

**General Practice  
Inspection (Announced)**  
Rhayader Surgery  
Powys Teaching Health  
Board

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2017

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In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

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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 Rhayader Surgery at Caerberbert Lane Rhayader Powys LD6 5ED on 21st February 2017. Our team for the inspection comprised of a HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Powys Community Health Council.

HIW explored how Rhayader 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

Rhayader Surgery currently provides services to approximately 3,400 patients in the Rhayader and surrounding area. The practice forms part of GP services provided within the area served by Powys Teaching Health Board.

The practice employs a staff team which includes two practice partners one of whom is the General Practitioner, one salaried doctor, one practice manager, one practice nurse, two health care support assistants and five reception / administrative staff.

The practice provides a range of services, including:

- Family Planning
- Antenatal / Post natal care
- Child Health Surveillance
- Childhood and adult immunisation
- Travel advice
- Cervical screening
- Minor Surgery
- Minor Injury Unit
- Anti-coagulation and rheumatology drug monitoring
- Long term illness clinics
- Counselling

For ease of reading, Rhayader Surgery will be referred to as 'the practice' throughout this report.

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

### 3. Summary

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

Overall, we found evidence that the practice provided a good standard of safe and effective care in a dignified and coordinated manner.

This is what we found the practice did well:

- Excellent continuity of care for patients
- Provides a good range of services and clinics
- Manages all staff and resources in an effective manner
- Provides a good range of appointments for patients
- Provides safe and effective care

This is what we recommend the practice could improve:

- Promote and improve the usage of the Welsh language
- Improve the storage and security of medication
- Improve the utilisation of flags on patients records to highlight important features such as palliative patients
- Create a system of providing feedback to patients of the practice in relation to feedback and comments received.
- Ensure all staff receive a formal yearly appraisal.

## 4. Findings

### *Quality of patient experience*

As part of this inspection activity, a member of Powys Community Health Council (CHC) sought patients / relatives views on the day of the inspection and questionnaires had also been issued by the CHC prior to the inspection. Feedback on the day of the inspection was very positive. Patients were very happy with the practice and the range of services and appointment times available. Patients were happy with the range of services provided at the practice and praised the staff for their care and treatment.

Staff interactions with patients were kind, considerate and dignified. Patients were observed to be assisted in a calm and courteous manner. All consultations were undertaken behind closed doors to ensure patients' confidentiality.

The report compiled by Powys CHC 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 saw an extensive and varied range of health promotion / education and lifestyle information on display in the waiting area for people to take away with them for future reference. It was noted, however, that there was limited information leaflets and bi-lingual signs at the practice. The television monitor in the waiting area provided interesting health and lifestyle information and guidance to patients, but again this was only available through the English language.

The practice provided excellent continuity of care for patients. This is because the practice had one clinical partner that provided the majority of consultations. A salaried doctor also worked four sessions a week and this also enabled continuity of care for patients. The staff team have been in post for some time and are well supported to provide effective patient care and treatment.



The practice provided a good range of services when considering the size of the practice and all the staff at the practice are commended for this service provision in a rural area of mid Wales.

### **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.*

During the inspection visit, all patients were observed to be treated in a respectful and dignified manner by all staff. Conversations taking place on reception were courteous and quiet. When reception staff were taking telephone calls, the reception screen would be closed in order to ensure confidentiality. The practice also had an electronic booking resource in place, which was bilingual.

Notices were visible in the practice informing patients that they could have a chaperone during their consultation should they wish. The practice had designated staff available to perform this role.

There was ample seating available in the waiting room, and what was pleasing to observe was that there were seats of differing height available for patients with mobility and back conditions.

Access to the premises was good and a bell was located on the outside for people with mobility issues to call for assistance. It was noted that the bell was domestic in nature and that this could cause people with fine motor movement difficulty in activating the bell.

### ***Improvement needed***

**The practice is to evaluate the domestic door bell available at the entrance to the practice as it can potentially be difficult for people with fine motor function difficulty to engage and summon help.**

#### 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.*

Comprehensive information for patients about the services provided by the practice was available in both leaflet form and on the practice's web-site. The website was easy to navigate and provided useful information, including details of the practice team, opening hours, out of hour's arrangements, appointment system, the procedure for obtaining repeat prescriptions and how patients could make a complaint.

A hearing loop system was available at the practice. The practice was enabled to receive the services of a translation service should the need arise.

The practice had an extensive range of reading materials available in the waiting room. These leaflets covered an extensive range of conditions and resources available both locally and nationally. In addition, there was a good range of health promotion / education resources freely available to read in the practice or to take home.

It was noted that when an action was required from staff regarding a patient this was done via an instant message, a comment or an email. None of these methods produce a live audit trail. EMIS has the ability to create an electronic 'task' which is attached to the patients' notes. It would be good practice for the administrator to review tasks in order to ensure that the correct response has been auctioned. Alternatively an electronic query board could be put in place where again an audit trail would be available.

All home visit appointment requests were recorded in a separate book. The possibility of having an electronic appointment system for home visits was discussed as a future development area for the practice.

All test results were reviewed by the doctors. Any treatment or action required due to the findings of these results was then passed on to the reception / administration staff to book patients in to be seen as requested by the doctor. There was no system in place to check that the patients requested to attend the practice had kept that appointment. Again the EMIS system could be utilised to undertake this function.

### **Improvement needed**

**The practice is to evaluate and implement a system whereby it is clearly recorded that recalled patients have attended their appointments.**

## **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 had a same day appointment system in place. This means that patients who want to be seen that day must ring the practice at 08:30 to book an appointment. Booking appointments in advance was also available at the practice. In addition the MyHealthOnline service was available, which enables patients to book appointments online. This system also enables patients to request repeat prescriptions. The practice is open 08:00 to 18:30 Monday to Friday and is closed the weekend. The practice also operated a minor injuries service whereby people can attend without appointment.

The practice nurse, health care assistants and allied health professionals ran numerous clinics for patients. These included chronic conditions, podiatry, counselling, and anti coagulation to name but a few. We also noted that referrals to other specialists were made in a timely and consistent manner.

## **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 practice premises was good. There were limited car parking spaces available to the front of the practice but there was on-street parking available. Disabled parking spaces were also available. All consultation rooms were equipped and had sufficient space.

The building was well maintained, clean neat and tidy. We did not observe any potential obstacles for patients which could potentially resulted in unnecessary trips or falls. All rooms were on the ground floor which enabled people with mobility issues to access the entire site.

Due to the size of the practice, staff knew their patients very well and this promoted collaboration and understanding of patients' needs and requirements.

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.*

Throughout the practice, there was limited Welsh information and signage available. We were informed that the practice had limited requests from patients to engage in the service through the medium of Welsh. However, the practice must ensure that it promotes the utilisation of Welsh and that it receives the same level of attention as English.

***Improvement needed***

**The practice must ensure that Welsh language information and notices receive the same level of attention as that of the English language.**

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 had a comments / feedback post box available at the entrance of the practice. The practice manager noted that limited feedback was received via this route. No formal processes were in place to provide feedback to the patients on what action had been taken in response to the comments / suggestions received. The practice does not presently undertake any patient satisfaction surveys.

The practice does not have a patient participation group in operation. We were informed that the Rhayader Focus Health group met every two months to discuss health related matters for the town. This did not specifically focus on the practice, but on the health services and provisions as a whole for the town. The benefits of a patient participation group were discussed as an excellent resource for the practice to receive continuous feedback on the service provision provided.

The practice had a valid whistleblowing and concerns procedures in operation. The complaints procedure was in accordance with the 'Putting Things Right'<sup>1</sup> guidance. Information was located around the practice and on the website informing people how they could raise a complaint and additional sources of support such as the CHC who would also be able to assist with any issues of this nature.

The complaints records were viewed. The practice received minimal numbers of complaints. The practice promoted the concept of addressing any concerns / complaints at the earliest possible opportunity in order to achieve a satisfactory outcome. The practice manager was proactive in her approach to this area of responsibility.

### ***Improvement needed***

**The practice should develop and implement a formal process for providing feedback to patients. A consideration of patient's surveys and the creation of a patient participation group should also be evaluated as excellent methods of facilitating feedback on the service provision provided by the practice.**

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<sup>1</sup> **Putting Things Right** is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

## *Delivery of safe and effective care*

**Overall, we found the practice had arrangements in place to promote safe and effective patient care in accordance with the Health and Care Standards.**

**Formal systems were in place to support multi-disciplinary working with other health and social care professionals in the locality. The virtual ward round was in operation at the practice<sup>2</sup>. The virtual ward concept can be used, if appropriate, as a driver for reducing patients admittance to hospital if their medical and care needs can be managed safely in the community.**

**Processes were in place in regards to child and adult safeguarding. The correct processes to follow were also freely available at the practice. Staff spoken with demonstrated a good range of knowledge in relation to safeguarding issues and discussions highlighted the correct procedures for escalating concerns.**

### **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.*

Records of all policies and procedures were available electronically and in hard copy. Staff had access to these documents. The environment had been assessed for potential risks. We saw records of some of the risk assessments and these were valid and appropriately detailed.

We found that the practice had not completed statutory risk assessments in respect of staff that used display screen (computer) equipment for many hours during each working day. This was not in-keeping with health and safety legislation. The practice manager is to ensure that all appropriate staff are suitably assessed.

The practice had a valid business continuity plan in place if an emergency such as a fire was to occur at the premises. This plan was held by the doctor and the practice manager.

<sup>2</sup>Virtual wards use the systems and staffing of a hospital ward, but without the physical building. Their aim is to reduce hospitalisation through multidisciplinary case management for the patient at home

The environment was fit for purpose and consultation rooms appropriately equipped.

***Improvement needed***

**All staff using display screen equipment for many hours during each working day must receive a comprehensive display screen risk assessments.**

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 practice had an infection control policy in place. We were informed that monthly Infection prevention and control inspection audits were undertaken. The most recent infection prevention and control report was viewed and actions identified in the report were valid and promoted good practice.

During the tour of the premises, all clinical areas appeared clean, neat and tidy. Worktop areas were well organised and equipment kept to a minimum. The waiting areas were noted as clean and neat. Hand decontamination gels were available for patients and staff. All clinical rooms had sufficient personal protective equipment available such as gloves and aprons.

Patients' toilets were also viewed and were clean and tidy. It was identified that the foot operation function of the bin was broken. This was brought to the attention of the practice manager on the day of the inspection.

We were informed that all clinical staff had received hepatitis b immunisations. Reception / administrative staff were also offered this immunisation.

***Improvement needed***

**All bins in toilets must be foot operated.**

## Standard 2.6 Medicines management

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

Generally, medication management was of a good standard. All patients received a medication review at least 6 / 12 monthly. The practice document all medications prescribed and adverse reactions and allergies.

The practice had a valid repeat prescribing policy in place. Clear guidance for patients on repeat prescriptions was available in the practice, on the practice leaflet and website. People could also request repeat prescriptions over the telephone, in person, online or at the local pharmacy in Rhayader.

The practice participated in a medicines management quality and effectiveness scheme in collaboration with a Local Health Board (LHB) pharmacist. A LHB pharmacy technician also visited weekly. We were informed that the practice held weekly practice meetings to discuss significant incidents which included prescribing errors.

Some issues were identified that required addressing. These were that some medications, that were regularly utilised by the district nursing team, were stored in the receptionist room. The rationale for this was that district nurses had ease of access to this area. We advised the practice that all medication should be stored in a secure and appropriate area.

Records viewed during the inspection showed that fridges containing medication were being monitored daily in relation to their temperatures. It was identified that keys to these fridges were not removed when not in use or directly supervised. The practice nurse, health care assistant and practice manager were made aware of this issue and told us that it would be resolved appropriately.

### ***Improvement needed***

**All medication to be stored and secured in a safe and appropriate manner.**

**All fridges must be locked and the keys stored securely when not being used or supervised.**



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 procedures in place in relation to child and adult safeguarding issues. Reception and administrative staff received safeguarding training every three years and clinical staff received yearly training in relation to safeguarding. The clinical partner was the safeguarding lead for the practice and ensured that the practice was vigilant in relation to this important area. Staff spoken with demonstrated a good understanding of safeguarding and the correct procedures to follow.

**Effective care**

Standard 3.1 Safe and clinically effective care

*Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.*

The practice manager was the lead person assigned to manage patient safety incidents and significant events. These incidents and events were discussed at weekly practice meetings or earlier should the need arise and any learning or changes in practice required discussed and actioned according. National guidance and policies were discussed at these weekly meetings and feed into changes in practice policy, procedures or guidance.

The practice does not use the [GP One website](#). This was discussed with the practice manager as a possible resource on current practice and future developments.

The practice was innovative in relation to identifying new ways of working. This was clearly demonstrated as the practice was about to trial a new telemedicine system which would enable consultations to be undertaken face to face via the internet. There were still some issues to be resolved but the practice was keen to examine how this new innovation could improve and enhance the service delivered.

The local GP cluster<sup>2</sup> in operation in Powys was also a source of information and resource in relation to service development and the promotion of good practice. Meetings were held regularly as a means of evaluating and promoting services for patients in the Mid Wales area.

### **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.*

Clinical records of the two doctors were evaluated during the visit. They were noted to be of a good, consistent standard with sufficient detailed information included. All consultations viewed contained a presenting complaint, examination findings where applicable, diagnosis, treatment plan and medication prescribed if necessary. A narrative input was included in more complex cases. It was identified that patient information leaflets were also provided to give additional information and support for patients. Clinical records also demonstrated that any medication which was discontinued was recorded with the rationale behind the decision.

There was no formal review of the quality of the records following summarisation. This is an area where the practice should consider future development and evaluation in order to ensure consistent and comprehensive summarisation.

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<sup>3</sup> 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.

## ***Quality of management and leadership***

**Overall, it was identified that the practice was well managed and there were clear lines of accountability. The team worked in an informed and collaborative manner promoting the health and welfare of patients.**

**Staff were supported in their roles by the practice manager and many of the staff had been employed at the practice for some considerable time.**

**Some improvements were identified in relation to staff receiving annual appraisals and the formal recording of the training required and frequency of the training necessary by staff.**

### **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 strong leadership from the practice manager and clinical practice partner. Staff felt empowered to raise any issues of concern and felt confident that appropriate action would be taken if necessary. Staff undertook their working duties in a confident and competent manner.

Regular staff meetings were held in the practice and there was good dissemination of information for staff. Weekly management meetings were held at the practice and significant events and incidents discussed at these meetings. All staff were enabled to attend meetings as appropriate to their roles and responsibilities.

The practice was also engaging positively in the Powys cluster. These cluster meetings have enabled new television monitors to be placed in the waiting room. Information and advice was played on the televisions and could be adapted to meet the needs and requirements of the practice.

The practice had a range of policies and procedures in place to provide guidance and information to staff. The practice manager reviewed these policies regularly and included revision dates on the documents.

### **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.*

Discussions with staff during the inspection highlighted that there were ample opportunities to attend training courses. We saw staff certificates which provided evidence that staff had access to training that was relevant to their work. Staff felt confident and competent in their roles but were also aware of their limitations and knew where to get additional advice and support if necessary.

Not all staff had received an annual appraisal. Appraisals provide staff and management with a formal opportunity to discuss their roles, performance and any other work related issue such as training requirements. This area of management was discussed with the practice manager as an area requiring improvement.

***Improvement needed***

**All staff to receive annual appraisals.**

## 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 Rhayader 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:**    **Rhayader Surgery**

**Date of Inspection:**                            **21 February 2017**

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
<b>Quality of the patient experience</b>					
7	<b>The practice should evaluate the present domestic door bell available at the entrance to the practice as it can potentially be difficult for people with fine motor function difficulty to engage and summon help.</b>	4.1	The practice will try and purchase a larger doorbell suitable for all patients.	Jane Jones	3/12
8	<b>The practice should evaluate and implement a system whereby it is</b>	3.2	The practice will implement a task process so that a member of staff can check that patients have	Jane Jones	1/12



Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	<b>clear to identify if recalled patients have attended their appointments.</b>		attended their follow up appointment with the Dr.		
10	<b>The practice must ensure that Welsh language information and notices receive the same level of attention as that of the English language.</b>	6.2	The practice will ensure that all advertising material provided in Welsh is put on display.	Jane Jones	1/12
11	<b>The practice should develop and implement a formal process for providing feedback to patients. A consideration of patients' surveys and the creation of a patient participation group should also be evaluated as excellent methods of facilitating feedback on the service provision provided by the practice.</b>	6.3	The notice board in the porch will be the Patient Information Notice Board, this will provide information regarding purchases of Equipment bought through the Equipment Fund, and any new services such as Urgent Care Practitioners and Telemedicine.	Jane Jones	1/12
13	<b>All staff using display screen equipment for many hours during each working day must receive a</b>	2.1	Carry out up to date risk assessments for all staff using display screen equipment.	Jane Jones	1/12

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	comprehensive display screen risk assessments.				
<b>Delivery of safe and effective care</b>					
13	<b>All bins in toilets must be foot operated.</b>	2.4	Purchase new pedal bin for the patients toilet.	Jane Jones	1/12
14	<b>All medication must be stored and secured in a safe and appropriate manner.</b>	2.6	Remove B12 and Contraceptive Injections from current place and move to lockable safe in reception	Jane Jones	1/12
14	<b>All fridges must be locked and the keys stored securely when not being used or supervised.</b>	2.6	Discuss at Practice Meeting. Ask Nurse/Health Care Assistant to lock their fridges at the end of their shift.	Jane Jones	3/12
<b>Quality of management and leadership</b>					
17	<b>All staff should receive annual appraisal.</b>	7.1	Staff have received a review of their training needs and their job descriptions have updated accordingly. This will be changed	Jane Jones	12/12

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			pre appraisal questionnaire.		

**Practice representative:**

**Name (print):** .... M. Jane Jones.....

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

**Date:** .....26/04/2017.....

## Appendix B

### Community Health Council Report

#### Report from Powys Community Health Council



#### Visit Summary

Practice:	Rhayader Medical Centre
Date / Time:	21 <sup>st</sup> February 2017 9.30-1.00
CHC Team:	Powys CHC Nicola Ruck – Member (Lead)
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

The CHC member was able to speak to and undertake a patient survey with eight patients during this joint visit, three men and five women. One other person declined to take part. Two patients saw the GP, five saw a nurse and one was a patient at the practice but accompanying her husband at the time.

Overall the experience of patients was very positive. This agreed with the HIW team's good impression of the services provided.

#### **Patient Feedback**

Overall the patients were very satisfied with the service and all eight rated their experience as excellent or very good. All eight were happy with the

opening times, seven out of eight said it was very easy to book an appointment and five said they usually got an appointment the same day.

Regarding waiting times in the surgery, most were interviewed before their appointment but there was no sign of anyone having to wait more than 5-10 minutes.

Rating the GP and nurses – all the replies were very good or good for both. One person said, “I can talk to anyone here” – as a very positive feature.

A few concerns were raised. One patient worked shifts and found it difficult to phone at 8.30am for an appointment, and sometimes found attending appointments difficult. One expressed concern that there was only one full time GP.

Note that the practice has been trying unsuccessfully to recruit a second full time GP and will shortly be readvertising.

### **Observations**

#### *Environment - External*

Well kept car park and flower beds. Good signs outside the entrance and in front of the surgery. Good ramps to both entrances but no automatic door openers. There was a bell on the front entrance to ring for help, but that sign was a bit faded. There was an attractive big noticeboard outside the front door, with a clear list of the centre staff, but the information on both Powys Teaching Health Board and the Community Health Council was out of date.

Note: I phoned the Brecon office of the CHC who promised to send an up to date A4 poster to the surgery.

#### *Environment - Internal*

Very well kept waiting rooms and good displays of information including hearing loop sign, chaperone available sign and signs to the toilet. The toilet was accessible and well kept with soap and drying facilities. There was a range of chairs in the GPs' waiting room but not in the nurses' waiting area.

#### *Communication & Information on Display*

Very comprehensive range of information available, including on the Centre's commitment to energy saving and low carbon emissions. Most of the displays

were tidy and easy to see, while some signs near reception were in too small print – 14 pt Arial is the usual recommended minimum. The NHS “Putting Things Right” leaflet near entrance was a bit hidden.

Good bilingual practice leaflet with full information on services available. It would be useful to add more on the roles carried out by different professionals, especially health care assistants and the urgent care practitioner who will be joining the practice for a period of six months. Patients are often not familiar with these qualifications.

The GPs’ waiting room had a video display screen with calls to patients as well as health messages, which was new to some patients. The calls were clear and seemed to work well. The screen was not visible from one side of the room, unavoidably, but the calls were audible. During the visit, patients did not seem to watch the health messages being shown.

Nicola Ruck

**CHC Member**