak as quietly as practicable with patients who were 'checking in' for appointments. There was also an electronic booking in system in operation at the surgery. This system enabled people to 'book in' in Welsh, English or Polish. It was noted that additional languages could be uploaded to the electronic system should it be required. Notices were visible in the reception area advising people not to wait around the desk and to wait in the designated separate waiting room. This improved the privacy for the reception staff in dealing with the public either face to face or via the telephone. Two reception staff were observed on the day of the inspection booking in patients and answering the telephone in a calm and dignified manner.

We noted that there was no signage advising patients that they could request to speak to staff in private should they wish. This option was not advertised by the

surgery and as such patients and or their representatives are not freely offered this opportunity.

The Surgery has a policy on chaperones and we were informed that all nursing and some of the reception staff have received the appropriate training in this aspect of their duties.

During the inspection it was observed that all doors were closed when patients were with either the doctor or nurse. This enabled and promoted privacy and dignity for the patients during their consultations and treatment.

Improvement needed

People attending the practice should be informed of the opportunity to 'check in' or have a private discussion at the alternate area to the side of the main reception desk should they so wish.

Timely care

Standard 5.1 Timely access

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

Patients were able to make appointments on the day if necessary. They were also able to book appointments two weeks in advance if required. Additional time could be provided to patients if they felt that they needed an extended appointment.

Patients also have the opportunity for the on-call doctor to undertake a home visit. House calls are made in accordance with patient needs and there is a process in place to ensure that these requests are triaged appropriately.

The surgery also provides a minor injuries service for non surgery patients, although in reality if a patient of the surgery were to attend as a minor injuries patient they would still be seen by either a doctor or nurse. It was noted that on average the minor injuries provision provides treatment for 15 people a month. This minor injuries service was not advertised outside the surgery and as such did not appear to be rightly promoted. The surgery should ensure that appropriate signage is available to the general public regarding this service provision. The nearest dedicated Emergency Unit is approximately 24 miles

away and as such this service provision should be promoted in the locality as an invaluable service.

The practice also operated a 'Virtual Ward'¹. This means that when GP's are particularly concerned about a patient, they are 'admitted' to the virtual ward. Their condition is then discussed by the primary care team (GP's, district nurses and associated health care professionals). We were told that this approach has meant a reduction of hospital admissions.

The doctors also held responsibility for the patients admitted to Knighton hospital. Ward rounds were undertaken daily by the not on-call doctor and would also attend the hospital as necessary.

Improvement needed

The surgery should provide appropriate signage clearly informing the public of the minor injuries service available at the surgery.

Standard 6.3 Listening and learning from feedback

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.

The surgery has developed a complaints / concerns policy and procedure. This was available in the surgery and in the patient information booklet. Any complaints received by the surgery would be investigated by the practice manager. The surgery keeps a log of all complaints and concerns and these were discussed at practice meetings.

¹ Virtual wards use the systems and staffing of a hospital ward, but without the physical building. Their aim is to reduce hospitalisation through multidisciplinary case management for the patient at home.

All complainants according to the practice manager would receive an acknowledgement letter and the policy was in close adherence to the 'Putting Things Right² paper, which is the current arrangement for dealing with concerns and complaints about NHS care and treatment in Wales.

There was a post box in the waiting room where people could provide comments / feedback. It was not clear as to how these comments and suggestions were being utilised by the surgery to evaluate the service and aid learning. The practice manager was new in post and was eager to take this matter forward in order to identify improvements and learn at every possible opportunity. A previous feedback suggestion, which had been implemented by the surgery according to the patient information booklet, was to increase the number of available appointment to see doctors on a Monday and Friday.

As previously mentioned the surgery had an active Patient Participation Group in place. Samples of minutes were seen and the previous meeting included the identification of a new patient satisfaction questionnaire. Drafts of the questionnaire had been constructed and it was hoped that these arrangements could be finalised in order to undertake a structured patient survey.

Improvement needed

The practice must look at developing a system whereby all feedback regarding the surgery is monitored and reported upon on a regular basis.

² Putting Things Right' is the NHS arrangement for handling and responding to concerns in NHS services and was introduced by the Welsh Government in 2011.

Delivery of safe and effective care

Overall, we found evidence to support the conclusion that the surgery team placed an emphasis on providing a quality service to their patients in accordance with the Health and Care Standards. Patients received care and treatment from staff they knew well which promoted continuity in their care.

The patient booklet contained relevant information for patients to make informed choices regarding their health.

The practice had developed an infection control policy and procedure and this was viewed during the inspection activity.

The surgery has a whole host of policies and procedures in place but at times they were difficult to locate. The new practice manager was getting to grips with the policies and procedures available at the surgery

Improvements are required in relation to all the health and safety policies and procedures. It was identified that the fire risk assessment was out of date and required revision, there was inadequate display screen equipment risk assessments in place and the COSHH folder required considerable up dating.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manager their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)

There was a good range of reading material available in the format of posters and leaflets in relation to the promotion of health and wellbeing. A diverse range of booklets and posters were available which provided information and promoted people to take responsibility of their own health and wellbeing. Below is a sample of leaflets which were available at the surgery:

- Meningitis awareness
- Smoking cessation
- Flu
- Angina

- Memory issues
- Dementia action
- Domestic abuse
- Breast cancer
- Atrial fibrillation

Safe care

Standard 2.1 Managing risk and promoting health and safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.

During the inspection of the internal of the building we found that it was clean neat and tidy. Corridors were free from obstructions which reduced the likelihood of any slips and trips. Clinical rooms were maintained to a good standard and provided all necessary equipment required in providing safe and effective care and treatment.

It was identified that access into the building via the main entrance could be a significant potential risk to patients with mobility issues. This was due to the fact that the entrance was on a slight incline and the call assistance bell was of a domestic nature and would be difficult to engage if the patient had mobility and or fine motor movement difficulty. In addition the bell was located to the side of the door and the flooring was slanted away from the door, again making it difficult to gain entrance in to the building.

It was also noted that the surgery did provide disabled parking, but the lines in the parking area identifying designated areas for disabled patients were significantly faded. The practice manager was aware of this issue and was in the process of acquiring quotes to address this problem.

The surgery has health and safety policies, procedures and certain risk assessments in place. These policies, procedures and risk assessments were not kept together and maintained in an orderly manner. The COSSH file required improvement and careful consideration and the fire risk assessment required revision.

Improvement needed

The surgery must ensure that access issues into the building are carefully evaluated and improved. In addition the surgery must review the disabled parking provision provided.

The surgery must ensure that there is a full up to date list of all health and safety policies and procedures in place that covers all mandatory areas and that all risk assessments are completed and re-evaluated in a timely manner.

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

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.

The surgery provided a full, clear and detailed infection control policy and procedure in place for staff to utilise. Nursing staff noted that they were happy with the provision of personal and protective equipment availability. Clinical treatment rooms were clean and infection control practices were promoted. Those rooms viewed had hand washing and drying facilities available. All clinical waste products were disposed of in an appropriate manner.

During the course of the inspection it was highlighted that the carpets in the waiting room were marked and worn. The practice manager was aware of this and agreed that it was an area that needed attention. It was also identified that there were some specific issues in regards to infection control that the surgery needs to address. Firstly the toilet seat in the patient's toilet was cracked. This posed an infection control concern which needs to be addressed. Secondly the patient's toilets and staff toilets used push hand bins. This again is an infection control issue which can be easily remedied by replacing them with foot operated bins.

Improvement needed

The surgery must ensure that the management of infection prevention and control is improved, to include the replacement of the cracked toilet seat and replacement of with foot operated bins.

Standard 2.6 Medicines management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

Wylcwm Surgery is not a medicine dispensing GP practice. We were told that they have a good relationship with the local pharmacy. Repeat prescription guidance was available in the surgery booklet and this provided clear guidance of the process to follow. The surgery also provided a secure electronic repeat prescription service. The guidance in the surgery booklet also noted that medication reviews would happen at regular intervals and would usually occur every six months for patients requiring repeat prescriptions. It was noted that some medication audits had been undertaken by a pharmacist and that doctors were undertaking audits in relation to their own prescribing practices. Overall, we considered that the process for medication management was managed well and in an efficient manner.

Standard 2.7 Safeguarding children and adults at risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

The surgery has a designated doctor who led on child protection. We were informed that all staff undertake child and adult protection level two training. The current training is provided on-line. A set process was also in place which would alert staff of any vulnerable patients registered with the practice.

Effective care

Standard 3.1 Safe and clinically 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.

The practice manager explained and demonstrated the system in place for the sharing and dissemination of patient safety incidents and / or significant events. This process of disseminating information amongst clinical staff was well established. Regular meetings were held to discuss and evaluate these

incidents. We were able to view these incidents and could easily identify what actions had resulted. These processes promoted learning from incidents. This area was considered to be a good example of collaborative practice which demonstrated that staff were given the opportunity to have up-to-date information and knowledge, which directly benefited patients care and treatment.

Standard 3.2-Communicating Effectively

In communicating with people health services proactively meet individual language and communication needs.

The surgery promoted the usage of the Welsh language by having signs and certain posters / materials available bilingually. The surgery has some Polish patients and the electronic booking in system included a Polish interface. It was noted that additional languages could be uploaded to the automated booking in equipment as and when deemed necessary.

Internal communication and tasks are distributed via email and the 'tasking' system. The 'tasking' system provides staff with information relating to what actions is required to be undertaken and completed. It was noted that all test results are issued over the telephones by doctors or nurses. The practice at present does not enable any other staff to disseminate any test results. This in the opinion of the inspection team does significantly increase the work demands of the clinicians and could be an area where improved delegation practices could be considered.

Due to the location of the surgery on the Wales / England border and the differing systems and processes in place in each country, information such as patients discharged from hospital can be received either via electronic or hard copies. This is also true of test results. We understood that this does increase the complexity of attaining specific information in a timely and organised manner. The surgery has commenced a new texting service which was utilised to recall some patients to the surgery. This area of practice was discussed and surgery staff were aware of its benefits and limitations.

We were informed by the practice manager and practice nurse that the surgery monitors patients who do not attend for their designated appointments. We were informed that the practice nurses would contact patients who have not attended their appointments, but we were not certain of the specific process to

follow in all occasions if patients did not attend. The surgery should clarify this area of practice in order to reduce and mitigate any confusion and ensure clear lines of responsibility.

Record keeping

Standard 3.5: 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.

During the course of the inspection a random number of patient records were viewed. It was concluded that the standard of record keeping was of a very good standard. Information contained in the notes included sufficient information as to the outcome of the consultation and the plan of care to be provided to the patient. The surgery is commended for this area of practice.

Quality of management and leadership

On the whole we found a happy, cohesive staff team who were confident in their work. We also found evidence of strong leadership from clinicians. The practice manager was very new into post and was settling in well to the new role. It was clear during indepth discussions, that the practice manager has a significant amount of experience of working in primary care. It was also evidenced that the practice manager was eager to look at systems and processes presently in place and improve wherever possible.

It was highlighted during the visit that delegation practices within the surgery were limited. This area of management and leadership was discussed as a possible management component that could be developed further which could promote staff development and learning.

Governance, leadership and accountability

Health and Care Standards, Part 2 - 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.

The surgery has a stable patient focussed staff team in position. Many of the staff have worked for numerous years at the surgery. Staff informed us that they felt comfortable in raising any concerns / issues and felt they would be addressed in a meaningful and constructive manner.

We were informed that the surgery has a whistle blowing policy in place should individuals feel any issue needed to be raised in a confidential manner.

The surgery has a range of policies and procedures in place but at times, it was difficult to locate the required material.

It was identified that not all policies and procedures had revision dates and numbered versions (version control). By implementing versions control it will help the practice manager to keep abreast of the areas requiring attention.

Improvement needed

The surgery should review all policies and procedures and ensure that all have the correct version and revision dates clearly identified.

It was evident during the visit that the practice manager and the clinicians have a good working relationship and practice related issues were discussed and acted upon in a timely manner.

As previously noted the surgery has a suggestions / comments box. The process of summarising and disseminating this information was not clear. The practice manager needs to evaluate this area of practice within the surgery and build an action plan which clearly details how the information will be used and disseminated to the public. The patient participation group is also in the process of developing a patient satisfaction questionnaire. This questionnaire should be developed in a meaningful manner and the results should also be disseminated to the practice and the patients in an effective and informative manner.

Staff and resources

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

During the course of the inspection we were informed that the surgery promotes staff to attend training specific to their roles and responsibilities. It was evident that the qualified nurses were undertaking training in order to be produced as evidence for their revalidation³. Files containing all revalidation information were being prepared for submission as a compulsory component of maintaining a valid registration with the Nursing and Midwifery Council.

We had discussions with the practice manager and viewed documents outlining some of the training events that the staff had attended. Unfortunately we were unable to clearly identify who had completed what training as the records were disjointed and not coherently recorded.

The practice manager noted that a new system of training and recording of attendance was being implemented imminently which would provide a framework to improve the recording of staff training.

Staff felt well supported in their roles and had job descriptions available. It was highlighted that some of these job descriptions were outdated and required to be reviewed as some of the staff roles and responsibilities had changed. It was identified that some staff had not received an annual appraisal for some time. The practice manager notified the inspection team that these areas of practice would be reviewed and acted upon accordingly.

³ Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the Nursing and Midwifery Council.

Improvement needed

The surgery must ensure that all staff received mandatory training and role specific training in a timely manner and that records of training courses are maintained accurately.

The surgery must ensure that all staff receive annual appraisals and additional support sessions as necessary.

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 Wylcwm Street 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:

Wylcwm Street Surgery

Date of Inspection:

10 January 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
7	<i>People attending the practice should be informed of the opportunity to 'check in' or have private discussions at the alternate area to the side of the main reception desk should they wish.</i>	4.1	Self check- in posters are located on the entrance door and also on the front reception desk. A notice for Private discussions to take place at the side window is displayed at the front desk and can be reiterated by reception staff.	Juliet Tyler Juliet Tyler	Already in place. 06/03/2017
8	<i>The surgery should provide appropriate signage clearly informing the public of the minor injuries service available at the surgery.</i>	5.1	There is a notice on the front reception along with the waiting room. It is also on the practice website and there is a link from Knighton Town website to our website.	Juliet Tyler	Already in place.

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
9	<i>The practice must look at developing a system whereby all feedback regarding the surgery is monitored and reported upon on a regular basis.</i>	6.3	A questionnaire has been compiled by the PPG. Data analysis will take place after completion. Comments/suggestions to be reviewed monthly and feedback either by the website/waiting room or PPG.	Juliet Tyler Juliet Tyler	31/04/2017 31/04/2017
Delivery of safe and effective care					
12	<i>The surgery must ensure that access issues into the building are carefully evaluated and improved. In addition the surgery must review the disabled parking provision provided.</i>	2.1	Re visit the quote for automatic doors and levelling of the entrance, PPG already looking at funding (a letter has been drafted for Boots the chemist). Re visit quote for the remarking of the car park, to include the disabled parking.	Juliet Tyler Juliet Tyler	31/06/2017 31/06/2017
12	<i>The surgery must ensure that there is a full up to date list of all health and safety policies and procedures in place that covers all mandatory areas and that all risk assessments are completed and re-evaluated in a timely manner.</i>	2.1	A site visit has been carried out by Citation H&S advisor. We now have a structure in place to cover all H&S aspects. Fire Risk assessment is booked for	Juliet Tyler	31/04/2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			21 st March 2017, to also include staff fire training.	Juliet Tyler	31/03/2017
12	<i>The surgery must ensure that management of infection prevention and control are improved, to include the replacement of the toilet seat and replacement of hand operated bins with foot operated bins.</i>	2.4	The Toilet seat has been replaced and there are now foot operated bins. We will look to complete an overview quarterly on infection control to highlight any problems in the future.	Juliet Tyler Juliet Tyler	06/03/2017 31/05/2017
Quality of management and leadership					
16	<i>The surgery should review all policies and procedures and ensure that all have the correct version and revision dates clearly identified</i>	Governance , leadership and accountability 7.1	Currently being reviewed and updated alongside Citation H&S and HR departments. Clinical policy and procedure are also under review.	Juliet Tyler Dr Kiff/Dr Lempert	31/07/2017 31/07/2017
18	<i>The surgery must ensure that all staff received mandatory training and role specific training in a timely manner and that records of training courses are maintained</i>	Governance , leadership and accountability 7.1	Blue stream online training has commenced. A spreadsheet will be developed in order to record them.	Juliet Tyler	31/05/2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	<i>accurately</i>				
18	<i>The surgery must ensure that all staff receive an annual appraisal and additional support sessions as necessary.</i>	Governance , leadership and accountability 7.1	The 1 st staff appraisal is to take place on 6 th March 2017. This will include looking at job description, contracts and PDP.	Juliet Tyler	31/07/2017

Practice representative:

Name (print):Juliet Tyler.....

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

Date: ...03/03/2017.....

Appendix B

Community Health Council Report

Report from Powys Community Health Council



HIW – CHC Joint GP

Inspection

(CHC Report)

Visit Summary

Practice: Wylcwm Street Surgery, Knighton

Date / Time: Tuesday 10th January 2017 from 9.30am

CHC Team:

Powys Community Health Council

Mr Geoffrey Greaves – Member (Lead)

Cllr Gillian Thomas – Member

Purpose of

Visit:

To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

The CHC members were able to speak to, and undertake a patient survey with thirteen (13) patients during this joint visit. The analysis report of the surveys is attached.

Nine out of the thirteen patients had been registered with the Practice for more than ten years and one patient was newly registered, after transferring from the Meadows Medical Practice which had recently closed its branch surgery in Knighton.

Two patients reported dissatisfaction with one of the nurses.

All patients rated the Practice as 'Excellent' or 'Very Good'.

The environment within the surgery was considered to be peaceful.

Observations

Environment - External

- CHC members noted that there was no signage visible from the road.
- There were no allocated disabled parking spaces.
- The sloping ground outside the front door means that wheelchair access is difficult.

Environment - Internal

- CHC members considered that the waiting room floor covering was very shabby.
- In the patient toilet, it was noted that the toilet seat was broken which is considered an infection hazard. This should be replaced with a contrasting colour seat to assist users with visual impairment.
- Generally, the internal environment was light, spacious and airy.

Communication & Information on Display

- There was plenty of patient information on display.
- The Practice has a comprehensive website although it was considered that the information about opening times was confusing.
- The Practice has a Patient Participation Group, which was started in April 2016.
- The Practice provides a Minor Injuries service which patients reported to know about "through word of mouth". Although it is noted that there is information in the Practice Leaflet about the Minor Injuries service, CHC members would wish to know how this service is advertised to visitors to the area or to patients who are not registered with the Practice.

**Report prepared by Mr Geoffrey Greaves
CHC Member**