

**General Practice
Inspection (Announced)**
Cloughmore Medical
Centre; Cardiff and Vale
University Health Board

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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 Cloughmore Medical Centre, 19 South Park Road, Splott, Cardiff CF24 2LU on 31 January 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Cardiff and Vale local Community Health Council.

HIW explored how Cloughmore Medical Centre 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

Cloughmore Medical Centre currently provides services to 7,400 patients. The practice forms part of GP services provided within the area served by Cardiff and Vale University Health Board.

Cloughmore Medical Centre is a new purpose built practice, which opened during 2013.

The practice employs a staff team which includes five GP partners, a salaried GP, a Practice Manager, Deputy Practice Manager, three nurses, three health care support workers and a well established team of administrative/reception staff.

Health Visitors, community based Nurses and Midwives (who are employed by the health board) work closely with the staff team at the medical centre.

The health centre provides a comprehensive range of primary care services which includes:

- Management of long term health conditions
- Minor surgery
- Counselling
- Cervical smear screening
- Contraceptive services
- Vaccinations and immunisations (adults and children)
- Child health surveillance
- Maternity services
- Travel vaccinations and advice
- Care of patients who are terminally ill
- Smoking cessation clinics

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

For ease of reading, Cloughmore Medical Centre will be referred to as the 'practice' throughout this report.

Summary

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

We found that the leadership provided by the GPs and the Practice and Deputy Manager respectively, resulted in a positive working culture. In addition, we found evidence that the staff team at Cloughmore Medical Centre placed an emphasis on ensuring the provision of high quality and safe services to patients in accordance with the Health and Care Standards.

This is what we found the practice did well:

- We found people were treated with dignity and respect by the team and patients who spoke with CHC members on the day of the inspection expressed a high level of satisfaction with services provided by the GPs and nursing staff.
- The practice environment was excellent; with very good facilities which enabled patients to access services in a safe manner.
- Staff we spoke to were happy in their roles and clearly understood their responsibilities

This is what we recommend the practice could improve:

- The practice was required to arrange suitable training for non clinical staff so that they are made aware of what is expected of them at times when they are required to act as a chaperone
- There was a need for the completion of staff health and safety (Display Screen Equipment) risk assessments. This was, in accordance with Health and Safety
- The practice was required to inform HIW of the action taken to ensure that all new members of the practice team had access to an appropriate induction programme.

3. Findings

Quality of patient experience

We found people were treated with dignity and respect by the team and patients who spoke with CHC members on the day of the inspection expressed a high level of satisfaction with services provided by the GPs and nursing staff.

We also found that the practice environment was excellent; with very good facilities which enabled patients to access services in a safe manner.

Telephone access however remained problematic for patients despite the efforts of the practice team to improve the situation. In addition, we identified the need for staff training with regard to chaperone duties and the development of a regular formal means of seeking patient/carer views on the services provided.

Two members of the local Cardiff and Vale of Glamorgan Community Health Council (CHC) were present at the practice on the day of our inspection. Their role was to seek patients' views with regard to services provided by Cloughmore Medical Centre through the distribution of questionnaires and via face to face conversations with patients and/or their carers. The CHC had also provided the practice with 200 patient questionnaires prior to the inspection. Of that number, 69 had been completed; 10 additional questionnaires being completed on the day of the inspection. The CHC have produced a report which provides an analysis of the information they gathered. That report can be found at Appendix B.

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.

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

We saw a variety of health promotion/lifestyle information on display in the patient waiting area, for people to take away with them for future reference. The practice leaflet was readily available to people, together with information about support services and organisations. All such information was found to be relevant and current.

The practice's website contained useful patient information and one of the noticeboards in the ground floor patient waiting area contained information about the local Expert Patient Programme (EPP)¹ for 2017. However, we advised the practice team to consider the improvement and expansion of information contained within the practice website for the benefit of patients.

We were able to confirm that the practice had a nominated 'Carer's Champion' who was available to assist patient's carers; offering them the opportunity to discuss the challenges they faced, and providing them with useful information about various agencies and organisations who may be able to support them with their day to day responsibilities. We saw the carer's register held at the practice which was used to enable the staff team to identify patients who had such a day to day responsibility. The nominated 'champion' however, had been unable to attend carer's meetings scheduled by the health board in the past two years. This meant that the practice may not be as informed as possible with regard to any local changes to carer support services and/or new initiatives available in the area.

Staff described how patients were benefitting from clinics held at the practice every three months, by a Consultant Diabetologist from the local hospital and smoking cessation clinics held every week (which patients from other practices were invited to attend) were proving to be very successful. This approach to patient care was commended by the inspection team.

¹ The Expert Patients Programme Wales (EPP) provides a range of self-management courses and workshops for people living with long-term health conditions or for those who care for someone with a long term condition. EPP is about making you an expert in living your life to the full with your condition, not about making you an expert in the specific condition you have.

We found that the practice partners and management staff adopted a positive approach to the work and development of the GP cluster² in the area, as a means of improving services and support to patients in the future.

Dignified care

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 were able to confirm that the practice had well established systems in place to ensure patients' confidentiality.

Observation of the way which staff (at the open reception area) spoke with patients on their arrival, confirmed that efforts were made to speak in soft tones to prevent other people from overhearing the conversation taking place and each had signed a confidentiality clause. We also found that telephone conversations with patients (incoming and out-going calls), were generally made within the confines of the office at the rear of the reception area to ensure that patient's information was discussed in a confidential manner at all times.

We discussed the use of staff chaperones in relation to patient examinations and found that the medical centre tried to ensure that clinical staff were used in this role wherever possible. In addition, we were able to confirm that patient's records clearly indicated times when a chaperone was required and staff had access to the practice's chaperone policy. However, the policy required updating and we found that non clinical staff had not received training regarding chaperone duties. Whilst they were not required to take on that role on a regular basis, the practice was advised of the need to address this matter, to ensure that staff understand what is expected of them.

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to ensure that non clinical staff are made aware of what is expected of them at such times when they are required to act as a chaperone.

² A GP practice 'Cluster' is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. GPs in the Clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients.

We found that the practice had insufficient signs within the waiting area to alert patients who may wish to request the presence of a chaperone during their consultation/examination. We brought this to the attention of the practice team and the matter was addressed during the inspection, as a means of helping patients understand their rights in this regard.

Conversations with the deputy practice manager revealed that a room (to the rear of reception) would be used should patients wish to speak to reception/practice staff privately.

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

We found that electronic records demonstrated that patients' consent had been verbally obtained prior to clinical procedures. However, the practice did not have a policy in place to guide staff on how and when, to obtain formal patient consent as required.

Improvement needed

The practice is required to inform HIW of the action taken to obtain formal patient consent to invasive/other relevant clinical procedures, in accordance with the Montgomery judgement³ (2015).

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

³ The law on informed consent has changed following a Supreme Court judgment. Doctors must now ensure that patients are aware of any "material risks" involved in a proposed treatment, and of reasonable alternatives, following the judgment in the case *Montgomery v Lanarkshire Health Board*. <http://www.medicalprotection.org/uk/for-members/news/news/2015/03/20/new-judgment-on-patient-consent>

language and communication needs.

We found that internal communication systems at the practice appeared to work well. For example, we considered the process in place for patients and/or parents of children to receive results from blood tests and other investigations and were able to determine that each GP received the results of any investigations they requested; contacting patients as needed. We were also told that when a GP was on holiday, test results were reviewed by other GPs. In addition, we were informed that patients were advised to contact the practice to obtain their results.

There was an established system in place to monitor internal communication, to ensure that messages about patient care were not missed or delayed in reaching the relevant member of staff.

We were able to confirm that staff would use 'language line'⁴ to assist patients (whose first language was not English) to discuss their health related problems with doctors and nurses, if required. One of the GPs was also fluent in English and Welsh, so would be able to respond to requests to conduct patient consultations through the medium of Welsh on request, whilst another GP spoke Urdu.

A hearing loop system was available to patients with hearing difficulties. This was located at reception; signs about such assistance being displayed on a notice board away from the reception.

There were no bilingual (Welsh) patient leaflets on display at the practice at the time of our inspection and staff told us that they had never been requested for information in any language other than English. However, signs at the premises were displayed in English/Welsh and braille. We were also told that the practice leaflet would be produced in larger print on an individual basis.

We found that there were robust processes in place with regard to the use, sharing of, and protection of patient information at such times when house calls were made. The same robust processes applied to times when data needed to be shared between the practice and GP out of hour's service. We further found that there was a well established system in place to alert the practice team about patient deaths.

⁴ **Language Line** is a UK language translation service agency that provides a wide range of language services. www.languageline.co.uk

Conversations with GPs indicated that hospital discharge information was much better than it had been in the past and was dealt with promptly on receipt. This meant that patients benefitted from planned continuity of care on their return home from hospital.

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.

The practice was open Monday to Friday between the core hours of 8:00am to 6:00pm and didn't close at lunchtime. The first available appointment was 8:30am each day. Patients were generally required to book their appointment on the day via telephone, although we were told that some appointments could be booked one or two weeks ahead (for working patients). The practice team told us that whilst they were thinking of revising the booking system again in the near future, the current approach had been found to be fair for all groups of patients.

Conversations with the practice team revealed that they were constantly reviewing ways of improving patient access to appointments. They acknowledged however, that patients continued to experience difficulty in getting their telephone calls answered early morning. This was due to the volume of calls made to the practice at that time of day.

We were able to confirm that the practice team were flexible in their approach to assisting patients with hearing difficulties, or other sensory problems, to make appointments in person.

There was a daily telephone consultation system in place which enabled patients to receive advice about their healthcare concern, the availability of which had recently been increased. This was to try to provide patients with support and advice in a timely way. We also found telephone consultations were followed up with a face to face appointment, as and when appropriate.

The practice team were not actively offering patients access to the My Health Online (MHOL) appointment booking service, at the time of this inspection, although patients were able to request their repeat prescriptions in this way. We therefore advised the practice team to consider its use in the future as a further means of assisting patients to access primary care appointments.

Discussions held with the practice manager revealed that the practice had agreed to fit coils and implants in the near future. This had been agreed through the GP cluster arrangements and would be of benefit to patients registered at this, and neighbouring practices. We were also informed that the GP cluster was considering the future input of community psychiatric nurses for the benefit of patients' care and well-being.

Patient referrals to secondary care were all made via the Welsh Clinical Communications Gateway (WCCG)⁵. All referrals were checked each day by a nominated member of the administrative staff to ensure that they had reached the relevant hospital destination. At times when that person was not at work, a 'buddy' system was in place to ensure that patient referrals were dealt with consistently and promptly. The system in place was considered to be robust and up to date. This meant that the risk of any referrals being delayed, or mislaid were minimised.

We found that there was no defined referral policy in place at the practice. This matter was discussed with GPs who expressed a willingness to address this matter. In the meantime, we were able to confirm that individual GP referral criteria appeared to be satisfactory. GPs also indicated they were aware of the need to review referral patterns across the practice as a means of ensuring that agreed criteria was applied in the future.

Individual care

Standard 6.1 Planning care to promote independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.

We were able to confirm that the practice's answerphone message was detailed in its advice to patients regarding how to deal with emergency and non emergency healthcare situations.

There was also a touch screen facility at reception for use by patients on their arrival, the content of which was multi-lingual to promote individuals' independence.

⁵ The Welsh Clinical Communications Gateway (**WCCG**) is a national system in Wales for the electronic exchange of clinical information such as referral letters.

We were informed that the practice had produced a regular newsletter in the past in order to link with as many patients as possible. One of the GPs indicated that they would like to re-establish the use of that via 'Docmail'⁶, as a means of making contact with housebound patients. We were also told that the practice was due to start sending patients a text message to remind them about their appointment dates/times. This was being introduced as a means of reducing the number of patients who do not attend.

Standard 6.2 Peoples rights

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

Discussions with a GP revealed that a 'ward round' took place. This took the form of discussions about three different patients each week to discuss their needs, and whether the practice was effective in meeting those needs.

We also found that the practice completed regular 'in-house' reviews of patients with learning disabilities and mental ill-health.

The above meant that the practice had suitable systems in place to identify, and meet the additional needs of vulnerable patients registered.

We saw that the practice's development plan took account of the culturally diverse presentation of its registered population and the numbers of patients with severe mental health problems. Consequently, the practice had arranged for representatives from the local Citizen's Advice Bureau to visit the practice on a weekly basis to assist patients.

Discussions held with members of the team, demonstrated that the practice made every effort to work closely with other health and social care professionals and groups to support patients in the community wherever possible.

⁶ **Docmail** is a unique online mail management solution that is used for letter printing and business mailing needs.

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.

We found that the practice had a system in place for responding to formal concerns and handling complaints. This was supported by a written complaints procedure to guide staff on what was expected of them in such circumstances. We were also able to confirm that the content of the procedure was consistent with Putting Things Right⁷ (PTR) arrangements. We did however find the need for some improvements to the concerns process as follows:

- The concerns/complaints process needed to be clearly displayed in the patient waiting areas to ensure that people were aware of their rights in this regard
- The practice needed to consider its website content to provide patients with more detailed information about the PTR process
- To assist with identifying improvements needed, the practice was required to develop a mechanism for recording informal complaints and to monitor their nature and number

Improvement needed

The practice is required to provide a description of the action taken to ensure that it manages concerns/complaints in accordance with Putting Things Right arrangements.

We did however see that information was available to patients on notice boards about how to access the local CHC advocacy service in the event that they needed support to raise any concerns with the practice. We were told that the practice had not received any concerns/complaints in the past twelve months.

The practice did not have a Patient Participation Group at the time of inspection. Staff told us that no patients had come forward to show interest in

⁷ Putting Things Right refers to the current arrangements in Wales for raising concerns about NHS treatment.

this form of participation in the past. The team was however, advised of the need to consider this matter again in the near future; given the importance of listening to patients and acting on any feedback received.

We saw there was a suggestions box at reception; however this had been rarely used by patients to offer their views on service provision. In addition, there was no formal mechanism in place to seek patients' views on services provided. The practice should consider formalising the process of gathering their own patient feedback so that they can demonstrate that patients are supported to provide feedback on an ongoing basis.

Delivery of safe and effective care

We found that the staff team at the practice placed an emphasis on ensuring the provision of high quality and safe services to patients in accordance with the Health and Care Standards.

Services were planned and delivered to take account of the needs of different patient groups and to help provide flexibility, choice and continuity of care.

The practice facilities were excellent and the practice team made every effort to provide patient appointments on the same day and in advance (for patients who were working).

The sample of patient records we reviewed was of a very good standard.

We did however, identify the need for the completion of staff health and safety (Display Screen Equipment) risk assessments. This was, in accordance with Health and Safety legislation.

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 were informed that a health and safety environmental risk assessment had been completed recently by an external contractor. No issues for improvement had been identified.

We were also provided with a copy of the fire safety policy (dated 2 December 2016) and the practice's 'Disaster Handling Protocol' which described the action to be taken by staff in the event of computer problems, incapacity of the practice GPs, loss of telephone system, electricity and/or gas supply.

The nursing team had developed areas of specialism in relation to a number of long term health conditions such as Diabetes and Asthma, for which they had received appropriate training. The practice team had also worked closely with secondary care colleagues to obtain swift advice on how to manage and monitor patients with Diabetes.

The practice had a cervical screening programme. Appointments were available outside of school hours and the premises were suitable for children and babies.

Antenatal clinics were run by a midwife 'attached' to the practice and child health clinics were run by a health visitor also linked to the practice.

The practice carried out annual health checks for people with a learning disability and communication needs; along with patients experiencing sensory impairment. Such patients were also clearly identifiable from their clinical records. Staff and clinicians were therefore able to recognise the needs of those patients, at times when they visited the practice, or when consultations took place in their homes.

We found that the practice had not completed statutory risk assessments with regard to an element of health and safety legislation. Specifically, we spoke with a number of staff who used display screen (computer) equipment for many hours during each working day and discovered that they had not been subject to a Display Screen Equipment (DSE) risk assessment for some time. This was brought to the attention of senior members of the staff team.

Improvement needed

The practice is required to describe the action taken/ to be taken in order to address the absence of staff (DSE) health and safety risk assessments.

We saw that all areas of the practice occupied by patients were very well presented and maintained, pleasantly decorated, clean and uncluttered (which reduced the risk of falls within the premises). In addition, the practice had a lift located at ground level to enable patients to access the first floor, as and when required. There were automatic doors at the entrance, fully accessible toilet facilities and doors wide enough for people with mobility difficulties to enter the consultation/treatment rooms.

We saw that key codes were fitted to doors of administrative offices to prevent unauthorised access. This meant that the practice recognised the importance of ensuring staff and patients' safety as well as the security of all records held at the premises.

We found that practice policies and procedures were generally reviewed on an annual basis, or sooner. This was to ensure that staff were able to access relevant guidance to assist them in their day to day work. The practice team were however open and honest about the need for review of some of their existing policies which had not been completed due to competing work priorities. We were told however, that this matter would be addressed as soon as possible.

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.

Discussions with staff confirmed that all instruments used during the course of minor surgery procedures were purchased as sterile single use items which avoided the need for the use of sterilisation/decontamination equipment. A member of the nursing staff also described the cleaning procedures adopted by the team at the start, and end, of minor surgery sessions. We found those to be satisfactory.

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

Relevant members of the practice team had received Hepatitis B vaccinations and we were able to confirm their subsequent level of immunity by looking at the information held. However, information in relation to two of the GPs was unavailable at the inspection. Since our visit, we have received confirmation of booster vaccinations administered in respect of the GPs concerned. This meant that staff and patients were protected from this blood borne virus.

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 discussed the local policy in place for effective prescribing with GPs and looked at a sample of patient records. As a result, we found the following:

- The practice had a robust system in place for managing patients' repeat prescriptions
- Medication reviews were excellent. There were no outstanding reviews at the time of inspection
- Patient allergies were clearly recorded in their records
- There was an agreed prescribing policy in place

- The practice had completed medication audits organised by the local health board (regarding antibiotic prescribing)
- There were no 'unused' forms of medication seen on repeat prescription
- A prescribing advisor employed by the local health board visited the practice monthly to assist with medication reviews and medicines management

We were therefore satisfied that the practice was compliant with legislation, regulatory and professional guidance.

We checked the resuscitation equipment and emergency drugs available at the practice for use in the event of a patient emergency. All such drugs were in date. We advised the practice however, of the need to develop a written checklist (preferably weekly, in accordance with UH Resuscitation guidelines), so that there was clarity in terms of who was checking the drugs and making arrangements for their prompt replacement at the point of expiry. The practice was receptive to our suggestion and indicated that this would be addressed as soon as possible after our visit.

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 practice had nominated a lead GP in respect of adult and child protection and each of the GPs had completed protection of vulnerable adults training at level 3. We were also able to confirm that all staff had received training with regard to All Wales child and adult protection arrangements and had access to a current policy and contact details for the local safeguarding team to guide them about what to do in the event of a potential/actual safeguarding issue.

Discussions with a senior GP demonstrated that there were good multi-professional arrangements in place which assisted in ensured the practice held appropriate information about child protection matters. We were also told that identity badges had recently been ordered for staff so that their first name would be clearly displayed to patients.

We were provided with a demonstration of the practice's computer system which clearly provided relevant members of the practice team with alerts regarding vulnerable patients.

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.

Discussions with the practice team demonstrated that there was no current process in place for the recording of, or regular formal discussion about, significant event analysis (SEA). Rather, clinically significant events were reported by GPs and discussed at the practice on an ad hoc basis.

Whilst we were provided with a good description of an aspect of service that had been changed as a result of such discussions, there remains a need for formal analysis of incidents that may have implications for patient care. We therefore advised the practice of the need to establish such a process. This was, in order that learning from what goes wrong or right, helps all staff to improve the delivery of services to patients in the future. The practice team was willing to address this matter.

We held conversations with GPs to determine how the clinical team kept up to date with best practice, national and professional guidance. Consequently, we were told that new guidelines (including those published by the National Institute for Health and Care Excellence (NICE)) were discussed informally between the partners; some GPs attending courses where newly developed national guidelines were discussed. In addition, the senior nurse at the practice was responsible for updating guidelines for all members of the clinical team on the current approaches to managing long term conditions such as asthma and diabetes.

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 looked at 20 patient records at this inspection, the content of which were consistent across each of the four GPs in their recording of consultation findings and ongoing care/follow-up arrangements. All records seen also contained excellent details about patients' past and significant medical history.

Quality of management and leadership

We found that the leadership provided by the GPs and the Practice and Deputy Manager respectively, resulted in a positive working culture.

Staff were clear about their roles and day to day responsibilities and they also told us that they felt supported by all members of the practice team.

We were able to confirm that members of the team were provided with the opportunity to undertake training, relevant to their work and development. There was also a system of staff appraisal in place as a means of promoting discussion with staff and determining training needs.

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.

There was a clear management structure in place, some individuals having worked at the practice for many years. Governance and day to day management of the practice was the responsibility of the GPs with the support of the practice manager and deputy practice manager.

Conversations with the senior members of the practice team about the governance arrangements in place demonstrated that audit activity was completed in accordance with health board requirements. The practice also had a system in place to ensure that All-Wales safety alerts were shared with relevant staff in a timely way. This meant that staff were provided with prompt opportunities to consider whether any changes were needed to clinical procedures, or practice guidance.

We found that the practice had recently produced a development plan which would place a greater emphasis on clinical governance arrangements in the future-such as audit activity.

We were told that GPs met every day to discuss patients' care and treatment; practice meetings being held weekly. We were also informed that GPs were actively involved in sharing the content of practice policies, and strategies with the staff team. However, there was no formal way in which staff could contribute to strategic planning matters.

The practice produced a comprehensive Practice Development Plan which clearly indicated the challenges they faced, the practice values and plans and aspirations of the team.

However, discussions with the practice managers and clinical team revealed that the practice was working through a period of transition. This was due to:

- The transfer of the service from its previous location to purpose built premises (2013)
- The introduction of a new computer system
- Considerable difficulties faced by the practice in recruiting and retaining GPs. The practice had only reached its full compliment of clinical staff since the end of 2016
- Use of large number of locum GPs in the past three years, albeit that had reduced significantly in recent months

Despite the above, the practice team were aware of the improvements needed to continue to provide safe and effective care and demonstrated a willingness to address those matters. One of the newly recruited GPs had a particular interest in research clinical governance and quality assurance arrangements and was therefore very keen to support practice colleagues to develop more robust processes and systems to ensure that the practice continuously improved its approach to service provision and staff support.

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.

There was a new system of staff appraisal in place as a means of promoting discussion with staff and determining training needs

Staff informed us that they regularly attended monthly training meetings which formed part of their continued professional development.

We were able to confirm that there was an Induction process in place to assist new members of administrative staff to become familiar with practice processes, policies and procedures. However, there was no process in place with regard to new nurses, salaried GPs or locum staff.

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to ensure that all new members of the practice team have access to an appropriate induction.

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 Cloughmore Medical Centre 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.

4. 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: Cloughmore Medical Centre

Date of Inspection: 31 January 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
IMMEDIATE ASSURANCE ACTIONS					
Quality of the patient experience					
8	The practice is required to inform HIW of the action taken/to be taken to ensure that non clinical staff are made aware of what is expected of them at such times when they are required to act as a chaperone.	4.1			
9	The practice is required to inform HIW of the action taken to obtain formal patient consent to invasive/other relevant clinical procedures, in accordance with the	4.1			

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	Montgomery judgement ⁸ (2015).				
14	The practice is required to provide a description of the action taken to ensure that it manages concerns/complaints in accordance with Putting Things Right arrangements.	6.3			
Delivery of safe and effective care					
17	The practice is required to describe the action taken/ to be taken in order to address the absence of staff (DSE) health and safety risk assessments.	2.1			
Quality of management and leadership					

⁸ The law on informed consent has changed following a Supreme Court judgment. Doctors must now ensure that patients are aware of any “material risks” involved in a proposed treatment, and of reasonable alternatives, following the judgment in the case *Montgomery v Lanarkshire Health Board*.
<http://www.medicalprotection.org/uk/for-members/news/news/2015/03/20/new-judgment-on-patient-consent>

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
23	The practice is required to inform HIW of the action taken/to be taken to ensure that all new members of the practice team have access to an appropriate induction.	7.1			

Practice representative:

Name (print):

Title:

Date:



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Cloughmore Surgery
Date / Time:	Tuesday, 31 st January 2017 at 9:00am
CHC Team:	Pat Matthews and Alison Walker
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

The CHC participated in a joint GP inspection with Healthcare Inspectorate Wales (HIW), to Cloughmore Surgery in Splott, Cardiff. The CHC involvement was centred on obtaining the patients' experience of the Practice.

In order to reach a greater number of patients, the CHC undertook a Patient Satisfaction Survey prior to the inspection. Out of 200 surveys supplied to the practice, 69 patients responded. This represented a 35% response rate. Additionally, the CHC visiting team spoke with a further 10 patients during the inspection and all of these patients completed a survey on the day. These surveys have been supplemented to the initial results received, taking the total patient response rate to 40%.

Cloughmore Surgery is a purpose built facility in the Splott area of Cardiff. The building is of 2 storeys and is light and airy, with maximum natural light.

The Practice has just over 7,000 patients and has 5 qualified Doctors and 3 Practice Nurses. Attached staff to the Practice includes a Health Visitor, a Midwife and 2 Counsellors.

All of the Doctor's consulting rooms are on the ground floor; with the Practice Nurse's treatment rooms located on the first floor.

There is full wheelchair access and a disabled persons' toilet. There are also baby changing and breast feeding facilities.

Patient Feedback

Matters to be commended:

- Very good, verbal comments were received by the visiting team from patients, regarding the Nurses.
- Comments regarding GPs were very positive.
- The majority of patients that the visiting team spoke to on the day of the inspection, indicated that their overall practice experience was either good, very good or excellent.

Matters of concern:

- The quality of the tannoy system is not very clear.
- A number of patients indicated that the appointment system is not satisfactory. Unless patients can telephone very early, all appointments are taken. However, if the appointment requested is for a child, a space is usually found. It is also noted that it is less difficult to book an appointment for a child with a pre-existing condition.

Further Observations:

During the time the visiting team were at the Practice, the appointment system appeared to run smoothly. The receptionist was there to ensure this. One person, with a toddler, had waited over half an hour, but this was an appointment for their child and had been slotted in at the end of surgery.

Observations

Environment - External

Matters to be commended:

- Opening times displayed on glass door leading into the building.
- Full wheelchair access provided.

Matters of concern:

- Limited parking is provided for patients at the front of the building, but is adequate.
- There is a gated entrance to the car park of the Practice, but it was noted that there are no details provided by the Practice concerning the opening times and the number to call when the Practice is closed.

Environment - Internal

Matters to be commended:

- The whole internal area, together with the toilets, appeared to be to a very clean and tidy standard.
- Varied seating in the waiting room offers differing heights and widths for patients of differing levels of mobility and is in a good, clean and washable condition.

Matters of concern:

- The visiting team observed there was no notice, to inform patients that a Chaperone was available, even though they have a room that can be used.

Communication & Information on Display

Matters to be commended:

- The patient automated check-in system is multi-lingual.

- Action is being taken to purchase a television for the waiting area and this will be used to provide patient information.
- Signage on consulting room and treatment room doors is provided in Braille.

Matters of concern:

- It was indicated to the visiting team that the helpfulness of reception staff for some patients can be varied in respect of obtaining an appointment.
- Plenty of information was available on the notice boards. However, some of the boards were away from the main waiting room and therefore may not be viewed by patients.

The Team wish to thank all the Practice staff for their welcome and helpfulness during the visit.

Pat Matthews
Alison Walker
CHC Members

20th February 2017