

**General Practice
Inspection (Announced)**
Forge Road Surgery
Betsi Cadwaladr University
Health Board

Inspection Date: 22/02/17

Publication Date: 23/05/2017

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

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
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of patient experience	5
	Delivery of safe and effective care	12
	Quality of management and leadership.....	17
5.	Next steps	19
6.	Methodology.....	20
	Appendix A	22

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 Forge Road Surgery, Southsea, Wrexham LL11 5RR, on 22nd of February 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP reviewer, practice manager peer reviewer and a lay reviewer.

HIW explored how Forge Road 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

Forge Road Surgery currently provides services to approximately 6,500 patients in the Wrexham area. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board.

There is a branch surgery at The Clinic, Offa Street, Brymbo, Wrexham LL11 5AG.

The practice employs a staff team which includes three doctors, four practice nurses, one specialist respiratory nurse, one health care assistant and six reception/administrative staff. The practice provides a range of services, (as cited on the practice website), including:

- Antenatal care
- Cervical smears
- Family planning
- Child health immunisation
- Minor surgery
- Health promotion
- Travel immunisation and advice
- Flu vaccinations

Discussions were on going with the health board with regards future ownership/management arrangements for the surgery due to the imminent retirement of one of the doctors.

3. Summary

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

Overall, we found evidence that Forge Road Surgery provides high quality, safe and effective care.

This is what we found the practice did well:

- Patients were happy with the service provided
- Patient records were of a good standard
- The staff team were stable, patient centred and committed to delivering a high quality service to their patients
- Staff we spoke with were happy in their roles and felt well supported
- The practice had arrangements in place to promote safe and effective patient care.

This is what we recommend the practice could improve:

- Further enhance patient privacy and confidentiality through the provision of screens on the reception desk
- Consider installing automatic doors to the main entrance
- Review the availability of patient information on the web-site and ensure that information is made available in Welsh
- Consider setting up a patient participation group as an additional means of gathering feedback about the service provided
- Promote the electronic records management system for making appointments
- Increase the use of the internal electronic records management system to highlight patients who are deemed vulnerable and to process messages and mail

4. Findings

Quality of patient experience

We spoke with patients and used questionnaires to obtain patients' views.

People told us that they were treated with dignity and respect by staff. The practice had a system in place to enable patients to raise concerns/complaints and the practice was able to demonstrate that they considered patient feedback to improve services.

Patients made positive comments, particularly about the relationships they had with staff.

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 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 and the physical environment had been adapted, as much as would allow. The reception area was separated from the waiting area by a desk. Consideration was being given to installing a screen on the reception desk to enhance privacy and ensure confidentiality. Telephone calls were managed in an area away from the main reception desk so as to maintain privacy and confidentiality.

There was a 'self service' check-in screen located on the reception desk so that people could enter their details without having to speak to a receptionist. The screen was located in a position so as to ensure that patients were able to input information in privacy and without being overlooked by other people waiting in reception.

Reception staff told us that they could use consulting rooms, if available, to discuss any sensitive issues with patients, to maintain confidentiality.

Staff could attend to patients using wheelchairs at the reception desk by means of a lowered desk area.

In the records we reviewed we saw that GPs had documented patients' consent to examinations, the use of chaperones and full details of the advice offered to patients. There was a written policy on the use of chaperones and staff had received appropriate training. The right to request a chaperone was advertised through posters in patient areas and in consulting/treatment rooms.

People who have caring responsibilities e.g. for spouses, partners, children or other relatives, are identified by the practice so that additional support can be offered. However, we found that this was not always reflected in the practice's electronic records management system.

We found that people with caring responsibilities were given advice and information about other organisations and services that may be able to provide them with support such as the Association of Voluntary Organisations in Wrexham. The practice manager was the designated 'carers champion' for the practice and reception staff had undertaken signposting training enabling them to direct patients to other services or information that may be of benefit to them.

We were told that good working relationship existed between the surgery and the district nurses who were based in a building adjacent to the surgery.

We were also told that there were good links with the local 'Cluster'¹ group of six practices and that the practice manager and one of the GPs attend cluster meetings on a regular basis. The services of a physiotherapist had been secured for one day a week through the Cluster.

Patients suggested to us that a children's play area would be beneficial in the reception area to keep children occupied whilst waiting to be seen by the doctor or nurse.

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.

Improvement needed

The practice should move ahead with plans to further enhance patient privacy and confidentiality through the provision of screens on the reception desk.

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.

Patients told us that staff treated them with dignity and respect. We saw staff greeting people in a professional yet friendly manner at the reception desk and during telephone conversations.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Screens were also provided around examination couches. This meant that staff were taking appropriate steps to maintain patients' privacy and dignity during consultations.

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.

Information for patients about the practice's services were available in leaflet form and on the practice's web-site. This provided useful information, including details of the practice team, opening hours, out of hours arrangements, appointment system and the procedure for obtaining repeat prescriptions. However, the practice should review their web-site in order to ensure that the complaints procedure is more easily accessible. Also, to ensure that the practice web-site contains sufficient health promotion information and details of other agencies /organisations that may be of assistance to patients.

A range of information was displayed and readily available within the waiting area. This included information on local support groups, health promotion advice and self care management of health related conditions. There was a designated board displaying information specifically for carers.

We were told that the number of Welsh speaking patients registered with the surgery was low and that none of the current staff members spoke Welsh. We found that information (posters and leaflets) was available in English only and that translation services could be accessed for those people who required information or services in other languages. The surgery should make every effort to ensure that information is made available bilingually (Welsh and English) as a matter of course and in other languages as the need arises.

People told us that staff talked to them and helped them understand their medical conditions.

The practice had a hearing loop which they use to aid communication with those patients with hearing difficulties.

Improvement needed

However, the practice should review their web-site in order to ensure that the complaints procedure is more easily accessible. Also, to ensure that the practice web-site contains sufficient health promotion information and details of other agencies /organisations that may be of assistance to patients.

The practice should make every effort to ensure that information is made available bilingually (Welsh and English) as a matter of course and in other languages as the need arises.

Timely care

Standard 5.1 Timely access

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

Patients could attend a 'sit and wait' clinic which was available every weekday morning or they could book an appointment in advance. Staff told us that they would always try to accommodate anyone who had an urgent need for an

appointment on the same day. 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, an appointment would be made with another GP at the practice if the patient's choice of GP was not available.

Patients were able to book appointments in person at the practice or by telephone. An online booking facility was not available. However, the practice manager stated that she would look into the possibility of accessing the [My Health Online²](#) service so that patients could book appointments electronically. 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.

The nursing team see patients presenting with minor, general illnesses. The nursing team also ran a number of clinics for patients with chronic health conditions so that they could access the care and treatment they needed without having to see a doctor.

We found that referrals to other specialists were generally made in a timely fashion. However, we did find that staff had identified some occasions where non urgent referrals had not been made until ten days after the consultation. The practice is advised to monitor this to ensure that all referrals are made in a timely fashion.

Improvement needed

The practice must continue to monitor the referral process to ensure that all referrals are made in a timely fashion.

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.

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

The practice team knew patients well and made adjustments according to people's individual needs based on this knowledge.

The practice was located within a purpose built, single storey building.

There was a parking area to the side of the building with two designated disabled spaces. Disabled access was via a side entrance. However, this was not clearly marked and patients have to ring a bell to gain access. The practice have identified that the car park requires attention and were awaiting a decision regarding the future of the service before securing funding to undertake this work.

Improvement needed

The practice should continue with the plans to improve the disabled access and signage to make it easier for people in battery powered wheel chairs to enter the building.

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.

The practice had made arrangements to make services accessible to patients with different needs and language requirements, as described above.

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 translation services. Staff also stated that non English speaking patients usually attend in the company of relatives who are able to translate conversations.

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.

There was a formal complaints procedure in place which was compliant with 'Putting Things Right'³. Information about how to make a complaint was posted in the reception/waiting area and also included in the patient information leaflet. Putting Things Right information leaflets and posters were also available within the reception/patient waiting areas. As previously mentioned the web-site should be reviewed in order to ensure that the complaints procedure is more easily accessible.

Emphasis is placed on dealing with complaints at source in order for matters to be resolved as quickly as possible and to avoid any need for escalation. All complaints are recorded whether received verbally or in writing. All complaints are brought to the attention of the practice manager who will deal with them in line with the practice's policy.

There was a box located in the waiting area for people to post comments or concerns about the service.

The practice should consider setting up a patient participation group as an additional means of gathering feedback about the service provided. This could also serve as a mechanism for sharing information about the future plans for the service.

Improvement needed

Consideration should be given to setting up a patient participation group as an additional means of gathering feedback about the service provided.

³ **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

We found that the practice had arrangements in place to promote safe and effective patient care. We found a staff team who were patient centred and committed to delivering a high quality service to their patients.

Information was available to patients to help them take responsibility for their own health and well being.

Suitable arrangements were in place to ensure the safe prescribing of medicines and to learn from any patient safety incidents. The sample of patient records we reviewed were of a good standard.

There was a robust internal communication system in place to ensure that there are no unnecessary delays in processing referrals, correspondence and test results. However, we did find that there were delays in processing some referrals.

There was a safeguarding of children and vulnerable adults safeguarding policy in place and staff had completed training in this subject.

General and more specific risk assessments are undertaken and any areas identified as requiring attention were actioned.

Significant events were well managed with the practice manger and one of the doctors taking a lead role in the process. Any issues were discussed at staff meetings and changes to practice implemented if necessary.

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 had 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 with the practice manager assuming a lead role.

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

We found examination couches in some of the consulting rooms to be unsuitable as they were fixed to the wall and not height adjustable making it difficult for people with mobility problems to access and also restricting clinical staff access to both sides, particularly in an emergency situation.

Improvement needed

The practice should assess the suitability of the wooden framed examination couches used in some of the consulting rooms to ensure that they are fit for purpose.

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.

Staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection. The clinical treatment areas we saw were visibly clean.

We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitizers were also readily available around the practice.

We saw that waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste was securely stored until it could be safely collected. We saw that there was a formal waste collection and disposal contract in place.

Discussion with nursing staff confirmed that all instruments used during minor surgery procedures were purchased as sterile, single use packs. This avoided the need for the use of sterilisation/decontamination equipment.

There was a clear and detailed infection control policy in place. Staff told us they are responsible for carrying out assessment of their own working environment for infection control risks with one of the practice nurses taking overall responsibility for overseeing the process.

The practice manager maintains a register of staff Hepatitis B immunisation status.

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 found that medication management systems were good and safe and in line with the health board's prescribing formulary and guidance.

Patients could access repeat prescriptions by calling into the surgery in person, online or through other agencies such as the local pharmacy.

Any queries relating to medication were logged on the computer system and reviewed by one of the doctors.

A pharmacist employed by the health board visits the surgery on a daily basis to assist staff with queries and audits.

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.

We found that there were child protection and adult safeguarding policies in place and flowcharts which included local contact numbers for reporting.

Two of the GPs assumed a lead role in the safeguarding of adults and children within the practice. Both had received training at an appropriate level on the subject. We also found that all other staff had received training, appropriate to their roles, in the safeguarding of adults and children.

Child safeguarding cases are flagged up on the electronic records system so that staff are aware of such issues. Child safeguarding meetings took place on a regular basis with the Health Visitor based in a building adjacent to the surgery.

We found that more work was required to ensure that the electronic records management system flags up adults at risk and those patients who are vulnerable due to mental health needs and learning disabilities so that services can be adjusted to meet their needs.

Improvement needed

The practice must take steps to ensure that the electronic records management system flags up adults at risk and those patients who are vulnerable due to mental health needs and learning disabilities so that services can be adjusted to meet their needs.

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 had suitable arrangements in place to report and learn from patient safety incidents and significant events. The practice manager and one GP took a lead role in managing this process.

Patient safety incidents and significant events were reviewed by the practice manager. We looked at records and confirmed that reviews of incidents and events took place with relevant members of the practice team coming together when needed and actions being passed onto staff.

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

Standard 3.2 Communicating Effectively

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

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 operated a both manual and electronic internal electronic messaging and mail management system. We were told that steps were being taken to move to a fully electronic system.

An electronic system was in place to manage out of hours referrals and there was a system in place to ensure these were read and actioned in a timely way.

Improvement needed

The practice should continue with the plans to move to a fully electronic system messaging and mail management system.

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 a random sample of patient records and found a very good standard of record keeping.

Notes contained sufficient detail of consultations between clinical staff and patients and it was possible to determine the outcome of consultations and the plan of care for the patient.

Quality of management and leadership

The practice had a clear management structure in place. We found a patient-centred staff team who told us they were well supported. Staff were also positive about the training opportunities available.

We found that there was a formal staff recruitment process in place with background checks undertaken, as necessary, prior to employment.

There were clinical and general audit systems in place which allowed staff to reflect and make changes and improvements to practice.

Governance, leadership and accountability

Health and Care Standards, Part 2 - Governance, leadership and accountability
Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

Overall, 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.

There was a whistleblowing policy in place and staff told us they felt able to raise concerns with senior staff.

The practice had a range of relevant written policies and procedures to guide staff in their day to day work.

Staff working within the practice often took on dual roles and worked flexibly. This meant that staff could provide cover for each other during absences, reducing the risk of disruption to services for patients.

There was an open and inclusive culture within the practice with evidence of both informal and formal communication taking place on a regular basis between staff members. Informal meetings took place on a daily basis with GPs meeting regularly to discuss cases and emerging issues.

We saw minutes from a number of meetings held confirming that mechanisms were in place to aid communication between staff and across the practice. However, we highlighted that a more formal approach was needed in respect of the GP meetings and peer reviews in order to ensure that such events are

properly minuted to reflect discussions, learning and actions taken. This is particularly important given the uncertainty about the future of the service.

We found that audits were being undertaken on a regular basis in order to monitor and improve practice.

Senior staff from the practice attended the 'Cluster' meetings and used this forum as a way to generate quality improvement activities and to share good practice.

We found that there was a robust 'disaster recovery' plan in place which covered events such as pandemic/epidemic outbreaks, fire, flood and IT issues.

Improvement needed

All meetings and peer reviews should be formally minuted to reflect discussions, learning and actions taken.

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 and a review of a sample of staff records indicated they had the right skills and knowledge to fulfil their identified roles within the practice.

Staff were able to describe their roles and responsibilities and indicated they were happy in their roles. All staff we spoke with confirmed they had opportunities to attend relevant training. Staff told us that annual appraisals were conducted and records supported this.

We saw that there were formal recruitment policies and procedures in place with background checks undertaken, as necessary, prior to employment.

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 Forge Road 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: Forge Road Surgery

Date of Inspection: 22/02/17

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
7.	The practice should move ahead with plans to further enhance patient privacy and confidentiality through the provision of screens on the reception desk.	1.1	<p>During our inspection we explained that the surgery is up for sale and we have a developer interested in a buy to lease back. This will require two partners to sign the lease.</p> <p>Unfortunately, one of our GPs is due to retire in December so we are down to 1x 8.5 session partner and a 1 x semi-retired partner doing a 5 session per week. We are in discussions with the Health Board to take over the lease as the building owners wish to sell urgently.</p>	GPs/Practice Manager	12 months

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			<p>As you can appreciate any building work will be taken over by new owners in the near future.</p> <p>We are also considering handing over the practice to the Health Board as we are unable to recruit.</p> <p>We have applied to the HB for an improvement grant to include a glass screen; this has been granted but is now on hold until a decision has been made about the building.</p>		
8.	<p>The practice should review their web-site in order to ensure that the complaints procedure is more easily accessible. Also, to ensure that the practice web-site contains sufficient health promotion information and details of other agencies /organisations that may be of assistance to patients.</p>	4.2	<p>Since our inspection, we have updated our website and entered our complete complaints procedure, which includes a link to the “Putting Things Right” leaflet. We have also added a Carer’s section which will be up-dated in the near future with extra links to organisations.</p> <p>We have also included a link to ‘DEWIS’ (Dewis Cymru is a link for patients if they want information or advice about their own well-being – or want to know how you can help somebody else)</p>	Practice manager/ Deputy PM	On-going to match campaigns

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			<p>There is a link already on our website for common health questions and an A to Z of Health conditions.</p> <p>We are constantly up-dating our Website and will look to put more health promotion leaflets in time with event...e.g., flu campaign, Shingles campaign etc.</p>		
8.	<p>The practice should make every effort to ensure that information is made available bilingually (Welsh and English) as a matter of course and in other languages as the need arises.</p>	3.2	<p>Since our inspection, we have sent our practice leaflet and complaints procedure for Welsh translation. Once this is complete, we will look to send all our appointment letters for translation. As demonstrated in the inspection, our website and patient check-in screen are bilingual.</p> <p>Any new leaflets or posters we receive for the HB for health promotions are bilingual. We will be up-dating all our notice-boards with bilingual posters.</p>	Practice manager/Dep uty Manager	12 months to change our posters to bilingual

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			<p>We have put notices up to inform the patients that If they require a copy of a leaflet in any other format or language then the need to contact a receptionist. We will then request a translation of the document.</p> <p>We have now recruited a staff member who is able to speak a little Welsh.</p> <p>We are looking into having our patient call possibly in Welsh; this is if our clinical software allows us to.</p>		
9.	<p>The practice must continue to monitor the referral process to ensure that all referrals are made in a timely fashion.</p>	5.1	<p>During inspection, we explained that our secretary is on maternity leave so routine referrals had fallen behind due to staff holidays. Our stand in secretary is working extra hours when the need arises.</p> <p>We will constantly monitor this.</p>	Deputy manager	Complete

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
10.	<p>The practice should continue with the plans to improve the disabled access and signage to make it easier for people in battery powered wheel chairs to enter the building.</p>	6.1	<p>During our inspection we explained that the surgery is up for sale and we have a developer interested in a buy to lease back. This will require two partners to sign the lease.</p> <p>Unfortunately, one of our GPs is due to retire in December so we are down to 1x 8.5 session partner and a 1 x semi-retired partner doing a 5 session per week. We are in discussions with the Health Board to take over the lease as the building owner wish to sell urgently.</p> <p>As you can appreciate any building work will be taken over by new owners in the near future.</p> <p>We are also considering handing over the practice to the Health Board as we are unable to recruit.</p> <p>If we do go to a developer, plans are already being discussed to have automatic doors for people in powered wheel chairs to enter. Once again, once we know the plans for the future of Forge Road,</p>	Practice Manager	12 months

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			we will be replacing the signage and doors; currently there is a sign on the back door and a ramp for disabled access.		
11.	Consideration should be given to setting up a patient participation group as an additional means of gathering feedback about the service provided.	6.2	<p>During inspection, we discussed interest in setting up a patient participation group and one of the inspectors was sending us information on how to set this up correctly, I am still awaiting this.</p> <p>I have discussed the possibility of visiting a neighbouring practice that has a patient participation group already setup to see how this is run by the patients. As demonstrated in our visit, we currently gather patient feedback by way of a suggestion box and if appropriate then we will action these suggestions. I plan to do a suggestion and response leaflet to respond to all anonymised suggestions.</p>	Practice Manager	6 months
Delivery of safe and effective care					
13.	The practice should assess the	2.1	During our inspection we explained	GPs/Practice	12 months

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	<p>suitability of the wooden framed examination couches used in some of the consulting rooms to ensure that they are fit for purpose.</p>		<p>that the surgery is up for sale and we have a developer interested in a buy to lease back. This will require two partners to sign the lease.</p> <p>Unfortunately, one of our GPs is due to retire in December so we are down to 1x 8.5 session partner and a 1 x semi-retired partner doing a 5 session per week. We are in discussions with the Health Board to take over the lease as the building owner wish to sell urgently.</p> <p>As you can appreciate any building work will be taken over by new owners in the near future.</p> <p>We are also considering handing over the practice to the Health Board as we are unable to recruit.</p> <p>Once a decision has been made on the future of the building, we will look to replace all wooden couches. In the meantime during our next staff meeting, our staff will be reminded of manual handling whilst assisting patients onto couches.</p>	<p>Manager</p>	

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			We do however; we use our hydraulic couch if we know a patient has mobility difficulties.		
15.	The practice must take steps to ensure that the electronic records management system flags up adults at risk and those patients who are vulnerable due to mental health needs and learning disabilities so that services can be adjusted to meet their needs.	2.7	<p>During inspection, it was demonstrated that there is a QOF alert for patients on the LD register & mental health register. The pop-up is displayed when a GP is seeing the patient.</p> <p>We have added carers and vulnerable adults to this alert so when a GP is seeing a carer/vulnerable adult it is alerted in the same way.</p>	Practice Manager	Complete
16.	The practice should continue with the plans to move to a fully electronic system messaging and mail management system.	3.2	<p>During inspection we demonstrated that one GP was trialling a fully electronic system for mail management. Unfortunately, the GP has found this very time consuming and cumbersome.</p> <p>The health board are trying to help us simplify the procedure before we cascade to the rest of the team.</p>	GP/Practice Manager	6 months

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			We have now created afternoon emergency triage slots to mirror our morning triage which will start in May; this is on our agenda to discuss in our next staff meeting.		
Quality of management and leadership					
18.	All meetings and peer reviews should be formally minuted to reflect discussions, learning and actions taken.	Health and Care Standards, Part 2	As demonstrated in our inspection, we minute all meeting apart from informal GP/Management meetings. This has now been rectified and all meeting are minuted. We are leasing with the Assistant Medical Director for guidance around Peer to Peer reviews and will be rolling this out with all our clinicians in a more formal way once the guidance is clear.	Practice Manager/GP S	6 months.

Practice representative:

Name (print): Paula Smith

Title: Practice Manager

Date: 5th April 2017