

**General Practice
Inspection (Announced)**
Harbour View, Hywel Dda
University Health Board

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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 Harbour View Surgery at 56 Station Road, Burry Port, Carmarthenshire, SA16 0LW on 12 January 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers, plus representatives from Hywel Dda Community Health Council.

HIW explored how Harbour View 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

Harbour View Surgery currently provides services to patients in the Burry Port area. The practice forms part of GP services provided within the area served by Hywel Dda University Health Board.

The practice employs a staff team which includes 1 GP, 1 practice nurse, 1 healthcare support worker, 1 practice manager and 4 reception staff. There are 2 locum GP staff who frequently work at this practice.

The practice provides a range of services.

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

3. Summary

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

Overall, we found evidence that Harbour View Surgery provides a service which patients are very happy with, particularly due to the ease of getting and making appointments and the length of time allocated during their appointments. We also however, made a number of recommendations for improvement, a total of seventeen across the areas we looked at. This represents a significant need for change and improvement at Harbour View Surgery to ensure that the delivery of care is safe and effective, managed effectively and results in a better outcome and experience for patients.

This is what we found the practice did well:

- Patients were happy with the service provided
- The staff knew their patient group and their particular needs very well.

This is what we recommend the practice could improve:

- We made a number of recommendations for improvement as a result of this inspection visit. Please refer to Appendix A at the end of this report for further details
- We found that there were improvements needed to the arrangements for dealing with concerns and complaints and the environment for patients (we made four recommendations for improvement)
- We found that there were improvements needed to improve the safe and effective delivery of patient care (we made eight recommendations for improvement in areas such as record keeping and risk management)
- We found that there were improvements needed to the overall management arrangements in place at the practice (we made five recommendations for improvement in areas such as better records management and appraisals for staff).

4. Findings

Quality of patient experience

During this inspection visit, members of the local Community Health Council spent time talking to patients about their experience of using the services of Harbour View Surgery. They also distributed questionnaires to patients ahead of the practice visit, which meant that in total over eighty three responses were received from patients. A full report of the CHCs¹ findings can be found at Appendix B of this report.

Overall, patients indicated that they were happy with the service and found it easy to get an appointment. The observations we made confirmed that patients were treated with dignity and respect by staff of the practice.

Staying healthy

Standard 1.1 Health promotion, protection and improvement

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage 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.

There were a variety of health promotion leaflets and posters available for patients to read in the waiting room.

There was a list of patients who had caring responsibilities which the practice had available for them to use in offering relevant services to these individuals.

The practice nurse had been designated as a 'lifestyle advocate' and promoted smoking cessation and healthy weight as part of this. The practice also worked closely with a local pharmacy who provide health promotion services to the local community.

Dignified care

¹ <http://www.wales.nhs.uk/sitesplus/904/home>

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.

We saw patients being treated with kindness and respect by the staff at Harbour View practice. Due to the small number of patients treated by this practice, the staff were very familiar with their patient group and had a good knowledge of their health needs and personal circumstances.

There was a policy in place guiding the use of chaperones and a sign on the noticeboard in reception advising patients that they could request a chaperone if they wished. However, staff had not had formal training in providing chaperone services. Formal training is advised as it would help them to understand their responsibilities if they are acting as chaperones for patients.

The waiting room layout offered little privacy to patients 'checking in' for their appointments. The staff were aware of this and tried to minimise any issues of confidentiality for patients. However, the reception layout will need to be reconsidered in the future so that privacy for patients within reception is improved.

Improvement needed

Staff should be given formal training in providing chaperone services.

Improvement needed

The layout within the reception area should be improved so that patient privacy, dignity and confidentiality can be better protected.

Standard 4.2 Patient information

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 make an informed decision about the care as an equal partner.

Standard 3.2 Communicating effectively

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

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 reported that they found it easy to get a GP appointment and we also saw evidence during our visit, that reception staff were able to offer appointments on the day and with little delay to patients.

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 practice was displaying a poster of the NHS complaints procedure 'Putting things right'. The practice manager explained that she operated an open door approach to dealing with complaints, preferring to speak to any complainants to resolve issues as soon as possible. However, we were also told that this approach had hardly been tested and there had been no complaints or concerns received in the year leading up to the inspection. We were also told that complaints had to be put in writing to the practice manager for consideration and were therefore unclear as to the overall approach.

We discussed the need to ensure that all comments, even informal, are recorded to ensure that this potentially rich source of patient views and issues is captured so that it can be acted on as necessary.

The practice manager explained that she planned to undertake a survey of patient views at the end of January 2017.

There was a suggestions box in reception but staff told us this had never been used.

Improvement needed

The practice should ensure that patients are made aware of how to raise a concern at Harbour View Surgery by supplementing the Putting Things Right poster with Harbour View's own policy.

Improvement needed

Both Informal comments and formally raised concerns are important and should be recorded.

Delivery of safe and effective care

Overall, we could not be assured that this practice had sufficient, robust systems in place to ensure the consistent delivery of safe and effective care. In relation to the timely handling of incoming patient information and maintenance of up to date patient records we had serious concerns, which warranted an immediate request for improvement, in addition to some ongoing matters for the practice to resolve.

There were also shortfalls in the overall risk management approach of the practice which meant that some aspects were not being given the priority, due care and attention that they should have been.

In total we have made eight recommendations for improvement within this domain and a further area of concern required the use of our immediate assurance process due to the need for urgent action.

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.

We found that the practice had given some consideration to managing risks and promoting health and safety. However, overall, this is an area that requires improvement.

The environment of the practice was visibly clean, tidy and patient areas were uncluttered. This was a positive finding. There was an incline to the floor leading from the waiting area to the nurse's room and patient toilet but this had been marked to warn people of the potential hazard.

The following areas require the practice to review the current arrangements and make some improvements:

Whilst there was a fire risk assessment in place, and fire extinguishers showed evidence of having been regularly serviced, staff had not received regular fire training and no fire evacuation drills had been carried out.

There was a store cupboard on the ground floor which contained a separate walk in cupboard within it. This room was used to store cleaning materials

including mops and buckets in addition to clean supplies for the clinical rooms (such as wound dressings).

There were two largely unused clinical rooms / offices on the first floor and these spaces could offer an effective alternative to the use of one cupboard downstairs, enabling more effective segregation of clean and dirty equipment.

The practice manager maintained staff files containing some information on the permanent staff employed at the practice, these included Hepatitis B immunisation status. However, the practice uses two locum staff on a regular (weekly) basis but do not hold information on the hepatitis B status of these individuals.

Improvement needed

The practice must review their overall approach to risk management and health and safety, paying particular attention to fire training, storage of clean and dirty materials, plus maintaining sufficient staff records for all staff who work regularly at the practice.

We could not find any evidence to indicate that this practice had any arrangements in place for dealing with significant health emergencies should they arise.

Improvement needed

The practice must ensure they have a documented policy for dealing with significant health emergencies. Staff should be made aware of the contents of this and be helped to understand what their role would be should a health emergency arise.

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 two clinical rooms were visibly tidy, clean and clutter free. We saw that there was personal protective equipment such as gloves and aprons available for staff to use when necessary.

Staff described to us the arrangement in place to ensure that all equipment which was not single use was decontaminated and sterilised appropriately.

Standard 2.6 Medicines management

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

We saw that there was a system in place for ensuring patients receive annual medication reviews and also for ensuring that medication which is not in regular use is removed from repeat prescriptions.

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 main GP and practice nurse had been on safeguarding training and other permanent staff had received training more than two years ago. There was no evidence to show whether or not the regular locum GPs had up to date safeguarding training in place.

There was a flow chart in place for staff to follow in the event of needing to raise any safeguarding concerns. There was no locum GP information pack available and so we were unable to see whether the regular locums were made aware of the practices procedures or not.

Improvement needed

All staff must be given up to date safeguarding training and the practice must also take responsibility for seeking evidence that their regular locums are suitably trained and up to date in their knowledge and training requirements.

We did not find evidence of a robust multi disciplinary approach to safeguarding issues if and when they should arise. There did not appear to be any regular meetings of this nature and the example we did say contained a record of some handwritten notes only.

Improvement needed

The practice must ensure they are using all multidisciplinary networks related to safeguarding which are available to them. There should be a mechanism for properly documenting and maintaining records which relate to any cases which the practice have been involved in.

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.

There are three GPs working regularly at this practice (two of whom are locum staff) but we could not find any evidence that there are any formal means of information sharing between these three clinicians. Guidelines, alerts and best practice developments were not being shared amongst staff and there were only occasional meetings and a means of passing on messages to sustain any clinical continuity and peer support which might occur between the clinicians.

Improvement needed

The practice should consider how they are communicating with the regular locum GP staff and more generally whether their overall ethos supports best practice and innovation sufficiently to provide patients with the most clinically effective care.

There was a system in place for discussing significant events and we looked at a sample of records in relation to this. We found that the system was not robust enough; notes of significant events had been written up some months after they had occurred and there was no proper system for discussing these and disseminating the learning. We also found that there needed to be more encouragement generally to ensure that all significant events were being reported openly and appropriately.

Improvement needed

The current system for recording and discussing significant events needs to be improved so that issues are recorded in a timely manner and discussed appropriately to aid learning. Overall, significant events need to be given a higher priority at this practice to enable a stronger learning culture to develop.

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.

We examined a sample of over 50 clinical records. These were generally of a satisfactory standard. We noted that consent forms were not being used or obtained when joint injections were being given and we suggested that this be rectified.

Improvement needed

Consent forms must be used to record patient agreement to joint injections.

We noted a significant backlog of notes waiting to be summarised. This is a process necessary in instances where new patients join the practice. Their previous notes are summarised and this summary added to their medical record. The backlog we saw meant that GPs and other clinical staff are potentially making clinical decisions without access to full information on these patients. We considered this to present a considerable risk to patient safety and our concerns regarding the summarising backlog were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Further details of this are provided in Appendix A.

We also found that at times, there could be some delay in scanning referral and request letters so that they are a part of a patients medical record. The delay was not as long and did not represent the same level of risk as the backlog in summarising, however it is still something the practice should address.

Improvement needed

The practice must ensure that the daily allocation of tasks amongst reception staff has carefully taken account of the additional tasks which must be done to ensure that patient records are kept as up to date as possible in a timely manner..

Quality of management and leadership

During this inspection, we were made aware that the GP was considering retirement. There were numerous occasions when this uncertainty for staff was cited as the reason why changes were not and could not be made. We found a number of shortfalls in the governance arrangements at this practice which will need to be addressed in order to improve systems. These improvements will need to be made regardless of possible future changes to GP staff at the practice.

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.

We were not clear that there were sufficient processes and structures in place to support the practice manager with day to day and longer term decision making at this practice. Staff meetings took place on an ad hoc basis, minutes of the meetings were taken but rather informally meaning that they were not properly logged and could not therefore be used as a record for all staff to see what decisions had been taken and when.

Improvement needed

Staff meetings should take place regularly. Minutes of these discussions should be properly and promptly logged so that they can form a record and audit trail of decision making.

We found that it would be useful to clarify the role and responsibilities of the practice manager to ensure that she could be clear about when decisions were hers to make and when they needed to be made by the GP or by the whole practice team together. At the time of our inspection this authority for decision making was evidently unclear and causing confusion.

Improvement needed

Clarify the role and decision making authority of the practice manager to ensure that decisions and actions relating to management tasks can be taken in a timely manner.

We looked at a sample of the policies and procedures in place at the practice. We found that it was hard to identify which was the most up to date, when it had

been created and when it needed to be reviewed. A better system for the management of policies, which are important guiding documents for the work undertaken at the practice is essential.

Improvement needed

All policies and procedures need to be clearly marked with a date of creation, date of review and version number so that staff are clear about what they should be following.

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.

We found that the team at Harbour View Surgery had all worked together for a number of years and were comfortable in working together. Many had seen a reduction in their working hours over recent years and as a result had sought additional employment elsewhere. This meant that sometimes they completed training relevant to their role at their other place of work and sometimes they were given an annual appraisal at their other places of work and not at Harbour View. Whilst training in some areas may be transferrable from one place of work to another, appraisals and practice specific training are not. We found that appraisals at Harbour View were out of date and also that there was no particular system in place for any formal fire safety training. Appraisals are a conversation between an employer and an employee and therefore need to be done at Harbour View to ensure that as an employer, the practice is sighted on any issues their staff may have.

Improvement needed

Ensure that all staff appraisals are undertaken annually at Harbour View.

The practice manager had some records relating to staff employed at Harbour View but these were badly organised and not securely stored. There should be a dedicated set of information stored in relation to each member of staff, which will include such things as contract of employment, holiday entitlement, training records and appraisal records. Some of these may be subject to data protection rules and the practice manager must ensure that these are carefully accounted for when storing these documents.

Improvement needed

Ensure that staff files are reviewed; a dedicated file must be created for each staff member with all appropriate employment information contained within it. These files must stored securely in accordance with data protection principles.

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 Harbour View 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: Harbour View Surgery

Date of Inspection: 12 January 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
IMMEDIATE ASSURANCE ACTIONS					
	<p>During our visit, a large backlog of records were awaiting summarising, scanning and entry onto patient records. This means that patient notes were not as up to date as they should be, presenting a risk to patient care and treatment.</p> <p>Action Required: The practice must clear this backlog of summarising and scanning within 6 weeks of the date of inspection and confirm in writing once this action has been taken. Date for completion of task is 23 February 2017.</p>		<p>With immediate effect following our inspection, we set to the task of clearing the backlog of records awaiting summarising, scanning and entry onto records. Additional hours have been allocated to staff and, to date, we have cleared over 50% of the scanning and approximately 30-40% of summarising. We are confident that we will complete the task within the 6 week timescale, and will confirm in writing when complete.</p> <p>The practice will endeavour to scan</p>	Practice Manager	Completed

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			all mail received within 2 weeks and summarise records within 6 weeks. To support tis task we will provide / allocate additional hours when needed to prevent a backlog in future.		
Quality of the patient experience					
7	<i>Staff should be given formal training in providing chaperone services.</i>		All Nursing staff can act as a chaperone in the practice. All admin/non clinical staff will be trained in the procedural aspects of personal examinations allowing them to act in the role of chaperone.	Practice Manager	With Immediate Effect
7	<i>The layout within the reception area should be improved so that patient privacy, dignity and confidentiality can be better protected.</i>		The Practice has a private area available for patients wishing to speak to a member of staff in private. Dr Lodha is retiring at the end of May which may result in possible closure of the practice. It is not known yet the future of the practice. If applicable, new management will look at how to improve the layout within the reception area to improve	Uncertain	Uncertain

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			patient privacy, dignity and confidentiality.		
8	<i>The practice should ensure that patients are made aware of how to raise a concern at Harbour View Surgery by supplementing the Putting Things Right poster with Harbour View's own policy.</i>		A 'Putting Things Right' poster is displayed in the waiting area. A copy of the Practice's own policy will also be displayed to supplement this poster.	Practice Manager	With Immediate Effect
9	<i>Both Informal comments and formally raised concerns are important and should be recorded.</i>		A log of informal concerns and compliments has been introduced. All staff will record all formally raised concerns in the appropriate timely manner	All Staff	With Immediate Effect
Delivery of safe and effective care					
11	<i>The practice must review their overall approach to risk management and health and safety, paying particular attention to fire training, storage of clean and dirty materials, plus</i>		The Practice will conduct regular fire drills and provide fire training for all staff. We will educate staff in General Health & Safety by making them more aware of trips & spills etc. The storage of all cleaning materials	Practice Manager	With Immediate Effect

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	<i>maintaining sufficient staff records for all staff who work regularly at the practice.</i>		has been re-allocated to an office on the first floor as recommended to enable a more effective segregation of clean and dirty equipment. The Practice will obtain information on the Hepatitis B Status of all locums and maintain all staff records for all staff who work at the practice.		
11	<i>The practice must ensure they have a documented policy for dealing with significant health emergencies. Staff should be made aware of the contents of this and be helped to understand what their role would be should a health emergency arise.</i>		The practice will resource a documented policy for dealing with significant health emergencies. All staff will be made aware of the contents of this policy to understand their roles, and assist in implementing any action should any health emergency arise.	Practice Manager	With Immediate Effect
12	<i>All staff must be given up to date safeguarding training and the practice must also take responsibility for seeking evidence that their regular locums are</i>		The Practice Manager will seek evidence that all locums who work at the practice are suitably trained and are up to date in their knowledge and training requirements.	Practice Manager	With Immediate Effect

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	<i>suitably trained and up to date in their knowledge and training requirements.</i>		A Locum GP Information Pack will be made available in the GP Consulting Room with information on practice procedure. Safeguarding training will be made available on-line for all admin/non-clinical staff.		
12	<i>The practice must ensure they are using all multidisciplinary networks related to safeguarding which are available to them. There should be a mechanism for properly documenting and maintaining records which relate to any cases which the practice have been involved in.</i>		All clinicians are using all multidisciplinary networks which are available to them relating to safeguarding. The practice has a mechanism in place for documenting and maintaining records relating to any cases that the practice is involved	GP/Practice Manager	With Immediate Effect
13	<i>The practice should consider how they are communicating with the regular locum GP staff and more generally whether their overall ethos supports best practice and innovation sufficiently to provide</i>		The practice will ensure that the Locum GP Information Pack is kept up to date and is available to all locums who work at the practice. We will establish a message screen on our clinical system to	GP/Practice Manager	With Immediate Effect

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	<i>patients with the most clinically effective care.</i>		communicate with the regular locum GP staff who work at the practice.		
13	<i>The current system for recording and discussing significant events needs to be improved so that issues are recorded in a timely manner and discussed appropriately to aid learning. Overall, significant events need to be given a higher priority at this practice to enable a stronger learning culture to develop.</i>		The practice will record all significant events in a timely manner which will be discussed appropriately at regular practice meetings to develop a stronger learning culture. All staff are encouraged generally to report all significant events appropriately and in a timely manner.	All Staff	Ongoing
14	<i>Consent forms must be used to record patient agreement to joint injections.</i>		Consent Forms have been introduced to record patient agreement to joint injections.	Practice Manager	With Immediate Effect
14	<i>The practice must ensure that the daily allocation of tasks amongst</i>		The practice will provide staff with additional hours to ensure that additional tasks, which must be	GP	With Immediate Effect

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	<i>reception staff has carefully taken account of the additional tasks which must be done to ensure that patient records are kept as up to date as possible in a timely manner.</i>		done, are undertaken in a timely manner. This will ensure that patient records are kept up to date as possible.		
Quality of management and leadership					
15	<i>Staff meetings should take place regularly. Minutes of these discussions should be properly and promptly logged so that they can form a record and audit trail of decision making.</i>		The practice will hold regular practice meetings. Minutes of these discussions will be documented and promptly logged.	All Staff	With Immediate Effect
15	<i>Clarify the role and decision making authority of the practice manager to ensure that decisions and actions relating to management tasks can be taken in a timely manner.</i>		The practice GP will liaise directly with the Practice Manager in relation to management tasks to ensure that any decisions and actions are taken in a timely manner. The Practice Manager will cascade any decisions/actions to all staff.	GP Practice Manager	Ongoing

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
16	<i>All policies and procedures need to be clearly marked with a date of creation, date of review and version number so that staff are clear about what they should be following.</i>		<p>Staff have access to all policies on the shared drive.</p> <p>The Practice Manager will review and tidy up all electronic policies and procedures.</p> <p>All policies will be clearly marked with a date of creation, date of review and version number as recommended.</p>	Practice Manager	With Immediate Effect
16	<i>Ensure that all staff appraisals are done annually at Harbour View.</i>		<p>Staff appraisals have been conducted annually since 2008 but have staff have not had appraisals for the past two years.</p> <p>The practice will ensure that staff appraisal are undertaken annually.</p> <p>The practice GP will undertake appraisals for clinical staff.</p>	GP/Practice Manager	Ongoing
17	<i>Ensure that staff files are reviewed; a dedicated file must be created for each staff member with</i>		<p>The Practice Manager will review and maintain staff files.</p> <p>Individual files have been created</p>	Practice Manager	Ongoing

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	<i>all appropriate employment information contained within it. These files must stored securely in accordance with data protection principles.</i>		for all staff which will contain all the appropriate employment information required. Staff files will be stored securely in a locked cabinet in the Practice Manager's office.		

Practice representative:

Name (print): **Joyce Walters**

Title: **Practice Manager**

Date: **27 March 2017**

Appendix B

Community Health Council Report

Report from Hywel Dda Community Health Council



Visit Summary

Practice:	Harbour View Surgery, 56, Station Rd, Burry Port, SY16 0HW
Date / Time:	12 th January 2017
CHC Team:	Hywel Dda Community Health Council (CHC) Pat Neil – Member (Lead) Nick Orme – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

CHC Involvement in visits

The CHC has worked with HIW providing a lay member perspective relating to patient experience to support the joint approach to these GP Practice Inspections. The visits were carried out on an announced basis and before they took place the CHC ensured a patient survey asking questions around experience and access was made available in the Practice for patients to complete. The results of this survey are discussed below and the analysis can be seen in the accompanying report document. In addition to the patient survey CHC members attended the

main HIW inspection in order to look at:

- General feedback from patients on their experience.
- Patient Environment, (outside and inside the surgery)
- Communication and information on display

For each topic members were asked to provide comments where the practice should be commended or areas where there were concerns.

Patient Feedback

Patient Survey

Prior to the visit, patients were offered the opportunity to complete a survey on their Practice by staff. For Harbour View Surgery 83 patients responded. The analysis of these survey results can be seen in the accompanying report, although some key findings can be seen below:

- The vast majority of patients had been registered with the practice for over 10 years.
- The majority of patients (75%) rated their overall experience of this surgery as excellent or good and were largely positive about their care and treatment. Most patients told us that their GP and particularly their nurse greeted them well, had good awareness of their medical history, understood their concerns and provided good explanations of their treatment. One patient did comment that seeing several locums was not always good.
- 94% of patients were happy with the opening hours of their practice with 75% reporting them as very good.
- 83% of survey respondents said making an appointment was very easy, a further 15% saying it was easy. However, one patient felt the opening times were unsatisfactory and it was difficult to book an appointment.
- A majority of patients (53%) felt that having contacted the surgery, they could expect to see the GP of their choice within 24 hours, and 44% felt they would have to wait 24-48 hours. When asked how long it would take to see any GP, 73% felt they would get an appointment within 24 hours with 24% believing this would take between 24-48 hours. During our visit, all patients we spoke to reported that they could always get an appointment when they needed.
- The vast majority (95%) of patients who completed the survey rated the practice 10 out of 10 for physical access to the building (ramps/steps front door)

- Similarly, patients tended to be very positive about cleanliness, seating, information and toilet facilities.
- The majority of patients surveyed confirmed they were seen at their allocated appointment time with 17% being seen within 10 minutes after their appointment time and 2% after 20 minutes.

Observations

The visiting members noted there was no allocated parking for patients, although there was a public car park located within 100 yards.

On the day of our visit the surgery front door did not close properly and was often left to fall open which could cause a draft into the surgery where patients were waiting to be seen.

Environment - Internal

In general, patients seemed satisfied with the overall environment within the surgery itself, including the cleanliness of the waiting area and the helpfulness of the reception staff. The practice was clean, warm and tidy; and signage good but not bilingual.

Members noted that the floor was somewhat uneven as was the corridor to the nurse's room

The seating in the waiting area was in good repair but did not provide a variety of seating heights to accommodate patients' mobility needs.

The receptionist was welcoming and helpful. Members noted the reception desk did not provide a dropped area for wheelchair users or an area to have a private conversation.

A children's play area was located in the waiting area. Staff confirmed the toys were cleaned daily.

Communication & Information on Display

The surgery provided a good display of leaflets in the reception area, although one patient noted the information board was too cluttered and sometimes displayed out of date information but generally they found it useful.

