

General Practice Inspection (Announced)

**Porth Farm Surgery;
Cwm Taf 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 to Porth Farm Surgery at Porth Street, Porth CF39 9RR on 7 February 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Cwm Taf Community Health Council.

HIW explored how Porth Farm 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

Porth Farm Surgery currently provides services to approximately 5,100 patients in the Porth area of Rhondda Cynon Taff, South Wales. The practice forms part of GP services provided within the area served by Cwm Taf University Health Board.

The practice employs a staff team which includes:

- Two partner GPs, one salaried GP and two regular locum GPs
- Three practice nurses, a phlebotomist and a health care assistant
- A practice manager and a team of eight reception and administration staff.

The practice provides a range of services, including:

- GP and practice nurse appointments
- Child Health and Immunisation
- Diabetes Clinic
- Respiratory Clinic
- Healthy Heart Clinic
- Primary Care Drugs and Alcohol Service (PCDAS) Clinic
- Mental Health Counsellor
- Hearing Aid Battery Disposal

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

3. Summary

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

We found that the staff team at the practice placed considerable 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.

We found that the practice was well run, managed and led by the practice manager and GP partners. We also found that all members of the team were provided with the opportunity for on-going learning and to contribute ideas and suggestions for doing things differently/better. We further found that the practice team treated each other, and patients, with respect and kindness.

This is what we found the practice did well:

- The content of patient records was of a very good standard.
- Staff we spoke with were happy in their roles and felt well supported in their day to day work.
- Good leadership and open discussions between all disciplines at the practice.

This is what we recommend the practice could improve:

- Ensuring information for patients complies with Welsh Language Standards for Healthcare.
- Develop their online resources to provide patients with up-to-date information and support.
- Formalise the processes in place for discussions between disciplines, staff meetings and providing feedback to staff members on changes to practice and procedures.

4. Findings

Quality of patient experience

Staff made every effort to get to know patients and their family/carers and we found people were treated with dignity and respect by the team.

However, the practice should review the methods of providing information to patients to ensure that they are compliant Welsh Language Standards for Healthcare, the NHS Putting Things Right process and make greater use of their website to inform and support patients.

Two members of the local Cwm Taf 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 Porth Farm Surgery through the distribution of questionnaires and via face to face conversations with patients and carers. 20 questionnaires being completed on the day of the inspection.

The CHC have produced a report which provides an analysis of the information they have 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 electronic patient records from all clinicians who regularly worked at the practice, a total of 35 records. We 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 and individual consultation rooms, 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. The waiting area had a television display providing relevant health promotion information for patients. All such information was found to be relevant and

current; however we felt that the leaflet could be developed further to encourage patients to use online resources.

The practice's website provided very limited information about the service. We recommend that the practice develops their website to better engage with individuals who prefer electronic resources. The website should be developed to provide information on the range of services available at the practice and also provide easy access to the practice's complaints procedure. It could also provide health promotion information, advice on management of minor illness, signposting to other community practitioners such as pharmacists and optometrists and also provide links to the other community resources which they have good relationships with.

There was very limited information other than in English readily available for patients; again the development of the website could assist in providing this information in the patient's preferred language directly or for staff to access on a patient's behalf.

The practice worked positively with carers. We were able to confirm that the practice had a nominated 'Carer's Champion' who was available to assist patient's carers. Information about the Carer's Champion was displayed in the waiting room. Patient records also indicated carer involvement or when someone had carer responsibilities.

The practice had very good links with third sector and voluntary organisations. This helped the practice signpost patients to relevant services with some organisations regularly present at the practice. It was also noted that the links enabled the organisations to provide additional training to staff in topics relevant to the local population.

We found that the practice partners and management staff adopted a positive approach to the work and development of the GP cluster¹ in the area, as a means of improving services and support to patients in the future. The cluster also provided the practice with regular pharmacy and physiotherapy input.

Improvement needed

¹ 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.

The practice should develop their website to provide patients with an up-to-date multi-lingual electronic resource.

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.

Overall we found that people were treated with dignity and respect by staff. We observed staff greeting patients, both in person and by telephone, in a polite, friendly and welcoming manner and treating them with dignity and respect.

We considered the physical environment and found that patient confidentiality and privacy had been considered. Most of the telephone calls received by the surgery were taken in a private room away from the reception area; this meant that those calls would be taken confidentially. Occasionally telephone calls would be received in the reception area; the reception area was separated from the waiting area by a built up desk and there were screens fitted to the desk which provided suitable confidentiality during telephone discussions with patients or face to face.

Patients wishing to discuss any sensitive or confidential issues with staff could use one of two rooms off reception. Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. This meant that staff were taking appropriate steps to maintain patients' privacy and dignity during consultations.

The practice had an up-to-date policy on Chaperones. Staff had undertaken chaperone training and any new staff would be required to complete appropriate training before undertaking this role. Posters in the reception and clinical areas displayed the availability of a Chaperone if patients wished. Patient records also evidenced when chaperones had been declined by the patient.

Consent forms were completed and scanned to the individual patient's notes when patients had given consent for family members to receive medical information on their behalf. The electronic patient records also flagged to staff when consent to share was in place. This helped to ensure that staff would only pass on confidential information to those people authorised by the patient.

We reviewed some patient notes and there were many examples of consent being documented by staff for examinations, vaccines and nursing procedures.

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.

We found access to care services to be good. Patients were able to book appointments in person at the practice or by telephone. Patients were able to book appointments on line using [My Health Online](#)² however there was very small uptake from patients who were registered at the practice. We suggest that the practice should actively encourage patients to register and use My Health Online, identifying member(s) of staff to champion the service. This would assist to ease pressure on telephone booking lines.

Patients were able to book appointments on the day or in advance, with 80% being on the day bookings. Patients could state if they had a preference for which GP they wished to be seen by. Where possible staff would attempt to accommodate the request, however if unavailable an appointment would be made with another GP at the practice.

If surgeries are running late an announcement would be made in the waiting room to inform patients. Reception staff would also notify patients when they booked in to the surgery.

Patient records evidenced prompt referral process via the [Welsh Clinical Communications Gateway \(WCCG\)](#) after the GP consultation had taken place. However, it was identified that on occasions referrals were being drafted by the doctors' secretary from the details in the patient notes but not reviewed by the doctor prior to submission. The practice must ensure that all referrals are clinically reviewed prior to submission via WCCG so that the practice is assured that they are clinically accurate.

It was noted that the practice recorded when patients did not attend their appointments. There was evidence that the practice recalled and chased individuals who did not attend their chronic disease management clinics. We saw that the monthly total "Did Not Attend" and attendance statistics were displayed within the reception, this help to highlight to patients the importance of attending appointments.

² <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

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.

Access to the building was generally good; the entrance was accessible via a shallow ramp from the car-park. The surgery did not have automatic doors; there was a set of double doors before entering the reception and waiting room. During the inspection the outside door was open so that patients could easily access the building; we were informed that this was common practice. The second door was closed, however if someone required assistance with opening the second door staff were able to help from the reception. We suggest the practice consider automatic or power-assisted doors for ease of access for all.

All patient areas were on one level and easily accessible throughout. Toilets, including disabled toilets, and baby changing facilities located within the reception area. There was a hearing loop system available for as and when it as required.

Improvement needed

The practice should consider automatic or power-assisted doors for ease of access.

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.

We were informed that two practice nurses were Welsh speaking and were able to provide care through the medium of Welsh if the patient preferred. However, throughout the practice there was limited Welsh signage, nor information advising patients that there were Welsh speaking staff available.

There were some welsh language posters on display in the waiting room, English posters had "also available in Welsh" written on them.

We were informed that the practice has limited requests from patients to engage in the service through the medium of Welsh. However, the practice must ensure that it is compliant with Welsh Language Standards for Healthcare.

Improvement needed

The practice must ensure that patient signage is compliant with Welsh Language Standards for Healthcare.

Staff stated it was rare that patients required a language other than English, however if patients did present as non-English speaking then staff had access to a Red Cross Emergency Lingual handbook. We felt that this would provide basic support for staff and patients, the practice may wish to consider the translation/language support process for as and when they are required. Staff also stated that non-English speaking patients may attend with an English-speaking family member or friend; however we advised caution about solely relying on family members or friends to aid translation.

The practice demonstrated how it contacts housebound patients by letter or phone in regards to health promotion, i.e. flu vaccination programme. However, it was noted that the practice had not sent out a regular newsletter since 2014. We recommended that the practice reintroduces a newsletter and advised that this maybe undertaken in electronic format depending on individual patients' preferences.

The practice provided home visits for patients who are unable to attend the practice. The practice also provides a service to a number of local care and residential homes in the local community. However, it was discussed that the provision of the service to the community settings could be reviewed with other local practices so that local practices worked with particular community settings as opposed to some residents from all. This could help provide a more streamlined service for the community settings and the local practices within the area.

It was positive to note that the practice proactively undertakes annual health checks for patients with a diagnosis of learning disability or mental health.

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 noted there was a suggestions/comments box within the reception of the practice. We were also informed that the practice had undertaken an online

survey that was promoted via social media. We were informed that the practice amended their phone system as a result of patient feedback.

The practice had a complaints policy and a patient complaints leaflet. However, the complaints leaflet required to be updated to include information regarding the NHS Putting Things Right³ process and directing patients to organisations that can support somebody make a complaint. The practice manager keeps all written complaints and compliments received by the practice. It was evidenced that the practice were dealing with written complaints in a timely manner. However, verbal complaints were not always recorded. The practice should record all verbal complaints so that they can also be reviewed and acted upon as required.

The practice did not have a formalised process to feedback to staff on the findings of complaints or significant events. We understood that the practice manager and GP Partners would be involved with any relevant member of staff in relation to the specific event.

However, it would be beneficial if the practice involve the full range of staff in looking at significant events whenever this is possible. This would allow for the practice to formalise the process so that all staff are made aware of lessons learnt following complaints or significant events and that this is documented. This would also help give the staff team a feeling of being part of the process and the opportunity to raise their own concerns which would be beneficial for practice development.

The practice had a whistleblowing policy which was also referred to in the staff handbook.

The practice did not have a Patient Participation Group established. The practice manager expressed their desire to establish a Patient Participation Group and intends to observe other groups in view to commencing a group for the practice.

Improvement needed

The practice must ensure that its complaint procedures and documentation reflect the NHS Putting Things Right process. Including

³ Putting Things Right refers to the current arrangements in Wales for raising concerns about NHS treatment.

signposting patients to organisations that can provide support with the process.

Delivery of safe and effective care

We found that the staff team at the practice placed considerable 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 provided urgent patient appointments which were available on the same day.

The practice had a number of informal processes and meetings that are required to be formulised and documented so that discussions, actions and outcomes can be clearly identified.

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 a tour of the practice building, we found all areas to where patients have access to be clean and uncluttered which reduced the risk of trips and falls. The practice building was suitably maintained both externally and internally.

General risk assessments were undertaken on a regular basis in line with the practice's written policies and procedures. All staff members take responsibility for health and safety within the practice.

We found that safety checks i.e. electrical equipment and fire safety were being undertaken on a regular basis and records maintained.

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.

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. There was no had gel dispenser available in reception, however staff were able to provide had gel when requested.

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

Standard 2.6 Medicines management

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

On review of patient records we were satisfied that the practice was compliant with legislation, regulatory and professional guidance. The electronic patient notes system embedded prescribing protocol in to clinicians' practice.

We could see that clinicians were considering previous prescribing history and previous adverse reaction to medication when making prescribing decisions. Clinicians also documented several instances of resistance to patient pressure to prescribe inappropriately, e.g. hypnotics, benzodiazepines.

The practice undertook regular medication reviews, including opportunistic reviews, with an emphasis on face-to-face reviews with patients. With the input of the cluster pharmacist we suggest that there is an opportunity to expand their role in participating in medication reviews.

One member of administration staff was responsible for the day-to-day repeat prescription process. However, it was positive to note that all administration staff were competent in undertaking this role which provided flexibility and contingency for the practice.

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 an up-to-date Child Protection and Protection of Vulnerable Adults (PoVA) policies, these were available to staff in hard copy and electronically. Any concerns that staff had could be shared with the health visitor who visited the practice weekly; staff would follow appropriate procedures for urgent concerns.

Staff had undertaken appropriate Child Protection training. However, in line with guidance by the Royal College of Paediatrics and Child Health⁴, the practice should ensure all GPs have undertaken level 3 training and consider following current best practice of offering level 3 training to their nurses.

We recommended that the practice manager also confirms and records the level of Child Protection training that locum GPs have completed.

It was positive to note that patient records indicated when an adult patient was living in the same residence as a child that had been identified as at risk

Improvement needed

The practice should record the level of Child Protection training completed by locum GPs who work at 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.

We spoke with various members of the staff at the practice who could not describe an effective system in place for the sharing and dissemination of patient safety incidents or significant events. As highlighted above (Standard 6.3 Listening and learning from feedback), feedback was not always inclusive of all staff following incidents. We recommend that any patient safety incidents / serious adverse events (SAEs) are reviewed and discussed at the practice during GP meetings which are attended by other members of the staff team as and when required. This will enable lessons to be learned and improvements made to the services provided and formalise changes to practice policy/procedures as a result of discussions about SAEs.

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

⁴ [Safeguarding children and young people; roles and competencies for health care staff.](#)
[INTERCOLLEGIATE DOCUMENT](#)

More specifically, staff confirmed that there were daily opportunities to address and discuss any patient service issues with the practice manager and/or one of the GPs. However, we recommended that the practice should consider introducing more structured and minuted meetings between partners and also between partners and other staff which would give a record for all concerned of what had been discussed and decided for future reference.

Improvement needed

The practice must introduce a formalised and documented process of providing staff with feedback and lessons learnt from patient complaints, patient safety incidents and serious adverse events.

The practice should introduce documented practice should consider introducing more structured and minuted meetings between partners and also between partners and other staff which would give a record for all concerned of what had been discussed and decided for future reference.

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.

All current patient records were electronic which required a password controlled login. All historic paper records were securely stored away in non-patient areas of the practice.

The practice had established systems for the management of external and internal communications. Arrangements were in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner. The practice had robust 'read-coding'⁵ process to ensure that information is correctly referenced.

⁵ **Read codes** are the standard clinical terminology system used in General Practice in the United Kingdom. It supports detailed clinical encoding of patient information including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms etc

We looked at the content of 35 patients' electronic records and found that members of the practice team would have no difficulty deciding what needed to be done next. Overall, patients' records reviewed were accurate, up to date, and understandable in accordance with professional standards and guidelines. The content of some records was exemplary.

In addition, we found evidence of the appropriate use of guidance published by the National Institute for Health and Care Excellence in terms of assessing and treating patients.

Quality of management and leadership

We found that the leadership provided by the GPs and the practice manager 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 found there was training in place to ensure staff had the skills and knowledge to undertake their relative roles. Staff spoke positively about training opportunities and it was evident that when staff wished they were supported to undertake further training to develop their roles.

The practice needs to document future planning meetings and arrangements to document the practice's aims, actions and achievements.

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 found effective leadership and a stable, patient-centred staff team who were committed to providing the best services they could to their patients. Staff were positive about the working environment and felt ownership over the practice, taking responsibility over different areas. Staff told us they felt well respected and supported by their colleagues.

The practice had a range of relevant written policies and procedures to guide staff in their day to day work. This included a whistleblowing policy in place and staff told us they felt able to raise concerns with senior staff.

Administrative staff working within the practice rotated duties. This meant that staff could provide cover for each other during absences, reducing the risk of disruption to services for patients.

It was evident that individual disciplines had regular meetings with their peers. Staff confirmed that communication between themselves and colleagues was open, respectful and positive. Staff confirmed that they could meet with the practice manager and GP partners at ease and found them supportive and open to suggestions on changes to the workings of the practice. We were

informed that the practice had recently held an 'all staff meeting' and we recommend that these continue. As advised above (Standard 3.1 Safe and clinically effective care), we recommend that these are structured and minuted meetings to support staff and the practice.

Through discussions with senior members of staff there was consideration for future and succession planning of the practice; however this was not formally documented. We recommend that the practice has regular structured and minuted planning meetings that document the practice's aims, actions and achievements.

Improvement needed

The practice should introduce documented future planning meetings with senior members of the practice.

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.

All staff at the practice had a contract of employment. Staff files evidenced that recruitment was undertaken by an open and fair means. Staff files contained important recruitment information such as staff's applications, references and job descriptions.

The practice manager confirmed that a Disclosure and Baring Service (DBS) check is undertaken on all new clinical staff employed at the practice. The practice should also complete appropriate level of DBS checks on administrative staff working at the practice.

The practice manager monitors staff training to ensure that all staff complete relevant training. Staff we spoke to were positive about the training opportunities that were available at the practice. It was positive to note that the practice was supporting a practice nurse who wished to develop their skills in completing additional courses. This provided mutual benefit for the practice nurse and the practice.

The practice had no administrative or nursing vacancies; however there were GP vacancies that were being covered by regular locum GPs. Whilst the practice wished to recruit to the GP positions, due to the difficulties in recruiting GPs nationally suitable candidate(s) had not been identified. As detailed above

(Health and Care Standards, Part 2 - Governance, leadership and accountability) the practice needs to formalise its future planning.

Improvement needed

The practice must complete appropriate level of DBS checks on administrative staff working at the practice.

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 Porth Farm 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 B

Community Health Council Report

Report from Cwm Taf Community Health Council



Patient Feedback

The CHC visiting were able to speak to, and undertake a patient survey with, 20 patients during this joint visit.

We surveyed 13 women and 7 men with a wide age spectrum ranging from mid-twenties to the elderly. Most patients surveyed had been registered with the practice for over 10 years.

Matters of Concern

Just over half of those spoken to told us that they had experienced difficulties with arranging appointments, they said that patients had to ring from 8am. They often had to keep trying for a considerable time, and when they finally got through all the appointments for that day were taken and they were told to call 2

back the next day. A number suggested that appointments a few days in advance would be useful rather than 3 weeks.

Other patients were very happy with the appointment system.

Most appointments seemed to be running slightly late.

Matters To Be Commended

There seems to be an excellent rapport between patients and surgery.

Most said that the reception staff were good.

One lady asked us to note that “the nurses are fantastic”.

Environment – External

Matters of Concern

A number of people commented on the available parking spaces. The car park is at the end of a narrow lane with restricted sight lines and we observed a number of people who drove into the car park and had to turn their vehicle in a very restricted area in order to leave. A number of patients

arrived late because of this.
Signage from the main road could be improved.

Matter to be Commended

Wheelchair access from the car park into and around the surgery is reasonable with no significant change of floor level. The paving stones leading to the main door are very slightly uneven and may need attention in the future. There are hand rails provided. While the inspection visit took place in daylight hours, outside lighting was observed. The opening hours were clearly displayed on the door.

Environment - Internal

Matters of Concern

It was noted that the cleaning schedule for both the male and female toilets had not been ticked since 5.30pm on the previous day. 3

Hand cleaning gel was not on display (but was available on request).

Matters to be Commended

The surgery has a self monitoring area available for patients to check their own blood pressure, weight and height. A number of patients were observed to use this. Slips were produced which were handed to the staff. We were told that in the case of any problems an appointment would be arranged at short notice.

The waiting area is clean and tidy with plenty of seating available. Books and toys are available for children to use in the outer reception area, however the outer door is kept open and there is no seating in this area for parents. We did observe children playing here during the visit. Fire escape area was clear and appeared to be well lit. Disabled toilet and baby changing facilities are available.

Communication & Information on Display

Matters of Concern

No Welsh language was observed in any signage or posters. When asked to use the hearing loop (1 member was using a hearing aid) staff were aware of loop but did not know how to use it.

Matters to be Commended

Notice boards were very tidy and appeared to be current. The hearing loop sign was clearly displayed. A suggestion box was clearly displayed in the outer reception area.

Appointments are announced via a TV screen which showed various health messages – including smoking cessation and child mental health. Announcements were both visual and audible.

Appendix A

General Medical Practice: Improvement Plan

Practice: Porth Farm Surgery

Date of Inspection: 7 February 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
7	The practice should develop their website to provide patients with an up-to-date multi-lingual electronic resource.	1.1	Website created without up-to-date multi lingual electronic resource.	Practice Manager	Complete
9	The practice should consider automatic or power-assisted doors for ease of access.	6.1	Practice will consider automatic or power-assisted doors for ease of access.	Practice Manager	April 2018
10	The practice must ensure that patient signage is compliant with Welsh Language Standards for Healthcare.	6.2	Done	Practice Manager	Complete

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
11	The practice must ensure that its complaint procedures and documentation reflect the NHS Putting Things Right process. Including signposting patients to organisations that can provide support with the process.	6.3	Done	Practice Manager	Complete
Delivery of safe and effective care					
15	The practice should record the level of Child Protection training completed by locum GPs who work at the practice.	2.7	Done	Practice Manager	Complete
16	The practice must introduce a formalised and documented process of providing staff with feedback and lessons learnt from patient complaints, patient safety incidents and serious adverse events.	3.1	Agree	Practice Manager	October 2017
16	The practice should consider introducing more structured and minute meetings between partners and also between partners and other	3.1	Agree	Practice Manager	October 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	staff which would give a record for all concerned of what had been discussed and decided for future reference.				
Quality of management and leadership					
19	The practice should introduce documented future planning meetings with senior members of the practice.	Part 2 - Governance, leadership and accountability	Agree	Practice Manager	October 2017
20	The practice must complete appropriate level of DBS checks on administrative staff working at the practice.	7.1	Agree	Practice Manager	October 2017

Practice representative:

Name (print): Karen Shepperd.....

Title:Practice Manager.....

Date:

.....05.04.2017.....