

**General Practice
Inspection (Announced)**
The City Surgery; Cardiff
and Vale University Health
Board

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at The City Surgery, City Road, Roath, Cardiff, CF24 3WD, on 24 January 2017. Our team for the inspection comprised of a HIW inspection manager (inspection lead), GP and practice manager peer reviewers, a clinical leadership fellow (shadowing) and representatives from Cardiff and Vale of Glamorgan Community Health Council (CHC).

HIW explored how The City Surgery met the standards of care set out in the Health and Care Standards (April 2015). Inspections of General Medical Practice (GP) services are announced and we consider and review the following areas:

- Quality of 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

The City Surgery currently provides services to approximately 6,300 patients in the centre of Cardiff, a large percentage of which, are students. The practice forms part of GP services provided within the area served by Cardiff and Vale University Health Board.

The practice employs a staff team which includes two GP partners, a part-time Practice Manager, one part-time nurse practitioner, and a team of three part-time administrative/reception staff

Health visitors, community based nurses, phlebotomists (who assist with patients' blood tests) and midwives (who are employed by the health board) also work with the staff team at the practice, as and when required.

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

- Management of long term health conditions
- Counselling
- Cervical smear screening
- Contraceptive services/sexual health advice
- Vaccinations and immunisations (adults and children)
- Maternity services
- Travel vaccinations and advice
- Smoking cessation clinics

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

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

3. Summary

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

For example, there were appropriate internal communication systems in place which aimed to avoid unnecessary delays in patient care, support and treatment.

This is what we found the practice did well:

- Patients who spoke with members from the local CHC and/or completed a questionnaire were generally satisfied with the services they had received from the practice team
- The entire practice premises were visibly well maintained, clean, uncluttered and nicely decorated. This meant that patients were provided with a safe and pleasant environment to receive care
- We found that all members of the team were provided with the opportunity for on-going learning

This is what we recommend the practice could improve:

- The practice is required to strengthen the arrangements in place regarding the review of patients' test results
- Plans for care, treatment and vaccination administration within patient records need to be recorded in more detail
- The arrangements in place for summarising new patients' medical notes are insufficient

Further details about our inspection findings and improvements needed, can be found within Appendix A of this report.

4. Findings

Quality of patient experience

Two members of the local Cardiff and Vale of Glamorgan Community Health Council (CHC) were present at the practice on the day of our inspection. Their role was to seek patients' views with regard to services provided by The City Surgery through the distribution of questionnaires and via face to face conversations with people and/or their carers.

The CHC had provided the practice with 200 questionnaires prior to the inspection, with a request that patients be provided with the opportunity to comment on the practice's services. Of that number, 179 were completed in addition to a further 12 responses obtained on the day of our visit.

The CHC have produced a report which provides an analysis of the information gathered. That report can be found at Appendix B.

We identified the need for improvement in terms of the health and care standard that relates to patient dignity and the arrangements in place for reviewing patients' test results.

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 a variety of health promotion/lifestyle information on display in the patient waiting area for people to take away with them for future reference. There were however, no bi-lingual signs (English/Welsh) at the practice premises, or readily available patient information in Welsh, or any other language.

Conversations with the nurse practitioner demonstrated the emphasis placed on developing good professional relationships with patients. One example described, related to how a patient with unstable diabetes had benefitted from an agreed change to their medication as a result of the trust developed between them and the practice team.

We were able to confirm that the practice had a nominated 'Carer's Champion' who was available to assist patient's carers; offering them the opportunity to discuss the challenges they faced and providing them with useful information about various agencies and organisations who may be able to support them with their day to day responsibilities.

We saw the register held at the practice which was used to enable the staff team to identify people who had day to day carer responsibilities. In addition, there was a well set out information board which provided carers with details of relevant support services and organisations.

Discussions with the practice manager and GPs revealed that recent planning for future services had taken the form of working with the third sector organisation 'Mind'¹ in order to provide the practice population with additional mental health support. We were also told that there were plans for the GP cluster² to employ frailty nurses as a means of supporting patients (with long term conditions) in their own homes as well as a pharmacist to assist with reviewing patients' medication, as a means of ensuring more effective prescribing.

Standard 3.2 Communicating effectively

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

Conversations with members of the staff team revealed that patients' test results were usually reviewed by a non-clinical member of staff; abnormal results being forwarded to a clinical member of the team for further action. Given that General Medical Council guidelines clearly state that the requesting

¹ MIND is a mental health charity that can help people make choices about treatment, to understand their rights or reach out to sources of support.

http://www.mind.org.uk/?gclid=CJ_EjO_OntICFawV0wodVMMDIQ

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

clinician has ultimate responsibility for patient results, the practice was advised to review this process.

Improvement needed

The practice is required to inform HIW of the action taken to strengthen the arrangements in place regarding the review of patients' test results.

We explored the arrangements in place regarding information exchange between the practice and the out of hours GP service. Such arrangements were found to be satisfactory.

We also considered how patient information was protected during home visits and how the outcome of such consultations was recorded. No improvements were needed in this regard.

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.

The entire practice premises were visibly well maintained, clean, uncluttered and nicely decorated. This meant that patients were provided with a safe and pleasant environment to receive care.

We observed that staff faced a significant challenge when trying to ensure that individual patients' conversations were not overheard by others, on arrival at reception. This was because the one waiting area at the premises was integral to the reception area and there was insufficient space to request patients stand at a distance from the reception desk to maintain confidentiality. Conversations with the practice team revealed that there were no practical ways of changing the layout of this area.

The room that (we were told) was used at times when patients wished to speak with staff privately required members of the public to be escorted to an area behind reception. This had the potential to compromise the confidentiality of patients' information, although we were verbally reassured that staff would ensure that patient identifiable information would be protected.

Discussions with the practice manager highlighted the emphasis placed by the administrative team, on ensuring that telephone conversations with patients (incoming and out-going), were made within the confines of the office located at

the side of the reception area to ensure that patient's information was discussed in a confidential manner at all times.

We were told that a loop hearing system was available to patients with significant hearing difficulties, at times when they visited the practice.

Whilst in the reception area, we heard the unhelpful manner in which a member of staff spoke with a patient who wished to register with the practice. This included their insistence that the person's initial consultation could only take place at 8:00am in the morning and two weeks in advance. As a result, we spoke with the prospective patient concerned as a means of assisting them.

The person told us that they had been turned away on a previous visit to the practice, although they had described their need to see a GP urgently. We therefore reported our findings to the practice manager and the lead GP at the point of discovery, to prevent the same thing happening again. The issue also resulted in the need for formal improvement to ensure that patients are treated with respect and compassion in the future.

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to ensure that a degree of flexibility is applied when offering patients registration appointments (both in terms of time of day and within a two week period). The practice is also required to provide details of the action taken to ensure that staff treat patients with respect.

Improvement needed

The practice is required to provide HIW with assurance that a protocol is now in place to guide staff in instances when patients attend the practice without an appointment, but with a clear need for medical advice and assistance.

We discussed the use of staff chaperones in relation to patient examinations and found that the practice tried to ensure that clinical staff were used in this role wherever possible. We were also informed that administrative staff had completed 'in-house' training regarding chaperone duties. Patient records demonstrated that patients were offered the use of a chaperone for intimate examinations. However, we found that the practice had insufficient signs within the waiting area to alert patients who may wish to request the presence of a chaperone during their consultation/examination.

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.

Conversations with a member of the clinical staff indicated that students within the practice populations used a variety of telephone applications to obtain information and to assist them if English was not their first language.

We were also informed that relevant health promotion leaflets would be provided as and when necessary to assist patients in making decisions about their care. Whilst such information was not seen in Welsh, or any other language, we were assured that the practice had a means of obtaining such material on request. We were further informed that information could be provided in large print, if required.

Discussions about patients, who were diagnosed with more than one long term health condition, were offered a single, longer practice appointment, for review. This was to avoid the need for multiple attendances and in acknowledgement of individuals' personal circumstances as described. This was considered to be good practice.

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 operated daily almost entirely through the use of an open access system. The team provided us with a description of the positive aspects of this system, albeit that we were also told that there had been recent discussions about the introduction of a semi-appointment system to make more effective use of time.

Patients who spoke with CHC members indicated that they were very satisfied with the care and treatment they received from the GPs and the nurse practitioner. However, a small number of patients also told us that they often had to wait for up to one and a half hours to be seen at the practice as a result of the open access arrangements. In addition, conversations with practice staff showed that there was no current system in place to proactively offer

appointments/health checks to patients who may find it difficult to physically visit the practice.

We therefore advised the GPs and practice manager of the need to develop and complete an audit which could be used to obtain the views of a larger group of practice patients (to include students, patients with long term health care conditions and patients who may find it difficult to visit the practice) about the open access system.

The practice was receptive to our suggestion that it completes an in-house peer review of referrals to hospital services to determine whether any lessons may be learned for the benefit of patients.

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.

Physical access to the practice premises was good. Car parking spaces were available at the rear of the practice and a lift was available for use by patients at times when they needed to get to the first floor. All consultation rooms were spacious and well maintained which meant that patients with mobility difficulties were assisted to use all areas of the practice safely.

Conversations with members of the practice team highlighted that a language translation telephone service was used at times when patients (whose first language wasn't English) visited the practice. We were also informed that patients were encouraged to bring someone with them as there were occasions when it was difficult to access the above translation service. Further discussions with the nurse practitioner however, confirmed that where examinations of an intimate nature were concerned, family members/carers would not be used as a substitute for the translation service, in acknowledgement of the sensitivity of such situations.

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 did not have a patient participation group³ in place as a means of obtaining views, experiences and ideas with regard to service provision. We were told that patients were able to provide their views and suggestions via the practice's website and via a suggestion box located at reception. However, some patients may not prefer to communicate with the practice in this way. We therefore advised the practice of the need to develop a pro-active means of reaching out to patients to obtain their views on practice services. This was, in order to identify areas for improvement.

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to obtain patients' views on a regular basis-and act on those views accordingly.

We found that the practice had a concerns/complaints procedure in place as required by Putting Things Right⁴ and details of those arrangements were displayed within the patient noticeboard. We were made aware of three instances when concerns had been brought to the attention of the practice in the past twelve months, each of which had been addressed in a timely way.

³ Patient participation groups (PPGs) are generally made up of a group of volunteer patients, the practice manager and one or more of the GPs from the practice. They meet on a regular basis to discuss the services on offer, and how improvements can be made for the benefit of patients and the practice.

⁴ Putting Things Right relates to the current arrangements in Wales for raising concerns about NHS treatment.

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.

For example, there were appropriate internal communication systems in place which aimed to avoid unnecessary delays in patient care, support and treatment.

We did however; identify a number of areas of service which required improvement. This included the need for:

- **Wall brackets to be fitted in consultation rooms for the purpose of securing sharps boxes. This was to ensure that sharps boxes, (which were being stored on the floor within consultation rooms), could not be easily accessed/knocked over inadvertently by patients or staff**
- **More detail regarding the content of patient records and improved arrangements for summarising (new patient) medical records**

Safe care

Standard 2.1 Managing risk and promoting health and safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.

We saw that practice policies and procedures were stored electronically; staff having access to the relevant section of the computer system.

A large number of the policies we reviewed at this inspection had been developed between 2007 and 2009. Some were marked with a more recent revised date, but most were not. We were told that policies were not amended unless there were any relevant changes. In addition, some policies had been downloaded from English websites and had not been adapted to Welsh health guidelines. The above finding meant that staff were not provided with current, accurate information to assist them in their day to day work. This has resulted in the need for improvement; further details of which can be found within the section of this report entitled 'Quality of Management and Leadership'.

We saw that the practice had completed a fire risk assessment in 2013. This showed that appropriate action had been taken to ensure the safety of patients and staff in the event of fire.

We also saw an example of how the details of a recent patient safety alert (relevant to primary care services) had been made available to the practice team. This meant that staff were provided with the prompt opportunity to consider whether any changes were needed to clinical procedures, or practice guidance.

We requested to see any recorded examples of discussions held by the practice in relation to significant patient events, but were told that no such records were available.

We found that the practice had completed statutory risk assessments in respect of staff who used display screen (computer) equipment for many hours during each working day. This was in-keeping with health and safety legislation.

Staff had access to a bespoke handbook which provided them with relevant information about their terms of employment.

There was a general health and safety policy in place at the practice which was updated in October 2016. This meant that staff had access to relevant and current information to assist them in their work with regard to existing legislation.

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 also an IPC policy in place, albeit that the version made available to us was dated November 2006.

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.

During a tour of the practice premises, we noted that some sharps containers were placed on the floor in consultation rooms. This could lead to spillage/accidental access which may also result in injury and cross infection.

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to ensure that sharps containers are relocated and made secure within all areas that are occupied by patients.

Standard 2.6 Medicines management

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

We discussed the local policy in place for effective prescribing with a senior GP. We also reviewed the content of the practice development plan with regard to prescribing practices. As a result we were satisfied that there was compliance with legislation, regulatory and professional guidance.

We checked the resuscitation equipment and emergency drugs available at the practice for use in the event of a patient emergency (collapse). All such drugs were in date. We advised the practice however, to relocate one drug (Benzyl Penicillin) as it was located away from other emergency drugs and there was no need to store this particular drug in a locked safe under "controlled drug" security (as was the case at inspection).

We found there was an absence of the following equipment in accordance with guidelines issued by the UK resuscitation council in respect of primary care services:

- paediatric defibrillator pads
- self inflating bag with reservoir (adult and child)

Improvement needed

The practice is required to inform HIW of the action taken to provide the minimum of emergency/resuscitation equipment in accordance with UK resuscitation guidelines (issued November 2013).

We also advised the practice team of the need to store all emergency equipment together, for ease of use in an emergency situation. This was because items were stored in different places.

We spoke with the lead GP and were informed that the practice's pro-active flu vaccination campaign had resulted in an improved uptake. This would have a positive impact on the local community.

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.

Both GPs had completed adult safeguarding training at level 3 and the nurse practitioner had recently completed refresher training at level 2 in respect of child and adult safeguarding. We were also provided with verbal confirmation that all other members of the practice team had completed relevant training in this regard.

We saw that the practice had a child safeguarding policy in place which had been updated during August 2016. However, in the case of adult safeguarding, the practice staff only had sight of policy documents dated March 2009. In addition, the All Wales safeguarding framework folder held at the practice was an old version. This meant that staff did not have access to current information and guidance. Neither did staff have ready access to contact details of the local safeguarding team for use in the event of suspected or actual abuse.

Conversations with members of the practice team further demonstrated that there were no established multi-disciplinary working arrangements in place.

Our findings in relation to the safeguarding policy and others held at the practice, has resulted in the need for formal improvement. This can be seen on page 20 of this report and within Appendix A.

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 held conversations with key members of the practice team and were told that if a significant event occurred, details were recorded and discussed with a GP or another relevant member of staff. Whilst we were not provided with any evidence to support the description given during our visit, we were provided with a combination of past and present examples of completed significant event forms, after the inspection.

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 sample of five patient records associated with each of the two GPs. Fifty per cent of those demonstrated there was adequate patient involvement in the decision making process. We also saw recorded evidence of the provision of appropriate lifestyle advice and intervention as a means of improving patients' health and well-being.

We were told that there was an established pathway for regular communication with allied healthcare professionals such as health visitors; such communication taking place on an individual patient basis rather than having inappropriate scheduled meetings, as stated by the practice.

We found that patients' immunisation history was not recorded within the majority of records reviewed. This may impact negatively on decisions made about patients' care-especially as approximately 55 per cent of the practice population were students.

We also identified the need for the following improvements to the content of patients' records:

- the member of the clinical team responsible for individual vaccine administration needs to be clearly stated; that being a prescribed product
- five of the ten patient records contained little clinical detail. It was not therefore always possible to determine the planned approach to care
- patient records need to show evidence of the provision for follow-up/review of patients' healthcare conditions to determine improvement or deterioration
- justification for decisions about care and treatment was not always recorded

Improvement needed

The practice is required to ensure that the content of medical records is comprehensive enough to ensure continuity of care for patients. Staff must also ensure that sufficient and accurate detail is captured in terms of vaccine administration, plans of care and follow-up/review. The practice should also consider carrying out a records audit to improve the overall standard of record keeping.

Given the changes to the practice population from one year to another, (as a result of the large proportion of students registered at the practice) we looked at the protocol in place which guided staff how to summarise patients' medical histories/allergy notifications. This is an administrative task designed to assist the clinical team to make decisions about on-going care.

The protocol in place for summarising medical notes had been developed during September 2007, with no amendment since that time. We also found that the practice was unable to complete patients' summaries in a timely way- even with ad hoc additional administrative support. In addition, new patient's notes were being summarised by non-clinical staff who had received the minimum of training on this topic. This may lead to error.

In order to explore the procedure in place regarding patients' medical summaries in more depth, we reviewed a further 10 patient paper records (from November 2016) and compared the content with the practice's electronic system. As a result, we found the following:

- inconsistencies in the clinical priorities transferred from paper records to electronic data which may initially impact negatively on the management of patient's healthcare
- One patient's paper record showed they had a recorded nut allergy. However, the practice electronic system made no mention of that
- three of the ten records reviewed had not been summarised

The above situation had the potential to result in error.

Improvement needed

The practice is required to provide HIW with details of the action taken/to be taken to ensure that patients' medical records are summarised. This is as a means of assisting with clear clinical decision making and in support of the provision of safe care.

We were able to confirm that current and archived patient records were stored securely at the practice premises.

Quality of management and leadership

Day to day management, leadership and governance at the practice was the responsibility of the two GP partners with the support of the part-time practice manager.

We found there was a training/induction programme in place to ensure the effective induction of new members of the practice team. This meant that patients were supported by individuals who had received sufficient training to become familiar with their role and practice processes. Similarly, established members of the team were provided with the opportunity to undertake regular training, relevant to their work and development.

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

Governance, leadership and accountability

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

There was a clear management structure in place, some individuals having worked at the practice for many years. Governance and day to day management of the practice was the responsibility of the two GP partners with the support of the part-time practice manager.

Conversations with the senior members of the practice team about the governance arrangements in place demonstrated that audit activity was completed in accordance with health board requirements. The practice also had a system in place to ensure that All-Wales safety alerts were shared with relevant staff to ensure that appropriate action was taken.

There was no agreed written business contingency/continuity plan in terms of service provision at the time of inspection. The practice has since provided HIW with a copy of their recently developed comprehensive continuity plan which provides staff with information about what they would need to do in the event of significant staff illness, loss of electricity, computer access and other significant emergency situations.

We found that the majority of policies and procedures were in need of updating and version control (this included the information governance policy). This

meant that staff were unable to access current information to assist them in their work. In addition, new and existing staff found it difficult to locate the most current information available.

Improvement needed

The practice is required to provide HIW with details of how it will ensure that staff have access to relevant, current policies and procedures to assist them in meeting the requirements of the Health and Care Standards.

Whilst the practice team made some effort to check and improve aspects of service provision to patients, it may be helpful in the future to develop an overarching governance strategy to maximise the use of the staff team in support of the delivery of good quality care.

We were told that the practice team met on an informal basis most days, in order to exchange information and discuss any problems with regard to patient care. Staff confirmed that this arrangement worked very well as the team was small in number.

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.

Staff sickness/absence was stated as being low and the practice had recently recruited a third part-time member to support the administrative team. The person concerned was also undergoing training as a healthcare support worker to create more flexibility for patients.

All members of the administrative team (including the practice manager) worked on a part-time basis, with the exception of one person. In addition, the nurse practitioner worked part-time hours. We were also informed that the practice had experienced considerable difficulties in recruiting practice nursing staff which was reported to be a common occurrence within the Cardiff area and known to the local health board.

Given the HIW findings at this inspection, the practice may wish to review its staffing numbers and skill mix.

We saw staff certificates which provided evidence that they had access to training that was relevant to their work. In addition, the nurse practitioner was currently in receipt of 'in-house' training on the topic of mental health/illness.

This was in direct response to the identification of need among the practice population.

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

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 The City 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: The City Surgery

Date of Inspection: 24 January 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
8	The practice is required to inform HIW of the action taken to strengthen the arrangements in place regarding the review of patients' test results.	3.2	All test results will go to Dr R Aggarwal mail box and he will check and review all normal and abnormal test results on a daily basis and action appropriately. The Practice Manager will review in 3 months.	Dr R Aggarwal Julie Brewerton	Completed Completed
9	The practice is required to inform HIW of the action taken/to be taken to ensure that a degree of flexibility is applied when offering patients	4.1	The practice had a meeting with all staff present, shortly after the HIW visit to discuss the current registration process as it was highlighted at the visit. Changes	Julie Brewerton	Completed

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	<p>registration appointments (both in terms of time of day and within a two week period). The practice is also required to provide details of the action taken to ensure that staff treat patients with respect.</p>		<p>were made to the registration process immediately following the visit. Registration slots are now available daily and have been extended from 8:00am to 11:00am with afternoon slots available on request. Patients are also able to access a GP/Nurse within 24 hours of registration.</p> <p>A formal meeting was held with all practice staff. The current Dignity and Respect Policy was reviewed and everyone was reminded of their responsibilities.</p>		
9	<p>The practice is required to provide HIW with assurance that a protocol is now in place to guide staff in instances when patients attend the practice without an appointment, but with a clear need for medical advice and assistance.</p>	4.1	<p>A protocol has now been developed that supports both registered and non-registered patients who attend the practice outside of normal consulting hours with a need for medical advice and assistance. The patient will complete an Emergency/Temporary Appointment Request Form which is then passed to a GP/Nurse Practitioner to determine further action/treatment.</p>	Julie Brewerton	Completed

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
12	The practice is required to inform HIW of the action taken/to be taken to obtain patients' views on a regular basis-and act on those views accordingly.	6.3	The Practice Manager will develop a patient questionnaire with support from the community health council and set up a formal process to ensure that patient feedback is sought on a regular basis The practice will then discuss the outcomes of the survey at a meeting and implement any appropriate and cost effective actions.	Julie Brewerton	12 months
Delivery of safe and effective care					
16	The practice is required to inform HIW of the action taken/to be taken to ensure that sharps containers are relocated and made secure within all areas that are occupied by patients.	2.4	Wall brackets for all sharps containers have been fitted in all clinical rooms.	Julie Brewerton	Completed
16	The practice is required to inform HIW of the action taken to provide the minimum of emergency/resuscitation equipment in accordance with UK resuscitation guidelines (issued November 2013).	2.6	The practice has purchased paediatric defibrillator pads and self inflating bag with reservoir for adults and children.	Julie Brewerton	Completed

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
19	<p>The practice is required to ensure that the content of medical records is comprehensive enough to ensure continuity of care for patients. Staff must also ensure that sufficient and accurate detail is captured in terms of vaccine administration, plans of care and follow-up/review. The practice should also consider carrying out a records audit to improve the overall standard of record keeping.</p>	3.5	<p>The clinical team (GP's and nurse) agreed to improve the record content and keeping documenting consultations:</p> <p>We will ensure good and consistent record keeping, improving clinical standards and patient safety.</p> <p>The practice has agreed to conduct an audit in 12 months time.</p> <p>In addition it was agreed that all clinicians will record their own immunisations at the time of the event.</p>	Julie Brewerton	12 months
20	<p>The practice is required to provide HIW with details of the action taken/to be taken to ensure that patients' medical records are summarised. This is as a means of assisting with clear clinical decision making and in support of the provision of safe care.</p>	3.5	<p>The procedure for summarising patient records has been reviewed updated with the information and detail required to ensure a full picture of a patient's medical history is captured and summarised onto the patient's computer record. The procedure also includes the capture and recording of a patient's immunisation history.</p> <p>2 senior members of the reception</p>	Dr R Aggarwal	Completed

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			staff have been trained by Dr R Aggarwal to summarise patient's records using the new procedures.		
Quality of management and leadership					
22	The practice is required to provide HIW with details of how it will ensure that staff have access to relevant, current policies and procedures to assist them in meeting the requirements of the Health and Care Standards.	Governance , Leadership and Accountability-Health and Care Standards-Part 2	With support from team members the Practice Manager will review all the current policies and procedures. A formal process will be set up to ensure that these will be reviewed annually and updated accordingly. A folder called Practice Protocols will be placed on everyone's computer desktop to enable easy access to all the current and relevant practice policies and procedures.	Julie Brewerton	12 months

Practice representative:

Name (print):

Title:

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Date:

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HIW – CHC Joint GP Inspection (CHC Report)

CHC Visit Summary	
Practice:	The City Surgery
Date / Time:	Tuesday, 24 th January 2017 at 9:00am
CHC Team:	Lesley Jones William Payne
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

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

In order to reach a greater number of patients, the CHC undertook a Patient Satisfaction Survey prior to the inspection. Out of 200 surveys supplied to the practice, 179 patients responded. This represents a 90% response rate. The results of this survey are attached separately. Additionally, the CHC visiting team spoke with 12 patients during the inspection and their views, in support of the survey results, were fed back to the Inspection Team verbally on the day.

It is noted that the demographic profile of this particular GP Practice, in which 54% of patients are aged 18-24 and a large proportion of whom are students, appeared to shape a number of key aspects of the services the Practice delivers and how these services are provided. Most notably was the wholly “open access” non-bookable appointment system.

The 12 patients present during the inspection, all of whom were students, were generally positive about their experience of using this Practice. Specifically, 1 patient made a point of saying that “doctors do listen to you here”. It was evident that the “open access” system, which enables patients to turn up with the guarantee of being seen on the day, was preferred, by these patients, to a telephone or bookable appointment system which is in use in neighbouring practices. It was generally accepted that sometimes this system meant that at busy times they might have to wait. 1 patient informed the visiting team that she had previously experienced a wait of 90 minutes and another noted that when he turned up he expected he might have to wait an hour. On the day of the inspection, patients had to wait between 10 and 15 minutes to be seen.

Two patients queried why the Surgery’s “open access” system could not be extended into the 10am-3:45pm period. Currently, the system is in operation between 8am-10am and 3:45pm-6:00pm.

It was concerning that 3 female patients observed that the absence of a female GP was regrettable at times. 1 of these 3 patients informed the visiting team that her friend was re-registering with another practice so that the option of a consultation with a female GP is available.

Observations

The single-site Practice occupies a well maintained, semi-detached, 3 storey property on a very busy main road in the area of Roath.

External Environment

The premises offer good, physical access for non-ambulant patients. However, there is very limited disabled parking and car parking to the rear of the property is only available by prior arrangement.

Internal Environment

The internal condition of the premises is well maintained, decorated and equipped. The premises offers a light, warm and welcoming environment and the toilet facilities were very clean for both patients and staff members.

The visiting team were made aware by patients that at busy times there is not enough seating available in the waiting room.

Communication & Information on Display

The display boards were orderly and clearly laid out, with relevant information provided about how to raise a concern or complaint. Additionally, posters providing information about the Community Health Council were also on display.

The visiting team noted that the intercom system to call patients into one of the consultation rooms was not very clear and this was echoed by the patients present. There was no visual indicator, in the form of a board or screen, present.

Lesley Jones
William Payne
CHC Members

27th January 2017