



General Practice Inspection (Announced)

Meddygfa Minafon / Hywel Dda
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 Meddygfa Minafon at Hillfield Villas, Kidwelly, Carmarthenshire, SA17 4UL, within Hywel Dda University Health Board on the 21 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

Overall, we found evidence that the service provided adequate safe and effective care. However, we found many issues requiring improvement and careful consideration by the health board in order to ensure the best possible outcomes for patients.

Interactions between staff and patients were dignified and courteous. Staff were observed performing their duties in a polite and considerate manner.

Management and leadership weaknesses were identified, which the health board were aware of, and were in the process of attempting to resolve. The practice was not fully compliant with all Health and Care Standards and improvements have been identified within this report.

This is what we found the service did well:

- Provided a good range of health education / promotion material
- Friendly staff assisting patients in a dignified manner
- The pharmacist was undertaking projects to improve outcomes for patients
- Enthusiastic and pro-active Patient Participation Group, determined to ensure patients receive the best services possible

This is what we recommend the service could improve:

- Arrangements for privacy and confidentiality of telephone discussions undertaken at the reception office
- Documentation of patients consultations
- Infection prevention and control arrangements
- Provision of staff training

- Increased staff meetings and learning from significant events
- The availability of the complaints process
- All staff to receive annual appraisal
- The support and assistance to staff during the current staffing difficulties

3. What we found

Background of the service

Meddygfa Minafon currently provides services to approximately 4,300 patients in the Kidwelly, Trimsaran and Ferryside areas. The practice forms part of GP services provided within the area served by Hywel Dda University Health Board.

The practice employs a staff team which includes, one permanent salaried GP, one permanent part time GP, three part time practice nurses, one part time advanced nurse practitioner (providing a service one day every two weeks), one part time health care assistant and a team of receptionists and administrative staff. A new practice manager was due to commence employment at the practice within the next two weeks after the practice had been without one for approximately seven weeks. Presently the health board were attempting to recruit several positions at the practice which included GPs, and several practice nurses.

The practice provides a range of services, including:

- Chronic disease management such as diabetes, asthma, Chronic Obstructive Airway Disease
- Travel advice and vaccinations
- Vaccinations and immunisations (adults and children)
- Child health surveillance
- Contraception
- Cervical smear screening
- Phlebotomy

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

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 were satisfied with the services provided at the practice. Patients identified that the staff were helpful and provided care and treatment in a dignified and courteous manner.

Overall the building and the environment was adequately maintained but some issues were identified requiring improvement in order to negate possible risks to patients and people visiting the practice.

During the inspection, we invited patients at the practice to complete HIW questionnaires to obtain views on the services provided.

In total, we received 20 completed questionnaires. All of the completed questionnaires were from patients who had been a patient at the practice for more than two years. Overall patient feedback was generally positive; however some concerns were provided by patients about the appointment process.

Patient comments included the following:

"I am happy with the service."

"Think it's better than it was before."

"Need updating décor, not inviting and friendly."

"Make it easier to see the doctor that I choose to see."

Staying healthy

We saw a variety of health promotion / education and wellbeing literature on display in the waiting area for people. It was pleasing to note that there was a good array of Welsh language information available, delivered by the health board. Copies of a practice leaflet was also present; however there were two differing versions in circulation. We recommend the health board ensure only the most current version be available and old versions be removed. Information available in the booklet was informative and relevant to the needs of patients.

The practice had very limited information available on the Welsh NHS website. They had not developed their own practice website.

There was a good range of literature available providing information and support for people with caring responsibilities within the practice. Staff were able to identify these patients because of systems in place and knowledge of the local population.

Improvement needed

The health board must ensure that only the most current practice booklet is made available.

Dignified care

Some chairs were located in a corridor near to the reception desk entry door. On the day of our inspection the weather was very warm and for this reason staff were not closing the reception / office door. This increased the likelihood of conversations being overheard and compromised the security of patients records being stored in this location. The practice should, therefore, explore options on how privacy can be further promoted in this regard. We were advised that a room was available should patients wish to speak to practice staff in private and away from the reception desk and waiting area.

All consultation rooms were located away from the main waiting area. This helped to diminish the possibility of patients' consultations being overheard by people in the waiting area. All consultation room doors were closed, when staff were seeing patients. This ensured staff were taking appropriate precautions in promoting patients' confidentiality.

Screens or curtains were also available in all consultation rooms viewed apart from one. We were informed that the room was used infrequently. We recommend that all rooms where consultations are held must have appropriate curtains available at all times in order to ensure patients' privacy and dignity is maintained at all times.

There were notices in the waiting area informing patients of their right to request a chaperone during their consultation. A chaperone policy was available at the practice. Clinical staff would predominantly provide the chaperone service provision.

Almost all patients that completed a questionnaire felt that they had been treated with respect when visiting the practice.

Improvement needed

The health board should evaluate and implement appropriate interventions to reduce the likelihood of conversations being overheard (by people waiting in the corridor behind reception area door) when patients/carers are speaking to reception staff.

The health board should ensure that all consultation rooms have curtains available at all times.

Patient information

The practice had developed a practice leaflet as identified earlier. The practice did not have a designated website, but very basic information was available via the [NHS Wales website](#). Patients were only able to book appointments by telephone, as triage of appointment requests was undertaken at a remote practice in Swansea. Requests for appointments over the telephone were filtered and triaged. Following this initial contact a GP would phone the patients directly and discuss their concerns / needs. During this consultation the GP would evaluate what the best plan of action would be and arrange an appointment if necessary. This arrangement presented a challenge to the practice as the standard of note keeping at the remote practice was described by staff as variable, creating potential issues with continuity of care when the patient is inevitably seen by a different GP.

Patients not requiring an appointment with a GP could also receive appointments with allied health care professionals such as practice nurses.

Discussions with GPs during the inspection identified that they were providing advice, written literature and points of reference via internet web pages for patients to learn more about their conditions. In addition patients were informed of investigations required and management options available. Unfortunately these conversations / discussions were not routinely documented in patients' records. The health board is advised to monitor this area of practice and ensure complete and accurate patient records are maintained.

The patient information leaflet contained a good range of additional information such as surgery times, home visits, access and out of hours / Emergency Services. The leaflet included the names of all staff employed at the practice.

However it was identified that almost a third of patients that answered the questionnaires stated that they would not know how to access the out of hours GP service. The health board is advised to continue to highlight out of hour services available and ensure out of hours contact information is freely available within the practice for patients.

Improvement needed

Patients records need to be monitored and regularly audited to ensure triage information is included and consultation records are completed in a comprehensive manner.

The health board must ensure that sufficient information is available within the practice and externally regarding the contact details of the out of hours services.

Communicating effectively

Around a third of the patients that completed a questionnaire considered themselves to be Welsh speakers, and the majority told us that they could always speak to staff in their preferred language at the practice. All non-Welsh speaking patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language. During our visits we identified staff speaking with patients in Welsh and this was particularly important for certain patient groups as Welsh was their first language.

The majority of patients that completed a questionnaire confirmed they are asked questions about their medical problem when they try to make an appointment; however, almost a third of patients said they didn't know why they are asked these questions.

Improvement needed

The health board / staff working at the practice must inform patients of the need to ask them pertinent health related questions in order to facilitate their care and treatment at the practice.

Timely care

All patients that completed a questionnaire told us that they were either very satisfied or fairly satisfied with the hours that the practice was open.

The questionnaires highlighted some discontent among patients over the appointment process. Patients were asked on the questionnaires how the GP practice could improve the service it provides, and some of the comments received were:

"I don't like waiting for a doctor to phone me back when making an appointment"

"Better phone line, more doctors, being able to see preferred doctor"

More than a third of patients that completed a questionnaire told us that it was 'not very easy' or 'not at all easy' to get an appointment when they needed it. These concerns were also evident in the response to a question in the questionnaire which asked patients to describe their overall experience of making an appointment. While the majority of patients that completed a questionnaire told us that their experience was good, a quarter of patients that completed a questionnaire told us that their experience was either poor or very poor. The health board must continually evaluate this area of service and ensure patients views are listened and acted upon if appropriate in a thorough manner

All referrals were made under the permanent full time salaried GP. Referrals were made via letters. Staff would contact the referral service to ensure receipt of the referral. We identified that there were no processes in operation which would ensure that patients had received an appointment with a specialist. We were informed by practice staff that they advised patients to re attend / contact the practice directly should they not receive an appointment after 2 - 3 weeks following their initial visit to the practice. The practice should ensure that it can establish whether requests for urgent referrals have been met with an appointment.

Referral rates at present were not evaluated and discussed in relation to other GP's within the practice and locally within the region. This was primarily due to the significant reliance on locum GP. The practice is advised to evaluate this area of practice and introduce systems to review referral rates in order to identify trends / anomalies.

Improvement needed

The health board is advised to review the current appointment systems and numbers of appointments available, ensuring patients' views are considered and acted upon accordingly.

The health board must ensure that it has processes in place to ensure patients referred for urgent specialist consultations at hospitals have received confirmation that the referral has been received by the receiving hospital.

The health board must develop systems which will enable the evaluation of referrals made to secondary / tertiary hospital specialities to be undertaken.

Individual care

Planning care to promote independence

A pharmacist that works at the practice and doctors would undertake medication reviews in order to identify any issues and meet the health needs of patients who required regular health checks. The permanent GP regularly met up with other health and social care professionals, such as social services, palliative care team and community mental health teams to discuss patients care and treatment. We identified that at present due to the vacancies for GPs limited in house practice meetings were taking place. Due to this reason information from assessments and reviews were not discussed in order to ensure that the service provision provided by the practice was adequate and appropriate. The practice clinicians and staff are recommended to undertake regular meetings in order to enable all relevant staff to discuss patients' needs and plan for the future requirements.

We were informed that patients are encouraged to inform practice staff if any changes occur in their health / social needs and requirements of the service provided by the practice. Flags were also placed on patients' records which would alert members of staff that the patient had additional needs and appropriate interventions could then be implemented. The practice had a hearing aid loop system available for hard of hearing patients. In addition translation services and braille service provisions could be requested. A carer's board was located in the reception area which was full of valid and informative material.

Improvement needed

The practice must recommence practice meetings in order to enable all staff to meet up regularly and discuss and plan present and future health care needs of patients.

People's rights

We observed patients being supported during their consultation by family and friends. Patients were able to communicate bilingually with the practice staff. The practice had an electronic 'Checking in' device in operation which was also bilingual.

The health board had created a refugee package to support Syrian refugees which had been placed in the locality. The health board had protocols relating to homeless people and travellers and these were available for all staff to view and become familiar with their content.

Listening and learning from feedback

It was positive to note that the practice had an active Patient Participation Group (PPG) with established terms of reference. We met with one of the members during the inspection and it was positive to hear the enthusiasm and passion of this member in driving the service forward. Regular meetings had been held but no copies of the minutes of these PPG meetings were published. In order to ensure openness and transparency we advise that these minutes be made public in order to ensure that all patients can review the content of the meetings and in future meetings raise issues directly with the group.

Almost two thirds of patients that completed a questionnaire told us that they did not know how to raise a concern or complaint about the services they received at the practice. There were no posters or specific complaints leaflets available in the waiting area. We did identify that information in relation to complaints and concerns was available in the practice's leaflet. We raised this with health board staff during our visit and by the end of our visit we were shown that posters had been placed in the waiting area informing patients of the process to follow should they wish to raise a concern or complain.

There was a box located in the main waiting room for patients to post comments or concerns about the service.

Improvement needed

The health board should ensure that minutes of the Patient Participation Group meetings are published.

Delivery of safe and effective care

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

Overall we found evidence that the practice had processes and procedures in operation to provide and promote safe and effective patient care. Discussions with staff members reinforced the belief that the services delivered were patient centred and that they were dedicated to providing a good quality service to their patients. Information available in the waiting area provided patients with help and advice to assist them in taking responsibility for their own health and well being.

Issues were identified in relation to the maintenance of the building and the risks associated of running a medical GP practice. The health board is advised to evaluate the current processes in operation in managing risk and promoting robust health and safety practices.

Safe care

Managing risk and promoting health and safety

All but one of the patients that completed a questionnaire felt that it was either very easy or fairly easy to get into the building. There were car parking spaces available to the front, side and rear of the practice. It was identified that on occasions limited parking spaces were available due to the volume of patients attending the practice. Allocated disabled parking spaces were also available.

As part of the inspection we undertook a tour of the building. Overall the building appeared to be well maintained, however improvements were identified requiring remedial action from the health board. The waiting area was clean neat and tidy. However, we did identify some issues which could potentially pose a risk to patients. A seat in the waiting area was broken. Staff at the practice were unaware of this issue. The health board must ensure that regular monitoring of all areas are undertaken in order to ensure that patients do not come to any harm due to poor maintenance. In addition some of the carpet tiles in front of the reception desk were inadequate and had started to peel back

thus providing a trip / fall hazard for patients. The health board must address these areas of maintenance and ensure processes are implemented which enable staff to raise concerns regarding maintenance issues and that regular checks are undertaken to address maintenance issues at an early opportunity.

We were unable to view a fire risk assessment for the building. Risk assessments were available for another branch of the practice. We were informed by the salaried GP that remedial work had been undertaken in relation to fire safety, but we were unable to view the assessment on the day of our visit.

We were informed Portable Appliance Testing (PAT) was undertaken at the practice and evidence was viewed on equipment of this being conducted. However we identified a fan in a treatment room which showed that the PAT testing was out of date and posed a risk to staff and patients as the plug was broken and not fit for use.

Clinical waste and domestic type waste were stored in appropriate bins. We did identify that the clinical waste bin was locked appropriately but was not safely secured. Potentially this bin could be removed and its contents could pose a risk to people. The practice must ensure that security of clinical waste is improved.

Improvement needed

The health board must ensure that all floor coverings are fit for purpose and do not pose a trip hazard for patients.

The health board must ensure that all seating is fit for purpose and does not pose a risk to patients.

The health board must inform HIW describing how it intends to ensure that the maintenance of the building is monitored regularly and recorded appropriately

The health board must ensure the safety of patients and staff in the event of a fire and valid fire risk assessment are in operation

The health board must ensure that all appropriate electrical equipment be PAT tested to ensure the safety and wellbeing of all patients and staff at the practice.

The health board must improve the security of clinical waste bins.

Infection prevention and control

During our visit it was noted that overall the practice appeared hygienically clean and neat. We visited patients' toilets and identified some improvements were required in regards to bins being available which are foot operated and that feminine disposal bins be made available in the disabled toilet facility.

We identified that hand washing facilities and paper hand towels were available in clinical areas and toilet facilities. We saw a tap in use in a treatment room that was corroded and was in need of being replaced. The health board must ensure that all taps are fit for purpose and are maintained adequately.

There were no concerns given by patients over the cleanliness of the GP practice; the majority of patients that completed a questionnaire felt, in their opinion, the practice was very clean.

Improvement needed

The health board are recommended that all bins in toilets are foot operated and ensure feminine waste disposal bins are also available in disabled toilet facilities.

The health board must ensure that all taps are fit for purpose and maintained adequately.

Medicines management

The practice leaflet contained information in relation to how patients could request repeat prescriptions. The methods available for patients were either, presenting a repeat prescription order at the practice, by leaving a request at a local pharmacy, or by utilising the [My Health on-Line portal](#)¹. We were informed that it is the practice policy to attempt to authorise repeat prescriptions within 24 hours.

¹ My Health On-Line enables registered patients to book and cancel appointments, request repeat prescriptions, update personal information and send messages online to their GP. These services are dependant on the practice.

During our visit we viewed a medication cabinet which was not regularly monitored and audited to ensure that all medication had not expired. We identified medication which was out of date. The health board is recommended to introduce safe systems of management of all medicines stored at the practice.

Fridges storing medication were well maintained and documented daily recordings of the temperature were available. The temperatures of rooms used for storing medication were not presently being monitored. Certain medicines begin to perish if the temperature exceeds 25 degrees C. The health board must undertake regular room temperature recordings and implement processes if the temperatures of rooms exceed 25 degrees C.

Improvement needed

The health board must introduce systems which will identify what medication stored at the practice needs to be disposed or replaced.

The health board must ensure that temperatures of rooms that store medicines are monitored regularly and protocols to be enacted if temperatures exceed 25 degrees C.

Safeguarding children and adults at risk

The health board had clear policies and procedures in operation in relation to child protection and adult safeguarding. Staff working at the practice demonstrated a good understanding of child and adult safeguarding issues. Staff were aware of the process to follow should they need to escalate any concerns

We were unable to confirm in records available that all staff had received the designated child and adult safeguarding training. Training records viewed were incomplete.

Improvement needed

The health board must ensure that all staff receive the designated child and adult safeguarding training and that all training records are maintained to a satisfactory standard.

Medical devices, equipment and diagnostic systems

During our visit we were informed that medical devices and equipment available at the practice were regularly checked and maintained in order to ensure that they were fit for purpose. The emergency medical equipment available at the practice was evaluated during our visit. It was noted that sufficient equipment was available and adequate to meet the requirements of a medical emergency should the need arise.

Effective care

Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events. This was achieved utilising the Datix² system, which is operated by health boards. Incidents of near misses were reported and escalated. However, it was unclear as to how significant events and incidences were being managed locally within the practice as there was limited evidence of how learning from such incidents were being conveyed and discussed by staff. Limited staff meetings were presently taking place and we were advised that that considerable time had passed since the last meeting. The health board is advised to recommence regular staff meetings with a set point on the agenda for discussing incidents and enable the team to learn for such incidents.

Due to the reliance of locum GPs, all questions / queries in relation to patients' conditions and in house second opinions were obtained from the permanent full time GP. This GP had built up good relationships with local hospital consultants, which were approached for additional advice and support if required. Presently the outcomes of referrals were not evaluated neither were formal in-practice peer reviews being undertaken. The health board must

² Datix is an incident reporting system, used for recording, investigating and analysing incidents.

evaluate these areas of service provisions in order to assure that patients are receiving the best possible service.

Improvement needed

The health board is recommended to recommence regular meetings and ensure incidents / near misses are discussed by appropriate staff and communicated to the entire staff team to aid learning.

The health board must introduce systems to evaluate the outcomes of referrals made to secondary / tertiary hospitals.

Quality improvement, research and innovation

We identified limited innovation taking place at the practice. However we did identify that a pharmacist was undertaking projects looking at certain medication groups and reviewing their overall management and effectiveness. For example, we evidenced that warfarin and benzodiazepine medications were being evaluated and examined for these patients taking these medicines.

Information governance and communications technology

We found that there were health board information governance policies and procedures in operation.

Record keeping

The note summariser was in post at the practice and had undertaken specific training in regards to the correct Read codes³ to be utilised when summarising past medical histories. During our visit it was identified that the salaried GP would occasionally evaluate the quality of the summarising and coding, but there was no evidence to support this. The health board is advised to evaluate this area of practice and introduce systems that enable the quality assurance of summarising and coding to be evaluated in a comprehensive and robust manner.

³ Read codes provide a standard vocabulary for staff to record information in patients records.

Audits of patients' records were not routinely undertaken. The health board should consider implementing audits as part of quality assurance activity at the practice.

Improvement needed

The health board must introduce formal systems which enable the quality assurance of summarised and coded information to be undertaken regularly.

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

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 Hywel Dda University Health Board. Health board personnel were present during our visit in order to provide managerial guidance and support for staff working on a day to day basis at the practice.

The previous practice manager had left the setting some weeks prior to our visit, but a new practice manager had been recruited and was due to commence employment imminently following our visit.

We identified that improvements were needed in relation to staff training, management and leadership within the practice.

Governance, leadership and accountability

The practice was directly managed by the Hywel Dda University Health Board. A practice manager had been recently employed but had not formally commenced working at the practice. This person would be responsible for the day to day management of the practice and be accountable to the health board.

It was evident during our visit that the practice was experiencing significant managerial and leadership issues. Discussions with staff identified that they did not feel they were receiving sufficient help and support from the health board. Some staff felt they were working to their limits due to staffing deficits and moral at the practice was suffering due to lack of support by the health board. The practice requires strong clinical and managerial leadership support by the health board in order to ensure the continuity of a safe and effective service.

The lack of a complete and comprehensive staffing training matrix record made it difficult for the inspection team to establish what training staff had attended. Whilst we saw evidence of some training, we could not be assured that all staff were up to date with all mandatory training and training specific to their roles.

Improvement needed

The health board must engage with staff and ensure that they are supported to provide the designated services required during this period of staff shortages.

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

Staff and resources

Workforce

As previously identified the practice was heavily dependent on locum GPs for its medical coverage. The health board was actively attempting to recruit permanent GP to the practice. In addition several nursing positions were also vacant. Patients noted in questionnaires and patient records sampled identified that these staffing problems did not promote continuity of care and clinicians having a thorough appreciation of their needs and requirements.

We identified that staff annual appraisals had not been undertaken on a regular basis. This again demonstrated a lack of management and leadership at the practice. We were advised that the new practice manager would be evaluating this area of staff management and implementing an annual appraisal plan in order to assure that all staff receive timely appraisals and support sessions.

Discussions with nurses confirmed that there were no concerns regarding attending training required to undertake revalidation⁴. of their professional registration with the Nursing and Midwifery Council (NMC)

Improvement needed

The health board must provide HIW with details of how it will provide support the practice during this period of staffing difficulties in order to assure that the practice delivers safe and effective care.

The health board must establish a programme of annual appraisals for all staff.

⁴ Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the NMC.

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
Insufficient information was available in the waiting area for patients in relation to the process of raising a complaint / concern	Patients were not fully aware of the processes to follow in order to report complaints / concerns	This was brought to the attention of health board staff during our inspection visit	Additional posters were placed in the waiting areas informing patients of the complaints process and methods of reporting a complaint / concern

Appendix B – Immediate improvement plan

Service: Meddygfa Minafon

Date of inspection: 21/06/2017

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 assurance issues were identified				

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: Meddygfa Minafon

Date of inspection: 21/06/2017

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
Quality of the patient experience				
The health board must ensure that only the most current practice booklet is made available.	1.1 Health promotion, protection and improvement	Remove all old leaflets and ensure that there is only the most up to date copy available within the Practice. Ensure this is updated on a regular basis	Practice Manager	31/8/2017
The health board should evaluate and implement appropriate interventions to reduce the likelihood of conversations being overheard (by people waiting in the corridor behind reception area door) when patients/carers are speaking to reception staff.	4.1 Dignified Care	Patients to remain in the waiting room until called forward for their appointment. Chairs to be removed from outside consultation rooms. A line on the floor in reception with clear notices asking patients to respect the privacy of the person in front and to wait behind	Practice Manager	15/9/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board should ensure that all consultation rooms have curtains available at all times.		<p>the line until the receptionist is free.</p> <p>Entrance doors to the receptionist area to be kept closed.</p> <p>Glass sliding window in reception area to remain closed when not speaking to patients.</p> <p>Longer term plan – to remove all documents to central storage. Make structural changes to back office, rewiring etc to enable receptionists on the telephone to move into this office.</p> <p>Missing curtain put up in the consultation room immediately.</p> <p>All curtains to be replaced with disposable type and Practice Nurse be responsible for their replacement as per guidelines.</p>	<p>Practice Manager</p> <p>Practice Manager</p> <p>Practice Nurse</p>	<p>30/6/2018</p> <p>Completed</p> <p>30/9/2017</p>
Patients records need to be monitored and regularly audited to ensure triage information is	4.2 Patient Information	Carry out an immediate audit of records followed up by monthly audits. Share	Dr Paul Morris	31/10/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>included and consultation records are completed in a comprehensive manner.</p> <p>The health board must ensure that sufficient information is available within the practice and externally regarding the contact details of the out of hours services.</p>		<p>this information with Triage provider. When satisfied that records are being completed comprehensively audits to be carried out quarterly.</p> <p>Notice to be put on the front door and displayed prominently in the waiting room.</p> <p>Information to be put in the patient leaflets and on the website.</p>	Practice Manager	<p>31/8/2017</p> <p>30/9/2017</p>
<p>The health board / staff working at the practice must inform patients of the need to ask them pertinent health related questions in order to facilitate their care and treatment at the practice.</p>	3.2 Communicating effectively	<p>Notice to be displayed in the waiting room.</p> <p>Information added to the website Through staff meeting/training Explore whether a recorded message about this can be put on the telephone system.</p>	Practice Manager	<p>31/8/2017</p> <p>31/10/2017</p>
<p>The health board is advised to review the current appointment systems and numbers of appointments available, ensuring patients' views are considered and acted upon accordingly.</p>	5.1 Timely access	<p>The practice will undertake an audit of its appointments system, looking to achieve a satisfactory mix of pre-bookable and same-day appointments. The practice will seek the opinion of the Patient Participation Group on any</p>	Practice Manager	31/1/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure that it has processes in place to ensure patients referred for urgent specialist consultations at hospitals have received confirmation that the referral has been received by the receiving hospital.</p> <p>The health board must develop systems which will enable the evaluation of referrals made to secondary / tertiary hospital specialities to be undertaken.</p>		<p>planned changes and will re-audit the system after changes have been made.</p> <p>Staff take regular audits to ensure that urgent cancer referrals have been received. If patients have been downgraded, this information to be passed to a clinician to assess if acceptable.</p> <p>The Practice will introduce audit and review of referral patterns into its clinical meetings</p>	<p>Medical Secretaries</p> <p>Practice Manager/Clinical Lead GP</p>	<p>31/8/2017</p> <p>28/2/2018</p>
<p>The practice must recommence practice meetings in order to enable all staff to meet up regularly and discuss and plan present and future health care needs of patients.</p>	<p>6.1 Planning Care to promote independence</p>	<p>Fortnightly senior management meetings have commenced. The minutes are placed on the shared drive and available to all staff</p> <p>Staff meetings have commenced and will take place monthly.</p>	<p>Practice Manager</p>	<p>In Place</p> <p>In place</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		MDT, Frailty Meetings to recommence.		30/9/2017
The health board should ensure that minutes of the Patient Participation Group meetings are published.	6.3 Listening and Learning from feedback	Practice Manager to discuss at next PPG meeting who, from the PPG, will be responsible for publishing the Minutes and where they will be published	Practice Manager /Secretary PPG	30/11/2017
Delivery of safe and effective care				
The health board must ensure that all floor coverings are fit for purpose and do not pose a trip hazard for patients.	2.1 Managing risk and promoting health and safety	A H&S and fire risk assessment of the entire building to be carried out jointly by the HDUHB and Practice Manager.	Practice Manager	31/12/2017
The health board must ensure that all seating is fit for purpose and does not pose a risk to patients.		Estates Department be invited to do a joint inspection of the Practice and minor works requests to be initiated for all repairs/improvements.	Practice Manager	31/10/2017
The health board must inform HIW describing how it intends to ensure that the maintenance of the building is monitored regularly and recorded appropriately		Identify a staff member to carry out monthly H&S checks of the building, recording and feeding back findings to the Practice Manager. Increase H&S awareness through staff training to encourage the reporting of H&S issues.	Practice Manager	31/10/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure the safety of patients and staff in the event of a fire and valid fire risk assessment are in operation</p>		<p>Identify a staff member to carry out regular fire drills and record outcomes.</p>	<p>Practice Manage</p>	<p>31/10/2017</p>
<p>The health board must ensure that all appropriate electrical equipment be PAT tested to ensure the safety and wellbeing of all patients and staff at the practice.</p>		<p>Ensure all electrical equipment is made available when PAT testing takes place. Relay during staff meetings the importance of checking seldom used electrical items before use to ensure they have an up to date PAT test.</p>	<p>Practice Manager</p>	<p>31/10/2017</p>
<p>The health board must improve the security of clinical waste bins.</p>		<p>Minor works request to be initiated with Estates Dept for clinical bins to be chained to the building/ground.</p>	<p>Practice Manager</p>	<p>31/10/2017</p>
<p>The health board are recommended that all bins in toilets are foot operated and ensure feminine waste disposal bins are also available in disabled toilet facilities.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>Foot operated bins to be placed in all toilets. Feminine waste disposal bin to be made available in the disabled toilets.</p>	<p>Practice Manager</p>	<p>31/10/2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that all taps are fit for purpose and maintained adequately.		(As above – Estates to visit and raise minor works request)		
<p>The health board must introduce systems which will identify what medication stored at the practice needs to be disposed or replaced.</p> <p>The health board must ensure that temperatures of rooms that store medicines are monitored regularly and protocols to be enacted if temperatures exceed 25 degrees C.</p>	2.6 Medicines Management	<p>Nurse to carry out weekly checks on drugs, defibrillators, syringes, needles and oxygen and make a note in the log and destroy/replace as required.</p> <p>Temperatures to be regularly monitored. If temperature above 25 degrees C drugs to be removed to a cooler room. If there is evidence of this being a recurrent problem, then the practice will consider installing an air conditioning unit. Staff training to ensure nurses are aware of the guidelines to follow.</p>	<p>Nominated Practice Nurse</p> <p>Practice Nurse</p> <p>Practice Manager</p>	<p>30/9/2017</p> <p>30/9/2017</p> <p>30/9/2017</p>
The health board must ensure that all staff receive the designated child and adult safeguarding training and that all training records are maintained to a satisfactory standard.	2.7 Safeguarding children and adults at risk	System to be instigated to ensure that all staff (including Locums) have received the relevant level of Safeguarding training for their positions and that this is recorded in their training logs and updated as necessary.	Practice Manager	28/2/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board is recommended to recommence regular meetings and ensure incidents / near misses are discussed by appropriate staff and communicated to the entire staff team to aid learning.</p> <p>The health board must introduce systems to evaluate the outcomes of referrals made to secondary / tertiary hospitals.</p>	3.1 Safe and Clinically Effective care	<p>Staff meetings have now commenced. Incidents/near misses to be a regular agenda item for discussion and learning.</p> <p>This aspect of peer review will be introduced on a regular basis into clinical meetings</p>	<p>Practice Manager</p> <p>Practice Manager & GP Clinical Lead</p>	<p>In place</p> <p>28/02/2018</p>
<p>The health board must introduce formal systems which enable the quality assurance of summarised and coded information to be undertaken regularly.</p> <p>The health board should consider conducting audits of patients' records as part of the quality assurance activity at the practice.</p>	3.5 Record keeping	Undertake a formal review of the quality of record keeping to include clinical summaries, READ coding and data recording in clinical consultations. The Practice will identify if there are any training issues as a result of this audit.	Dr Paul Morris	31/3/2018

Quality of management and leadership

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must engage with staff and ensure that they are supported to provide the designated services required during this period of staff shortages.</p> <p>The health board should develop a system so that training information can be accessed and reviewed easily. Where it is identified that practice staff have not attended training, arrangements should be made to address this accordingly.</p>	<p>Governance, Leadership and Accountability</p>	<p>Through clinical supervision, team meetings and 1:1's with staff.</p> <p>Through ESR – Practice Manager to attend training in late August. This system records all staff training and alerts Practice Manager when training is due for renewal.</p>	<p>Associate Medical Director from HDUHB</p> <p>Practice Manager</p>	<p>28/2/2018</p> <p>31/12/2017</p>
<p>The health board must provide HIW with details of how it will provide support the practice during this period of staffing difficulties in order to assure that the practice delivers safe and effective care.</p> <p>The health board must establish a programme of annual appraisals for all staff.</p>	<p>7.1 Workforce</p>	<p>Head of GMS and Associate Medical Director will provide managerial and clinical support to the Practice Manager, Clinicians and senior staff in the surgery to ensure support for the whole practice.</p> <p>As above through ESR – PADR's will be carried out annually as below and recorded in ESR:</p>	<p>Head of GMS/ Associate Medical Director</p> <p>Practice Manager</p>	<p>Ongoing</p> <p>An annual review process will be</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Admin Staff – Practice Manager Nurses – Nurse Manager (if Nurse Manager hasn't been appointed by the HDUHB Senior Primary Care Nurse Advisor Practice Manager - Head of GMS		established by 31/3/2018

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): PAMELA PARKER
Job role: PRACTICE MANAGER
Date: 16/8/2017