



## **General Practice Inspection (Announced)**

Cymmer Health Centre /

Abertawe Bro Morgannwg

University Health Board

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

**Provide an independent view on the quality of care.**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice.**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice.**

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Cymmer Health Centre, Station Road, Cymmer, SA13 3HR within Abertawe Bro Morgannwg University Health Board on the 13 June 2017.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), GP and practice manager peer reviewers and a lay reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

We found evidence that Cymmer Health Centre provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- We saw staff treating patients with respect and kindness
- There was plentiful health promotion and advice available at the practice
- Arrangements were in place to help keep patients safe from preventable healthcare associated infections and for the safe prescribing of medicines
- We saw examples of noteworthy practice within patients' medical records
- Staff were able to describe their roles and how they contributed to the overall operation of the practice.

This is what we recommend the service could improve:

- The information available to carers and the aids available to assist patients/carers who have additional communication needs
- The appointment system and continuity of GPs
- The completion of health and safety risk assessments and staff access to relevant policies
- Some aspects of record keeping within patients' medical records and related audit activity
- The system for capturing staff training so that it can be seen at a glance.

## 3. What we found

### Background of the service

Cymmer Health Centre currently provides services to approximately 2500 patients in the Cymmer and surrounding areas. The practice is directly managed by and forms part of GP services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The health board employs a staff team at the practice, which includes three salaried GPs, two practice nurses, a health care assistant, a practice manager and reception/administration staff. The practice team are managed by senior clinical and management staff within the health board.

The practice provides a range of services, including:

- General medical services
- Chronic disease clinics
- Family planning
- Cervical Cytology
- Ear syringing
- Childhood vaccinations
- Travel vaccines
- Contraceptive injections
- Well baby clinic
- Antenatal clinic
- Wound management

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, patients told us they were satisfied with the service provided by Cymmer Health Centre. We saw that patients were treated with respect and kindness by the staff team.

Comments made by patients indicated that the appointment system could be improved. Other areas for improvement we identified were around information for carers, the use of communication aids and increasing patients' awareness of the practice's complaints procedure.

During our inspection, we invited patients to complete a HIW questionnaire to obtain their views on the services provided. A total of 20 questionnaires were completed. Most patients who returned a completed questionnaire had been a patient at the practice for more than two years.

Patient comments included the following:

*"Service is generally good at this practice."*

*"I would like to have the same doctors every time I visit the surgery. Different doctors don't know you and you have to explain your health history."*

*"It is perfect. I am more than happy..."*

*"All in all this practice is very good, except that you never see the same GP which can be quite off putting especially with elderly persons who tend to like the same GP."*

## Staying healthy

There was information readily available to patients to help them take responsibility for their own health and wellbeing.



A large amount of health promotion material, together with information on support groups were displayed within the waiting area. This meant patients had access to help and advice on a range of health and wellbeing related issues. We saw some material was rather dated and the practice should make arrangements to review the information available and confirm that it is up to date.

There was some information displayed specifically for carers and the practice should consider making more information of this type available.

#### Improvement needed

The health board should review the written health promotion material and general information available to patients/carers to ensure that it is up to date.

The health board should consider making more information available for carers.

### **Dignified care**

Patients and carers visiting the practice were treated with respect, courtesy and politeness. Arrangements were in place to promote patients' dignity and protect their privacy.

The majority of patients who returned a completed questionnaire and all those we spoke to on the day told us that they had been treated with respect by the practice team. Throughout the inspection, we saw staff greeting patients in a welcoming manner and treating them with respect and kindness.

A screen separated the reception desk from the main waiting area and this arrangement provided a degree of privacy when staff were speaking over the phone and handling paperwork. Computer screens were placed so that they were out of direct view of patients and visitors to the practice.

Some chairs within the waiting room were located near the reception desk and this may increase the likelihood of conversations being overheard by people sitting in this area. The practice should, therefore, explore options on how privacy can be further promoted in this regard. We were told that a room was available should patients wish to speak to practice staff in private and away from the reception desk and waiting area.

Clinical rooms were located away from the main waiting area. This helped to reduce the likelihood of patients' consultations being overheard by people in the waiting area. We saw the doors to these rooms were closed at all times when

practice staff were seeing patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity. Screens or curtains were also available in these rooms and could be used to provide a greater level of privacy to patients.

The practice had a written policy on the use of chaperones and senior staff confirmed that some staff had attended relevant training. The use of chaperones aims to protect patients and healthcare staff when intimate examinations of patients are performed. Further training had been arranged and was due to take place later in the year. Senior staff had identified that it would be beneficial if more staff were trained on the role and responsibilities of a chaperone. There was information clearly displayed advising patients that they could request a chaperone to be present.

#### Improvement needed

The health board should explore and implement ways to reduce the likelihood of conversations being overheard (by people in the waiting room) when patients/carers are speaking to reception staff.

#### Patient information

Information about the services provided at the practice was available to patients. Improvement was needed around the recording of patient consent to care and treatment.

The practice had produced a practice information booklet. This provided useful information about the services offered by the practice, including details of the practice team, opening times and the arrangements for repeat prescriptions. It also contained information about how patients could provide feedback and the arrangements for protecting patient information.

Information for patients was also available on the practice's website.

An electronic screen in the waiting room was being used to inform patients when the GP, nurse or other healthcare professional was ready to see them. Reception staff confirmed that they would do their best to inform patients of any known delays in being seen when they booked in at reception. The practice may wish to explore whether the electronic screen can be used to inform patients of delays.

Whilst arrangements were described for obtaining patient consent, we found that improvement was needed around recording this in patient records. This was to demonstrate that valid consent had been obtained.

Notes that had been made in patient records by clinicians showed that verbal information had been given to patients and/or their carers about their health conditions and management. We saw an example where 'safety netting'<sup>1</sup> advice had been recorded and we identified this as noteworthy practice. Some of the records we saw did not show whether written information had been given to patients during consultations. Clinicians should consider providing patients with written information, where appropriate, to help reinforce verbal explanations given and record this.

### Improvement needed

Clinicians responsible for obtaining patient consent should clearly note (in patient records) when this has been given or refused by patients together with any further actions taken.

Clinicians should consider providing patients with written information (and note in patient records when this has been provided) to help reinforce verbal explanations given.

### Communicating effectively

The practice gave consideration to the communication needs of patients.

Staff confirmed that they could use a translation service if this was required. Comments from patients confirmed that they were able to speak to practice staff in their preferred language. There were no communication aids available for patients with additional needs, for example, a hearing loop system. The practice should, therefore, explore what aids would be useful to help communicate with patients.

We saw that bi-lingual (Welsh and English) signage was displayed to help direct Welsh speaking patients to and around the practice. Some patient information leaflets were routinely available in both Welsh and English. Staff told us that not many of their patients requested to communicate in Welsh and this was reflected in the patient questionnaires that were returned. Given that

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<sup>1</sup> 'Safety netting' is a term used to describe the information given to a patient or their carer about actions to take if their condition fails to improve, changes or if they have further concerns.

the practice operates in Wales, the practice should consider providing more written information for patients in both Welsh and English.

The practice had systems in place for the management of external and internal communications. These included arrangements for the recording of clinical information received at the practice onto patients' notes before sharing with a GP. There was no formal process in place for informing practice staff when patients are admitted to hospital as an emergency or when patients have died. The practice should implement a formal process for communicating and recording this information.

We looked at a sample of five discharge summaries received from local hospitals. These contained a satisfactory amount of information and had been received in a timely manner. The information had been recorded within patients' records with a view to informing future care and treatment.

#### Improvement needed

The health board should explore whether aids could be used to help communicate with patients/carers with additional communication needs.

The health board should introduce a system for informing staff when patients have been admitted to hospital and when patients have died.

### Timely care

The practice made efforts to provide patients with timely care. Our observations and comments from patients, however, indicated that some improvement could be made in this regard.

The practice offered a mixture of pre-bookable and on the day appointments. These could be made over the telephone or in person by visiting the practice. Arrangements were also described for patients with an urgent healthcare related issue to see a GP. In addition patients could request a telephone appointment with a GP. The practice offered home visits to patients who were too ill to attend the practice and those who were housebound.

The practice offered a number of clinics. These were organised and run by the practice nurse who could offer advice on the management of a range of long term health conditions as well as other health related issues. Clinics run by other healthcare professionals attached to the practice were also offered. In addition a phlebotomy clinic was offered. These arrangements meant that, where appropriate, patients did not have to wait to be seen by a doctor.

Responses within questionnaires indicated that improvements could be made around the appointment system. Patients were asked on the questionnaire how the GP practice could improve the service it provides, and issues when trying to make an appointment were raised:

*"...the appointments are difficult to get and the same day telephoning is inconvenient. The old system where you could book a few days in advance was far easier for a working person."*

*"Takes time to get through on phone and make appointment this morning and last week."*

*"Answer the phone more efficiently as I tried to call 20 times before I was able to make an appointment."*

These issues were reflected in the answers given in our questionnaire to the question which asked patients to describe their experience of making an appointment; whilst half of the patients described their experience as very good, a number of patients described their experience as either poor or very poor. A third of patients that gave an answer in the questionnaire also told us that it was 'not very easy' or 'not at all easy' to get an appointment when they needed it. Our observations indicated that some patients experienced a delay in being seen by the GP on the day of their appointment.

Another issue raised by a number of patients in the questionnaires was that they are often allocated a different doctor each time they have an appointment. Some of the comments received in the questionnaires around this were:

*"I would like to have the same doctors every time I visit the surgery. Different doctors don't know you and you have to explain your health history."*

*"All in all this practice is very good, except that you never see the same GP which can be quite off putting especially with elderly persons who tend to like the same GP."*

The practice had a written policy for making referrals to other hospital and community based healthcare professionals.

#### Improvement needed

The health board should consider the comments raised by patients during the HIW inspection and explore ways to improve the appointment system.

## Individual care

### Planning care to promote independence

There was ramp access to the main building via automatic doors. The practice was organised over the ground floor. This meant that people with mobility difficulties (and those who use wheelchairs) and parents with pushchairs could enter the building and access the practice safely. All patients that completed a questionnaire felt that it was either very easy or fairly easy to get into the building that the GP practice is in.

Practice staff explained that patients' records could include a flag to identify those patients with additional needs. This information would then alert practice staff so that suitable arrangements could be made as appropriate, for example, when arranging appointments. Senior staff explained that the practice staff had developed a good understanding of the individual needs of patients and would be proactive when making appointments, taking into account their specific needs.

Senior staff confirmed that regular health checks were offered to those patients identified as needing them. We were told that this was audited via the Quality Outcomes Framework<sup>2</sup> (QOF) arrangements. Whilst reviews took place, senior staff confirmed that information from assessments and reviews was not used to develop the services provided.

#### Improvement needed

The health board should consider using information from patient care assessments and reviews to further develop service provision. This with a view to ensuring it remains appropriate to meet the needs of the local population.

### People's rights

Our findings that are described throughout this section, 'Quality of Patient Experience', indicate that the practice was aware of its responsibilities around

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<sup>2</sup> The Quality and Outcomes Framework (QOF) is a voluntary system of financial incentives. It is about rewarding contractors for good practice (and its associated workload) through participation in an annual quality improvement cycle.

people's rights. For example, we saw that patients were treated with respect and their privacy was protected. We saw that the practice environment was accessible and that efforts were made to provide services to patients, taking into account their individual needs.

### Listening and learning from feedback

We saw that a suggestion box was available within the waiting room. Patients could also provide feedback about their experiences by completing an online survey using an electronic tablet, also located within the waiting room. Senior staff confirmed that feedback received was considered regularly and shared with the practice team. This was with a view to assess the service provided and to make improvements as appropriate.

The practice did not have a Patient Participation Group (PPG). Senior staff explained that the practice was actively trying to set up such a group. The practice should progress with establishing a PPG as this would provide a forum through which patients could provide feedback.

The practice had a procedure in place for patients and their carers to raise concerns or complaints about the services they receive. Information on this was displayed in the waiting area. The practice procedure was in keeping with the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales, also known as 'Putting Things Right'. Senior staff explained that wherever possible they would aim to resolve complaints locally. Where this was not possible, patients and their carers could refer their complaint to the health board.

Information for patients and their carers on how to provide feedback was available at the practice and included within the practice information leaflet.

There was a mixed response received (via the patient questionnaires) when patients were asked whether they would know how to raise a concern or complaint about the services they received at the practice. Almost half of patients that answered the question said they did know how to raise a concern or complaint. The health board should, therefore, explore how patient awareness of the practice's complaint procedure can be improved.

#### Improvement needed

The health board should explore how patients' awareness of the complaints procedure can be improved and take action as appropriate.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

There were systems in place for the delivery of safe and effective care to patients.

We found that improvements were needed around completing health and safety risk assessments and completing the work identified from a recent fire safety audit. Improvement was also needed so that patients' medical records were summarised in a timely way.

### Safe care

#### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety of patients and staff working at the practice.

We saw that all areas occupied by patients and staff appeared clean, tidy and uncluttered. This would help to reduce the risk of trips and falls. The building where the practice was located appeared to be maintained to a satisfactory standard both internally and externally. We identified that improvement was needed to prevent unauthorised access to some areas within the building.

Senior staff confirmed that health and safety policies were available to staff electronically (via the health board's intranet site). Whilst we saw an up to date overarching health and safety policy, senior staff had difficulty in finding specific policies. In addition there were no records available of an environmental risk assessment and individual display screen equipment (DSE) assessments. This meant that we could not be assured that potential hazards had been identified and action had been taken to minimise health and safety risks.

We saw that a fire risk assessment had recently been conducted (June 2017). This identified a number of areas for improvement to reduce the risk of harm to staff and visitors to the practice in the event of a fire. Senior staff gave a firm verbal assurance that the actions identified would be addressed.



The practice had medication and equipment to respond to a patient emergency (collapse) within the practice. A system was in place to check these were always available for use in an emergency

### Improvement needed

The health board must make arrangements to ensure that:

- security within the practice is maintained to prevent unauthorised access to some areas within the building
- practice staff know how to access relevant health and safety policies
- health and safety risk assessments are completed, kept up to date and that appropriate action is taken to address any risks identified.

The health board must take appropriate action to address the recommendations from the fire risk assessment (conducted in June 2017).

### Infection prevention and control

Measures were in place to protect people from preventable healthcare associated infections.

The treatment room and consulting rooms appeared visibly clean. Hand washing and drying facilities were provided in these areas and toilet facilities to help reduce cross infection. With the exception of one patient, all those that completed a questionnaire felt that, in their opinion, the practice was very clean.

Senior nursing staff explained that an infection control audit had been completed and that this had identified that cupboards in the treatment room needed to be replaced with types that were more easily cleaned. Our conversations with nursing staff showed that they placed an emphasis on reducing cross infection.

We saw that waste had been segregated into different coloured bags/containers to ensure it was disposed of correctly. Clinical waste awaiting collection was stored in a lockable container to prevent unauthorised access.

We saw that personal protective equipment (PPE) such as gloves and disposable aprons were available to clinical staff to reduce cross infection. Nursing staff confirmed that PPE was always readily available. Nursing staff also confirmed that instruments used during the course of procedures were purchased as sterile, single use packs. This avoided the need for the use of sterilisation/decontamination equipment and helped to reduce cross infection.

We saw that an overall infection prevention and control (IPC) policy was available to staff. Staff had made efforts to develop local IPC policies and agreed to explore what other local policies could be developed to help guide staff working at the practice.

We saw that there was a central record of the Hepatitis B status of relevant staff working at the practice. This record included details of the Hepatitis B immunisations staff had received. There were no details for one member of staff and the practice should ensure that this information is obtained and included on the central record.

#### Improvement needed

The health board should ensure that the central record of the Hepatitis B status of staff is complete and retained at the practice.

The health board should progress with work to replace the cupboards within the treatment room.

#### Medicines management

Overall, we found systems were in place for safe management of medicines.

Arrangements were described for the safe prescribing and review of patients' medicines. A pharmacist worked at the practice two days per week and provided advice and help on medication matters. The pharmacist was responsible for re-authorising repeat medication prescriptions and arrangements were described for removing items no longer required from the repeat prescribing list. We saw that the practice was developing a robust and safe system for repeat prescriptions. There were a number of ways by which patients could obtain their repeat prescriptions and these were described in the practice information leaflet and on the website.

Within the sample of patient records we looked at, we saw that reasons for prescribing medication for patients with acute problems were clearly recorded. For those patients prescribed long term medication, the reason why was not always clearly recorded.

The practice was using the local health board's formulary and we were told this was updated regularly to take account of local and national guidance. This meant that clinicians would prescribe medication from a preferred list of medicines approved by the health board.

Arrangements were described for reporting concerns around medication related issues. This was with a view to identify possible common themes so that corrective action can be taken.

#### Improvement needed

Clinicians should clearly note within patients' records the indications for all medication.

#### Safeguarding children and adults at risk

Written procedures in relation to safeguarding children and adults at risk were available.

Arrangements were described and demonstrated for recording and updating relevant child protection information on the electronic patient record system. Senior staff confirmed that an identified GP at the practice acted as a child protection lead. This meant that staff had a local contact person to report and discuss concerns in relation to safeguarding issues. We saw that effective multidisciplinary working took place around child safeguarding concerns.

Senior staff confirmed that clinical and administrative staff had attended safeguarding training and we saw records that demonstrated this. Staff we spoke to confirmed that should they have any concerns around a patient's welfare, they would report this to senior practice staff.

#### Effective care

##### Safe and clinically effective care

Senior staff described the system for reporting patient safety incidents and significant events. This involved reporting these via an electronic reporting system for inclusion on a national database (National Reporting and Learning System)<sup>3</sup> to promote patient safety. We were told that significant events were

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<sup>3</sup> The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care.

reviewed and discussed at practice meetings. Whilst a system was described for reporting incidents, senior staff had identified that improvement was needed around how learning from these was shared with the practice team.

Senior staff confirmed that relevant safety alerts were circulated to the practice team as necessary. Staff we spoke to confirmed the systems in place to share relevant information.

Arrangements were described for keeping the practice team up to date of best practice and professional guidance. We saw that information and guidance was displayed on the staff notice board and senior staff confirmed that relevant information is also emailed to practice staff.

### **Information governance and communications technology**

Systems for the safe and secure management of information relevant to the operation of the practice were described and demonstrated.

### **Record keeping**

Overall, we found that patient records were of an acceptable standard. We identified that some improvement could be made around the detail that is recorded. The practice also needs to make arrangements to ensure information is summarised in a timely manner.

We looked at a random sample of electronic patient medical records. These were secure against unauthorised access and easy to navigate. All the records we saw showed that they had been completed in a timely way. We saw that all the records included key information, such as the identity of the clinician recording the notes, the date of and outcome of the consultation.

We found detailed notes had been made of the examinations performed during consultations. We saw noteworthy practice around the recording of 'safety netting' advice and good use of free text within the records that provided additional information about patients' conditions. We identified improvement was needed around the level of detail recorded in relation to written information/advice given and patient consent. Further details of our findings in this regard are described earlier in this report.

Senior staff had recognised that improvement was needed around the timeliness of summarising patients' records. This is an administrative task designed to assist the clinical team to make decisions about on-going care. At the time of our inspection, senior staff confirmed there was a backlog of records

that required summarising and gave a firm assurance that this would be addressed.

Senior staff confirmed that audits of patients' records were not routinely done. The health board should consider implementing audits as part of quality assurance activity at the practice.

Overall, we saw good use of Read codes<sup>4</sup>.

#### Improvement needed

The health board must, as a matter of priority, make suitable arrangements to address the backlog of patients' records that require summarising. Ongoing arrangements must then be made to summarise patients' records in a timely way.

The health board should consider conducting audits of patients' records as part of the quality assurance activity at the practice.

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<sup>4</sup> Read codes are a set of clinical computer generated codes designed for use in Primary Care to record the every day care of a patient. The codes also facilitate audit activity and reporting within primary care.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

The practice was directly managed by the Abertawe Bro Morgannwg University Health Board.

Earlier in 2017, the health board had also taken over the management of another practice and arrangements were being made to deliver services from both practice sites.

A practice manager was responsible for the day to day running of the practice. Staff were able to explain how they contributed to the overall operation of the practice.

We identified that improvement was needed around making what training staff had attended easier to see. The health board should also look at making policies easier to access by staff.

## Governance, leadership and accountability

The practice was directly managed by the Abertawe Bro Morgannwg University Health Board. A practice manager was in post and responsible for the day to day management of the practice.

Since 1 April 2017, the health board had also been responsible for the direct management of another practice. The health board was making arrangements to deliver services by one practice team across both practice sites. We saw a copy of a letter that had been sent to patients informing them of this. This meant that the health board had made efforts to keep patients up to date. At the time of our inspection, these arrangements were in the process of, and yet to be, fully introduced.

Arrangements for regular clinical, management and team meetings were described. These aimed to facilitate communication between the health board

management team and the practice staff. Staff we spoke to told us that they felt they had been kept informed of the proposed plans to deliver services across two sites and they seemed to be positive about the development of the service.

The practice was part of the local GP cluster<sup>5</sup> group and we were told that senior practice staff attended cluster meetings. This helped promote cluster working and engagement.

A range of policies and procedures were available to guide staff in their day to day jobs. We identified that some policies and procedures were difficult for staff to locate on the health board's intranet system. The health board should explore the reasons for this and make improvements as appropriate.

The health board was in the process of updating the Practice Development Plan in light of taking over responsibility for the management of the other practice. When updated, this should identify the practice's aims and objectives, together with actions and timescales for completion.

## **Staff and resources**

### **Workforce**

Staff demonstrated that they had the right skills and knowledge to fulfil their identified roles within the practice.

Staff we spoke to were able to describe their particular roles and responsibilities, which contributed to the overall operation of the practice.

Staff told us that they had opportunities to complete relevant training via an online training system. We were told that a summary of the training completed could only be accessed by individual staff members via their online training accounts. Senior staff were in the process of developing a training matrix to show, at a glance, staff training information. The lack of a matrix made it difficult for the inspection team to establish what training staff had attended and where staff required updates. Whilst we saw evidence of some training, we could not

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<sup>5</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.

be assured that all staff were up to date with training they were expected to complete.

Staff we spoke to confirmed that they had received annual appraisals of their work and we saw documentation demonstrating this process.

Senior staff confirmed that staff recruitment was handled centrally by the health board's HR team. A fair recruitment process was described. Senior staff demonstrated the electronic system that showed pre employment checks were obtained prior to staff taking up post. These included reference and Disclosure and Barring Service (DBS) checks to help show that potential staff were suitable to work at the practice.

#### Improvement needed

The health board should develop a system so that staff training records can be accessed and reviewed easily. Where it is identified that practice staff have not attended training, arrangements should be made to address this.



## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how GP practices are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within GP practices.

Further detail about how HIW inspects the [GP practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Cymmer Health Centre

**Date of inspection:** 13 June 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate improvement plan was required.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Cymmer Health Centre

**Date of inspection:** 13 June 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
<p>The health board should review the written health promotion material and general information available to patients/carers to ensure that it is up to date.</p> <p>The health board should consider making more information available for carers.</p>	1.1 Health promotion, protection and improvement	<p>Health promotion material at the practice has been reviewed and is up to date.</p> <p>Action will be taken to review Health Promotion literature on a quarterly basis to ensure up-to-date information is offered to patients. This will be actioned by the nursing team as part of their quarterly checks.</p> <p>Further literature has been requested from the local carers service and will be</p>	<p>Practice Nurse</p> <p>Practice Manager/Carers Champion</p>	<p>Ongoing Quarterly review</p> <p>August 2017</p> <p>Sept 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>displayed within the waiting area.</p> <p>A future in house training session will be organised for practice staff to ensure they are up to date with local information to inform carers.</p>		
<p>The health board should explore and implement ways to reduce the likelihood of conversations being overheard (by people in the waiting room) when patients/carers are speaking to reception staff.</p>	4.1 Dignified Care	<p>The waiting room seating area has been rearranged to allow more privacy and reduce the risk of conversation being overheard.</p> <p>Further options will be explored including a review of the reception layout and opportunities to deter focus from the reception desk.</p>	Service Development Manager	December 2017
<p>Clinicians responsible for obtaining patient consent should clearly note (in patient records) when this has been given or refused by patients together with any further actions taken.</p> <p>Clinicians should consider providing patients with written information (and note in patient records when this has been provided) to help reinforce verbal explanations given.</p>	4.2 Patient Information	<p>Communication with all clinicians to highlight the need to document clearly when consent has been given/refused. The practice consent policy has been made available to all clinicians and included in the locum pack and a reminder of the associated read codes has been placed in each clinical room.</p> <p>E-leaflets are to be made more</p>	Lead GP	<p>August 2017</p> <p>August 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>accessible to clinicians. Icons for evidence based PIL websites are to be added to all computers in clinical rooms and Vision system links for symptom/diagnosis/treatment information to be utilised more efficiently. This information will be placed in the locum pack for reference also.</p>		
<p>The health board should explore whether aids could be used to help communicate with patients/carers with additional communication needs.</p> <p>The health board should introduce a system for informing staff when patients have been admitted to hospital and when patients have died.</p>	<p>3.2 Communicating effectively</p>	<p>A review will be undertaken with patients/carers to define their information and communication support needs to ensure individuals receive information in a format that they can understand and receive support to communicate effectively with practice staff.</p> <p>Appropriate awareness training will also be arranged for staff to support people with communication needs.</p> <p>A system will be implemented to ensure staff are informed and clinical records are updated timely when patients are admitted to hospital and when patients</p>	<p>Service Development Manager</p>	<p>September 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		have died.		
The health board should consider the comments raised by patients during the HIW inspection and explore ways to improve the appointment system.	5.1 Timely access	Access to services is a key priority and the Health Board is exploring new models to ensure patients can rely on accessible and timely access.	Primary Care Manager	October 2017
The health board should consider using information from patient care assessments and reviews to further develop service provision. This with a view to ensuring it remains appropriate to meet the needs of the local population.	6.1 Planning Care to promote independence	<p>The needs of the population are considered at practice level as part of the development of an annual Practice Development Plan. The practice is actively engaged in cluster working which considers the needs of its population when developing services.</p> <p>A review of service provision is planned which will ensure a patient-focused approach and the development of services in line with the needs of the local population.</p>	Primary Care Manager/GP Lead	October 2017
The health board should explore how patients' awareness of the complaints procedure can be improved and take action as appropriate	6.3 Listening and Learning from feedback	Information regarding the complaints procedure is displayed throughout the Health Centre, included within the practice leaflet and specific information leaflets are available for patients.	Practice Manager	September 2017



Improvement needed	Standard	Service action	Responsible officer	Timescale
		The practice will continue to raise awareness with patients on how to share their experience and raise complaints and will review the positioning of literature within the practice.		
<b>Delivery of safe and effective care</b>				
<p>The health board must make arrangements to ensure that:</p> <ul style="list-style-type: none"> <li>• security within the practice is maintained to prevent unauthorised access to some areas within the building</li> <li>• practice staff know how to access relevant health and safety policies</li> <li>• health and safety risk assessments are completed, kept up to date and that appropriate action is taken to address any risks identified.</li> </ul> <p>The health board must take appropriate action to address the recommendations from the fire</p>	2.1 Managing risk and promoting health and safety	<p>A Health and Safety risk assessment will be completed and action will be taken to address or mitigate the risks identified, this will include the security of the building.</p> <p>Training will be organised for practice staff and will include awareness of key policies and ease of access.</p> <p>All appropriate actions identified as part of the fire risk assessment will be addressed and relevant training will be provided to the fire officer.</p>	Service Development Manager	December 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
risk assessment (conducted in June 2017).				
<p>The health board should ensure that the central record of the Hepatitis B status of staff is complete and retained at the practice.</p> <p>The health board should progress with work to replace the cupboards within the treatment room.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Ongoing work is underway to ensure the Hepatitis B status record is maintained. All staff are currently providing the necessary information to the Practice Manager for collation on database and filing of hard copies.</p> <p>The treatment room cupboards have been highlighted within a recent Infection Control audit and have been added to the practice risk register. A job request is currently active to replace these cupboards and we await Estates involvement to assess and replace as necessary.</p>	<p>Practice Manager</p> <p>Practice Manager</p>	<p>October 2017</p> <p>Ongoing</p>
Clinicians should clearly note within patients' records the indications for all medication.	2.6 Medicines Management	Guidance has been given to clinicians and information included with the locum pack	Practice Pharmacist	August 2017
The health board must, as a matter of priority, make suitable arrangements to address the backlog of patients' records that require summarising. Ongoing arrangements must then	3.5 Record keeping	<p>Staffing hours are being addressed to ensure immediate response to the backlog of clinical summaries.</p> <p>Longer term arrangements will be</p>	Service Development Manager	August 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>be made to summarise patients' records in a timely way.</p> <p>The health board should consider conducting audits of patients' records as part of the quality assurance activity at the practice.</p>		<p>considered as part of the practice model review to ensure appropriately trained staff undertake timely and quality summarising.</p> <p>Audits of patient records will be built into the practice audit cycle and discussed at practice governance meetings</p>	Governance Lead	Ongoing
Quality of management and leadership				
<p>The health board should develop a system so that staff training records can be accessed and reviewed easily. Where it is identified that practice staff have not attended training, arrangements should be made to address this.</p>	7.1 Workforce	<p>Training is accessible for all staff and protected time allocated.</p> <p>We recognise the current constraints with the Electronic Staff Record accounts and have acted to ensure all staff now have login details and have begun to populate their training dates/ records. A learning matrix has been developed to enable the practice manager to hold a central record of all staff training.</p> <p>This is an ongoing process where information will be more accurately and easily accessed once line management</p>	Practice Manager	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
		has been assigned appropriately and alerts will trigger when staff are due to renew training.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print): Sam Page**

**Job role: Primary Care Manager**

**Date: 4th August 2017**