



General Practice Inspection (Announced)

Llanrumney Medical
Group/Cardiff and Vale 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 Llanrumney Medical Group, Ball Road, Llanrumney, Cardiff, CF3 5NP on 1 August 2017. The practice is located within Cardiff and Vale University Health Board area.

Our team, for the inspection comprised of a HIW inspection manager and GP and practice manager peer reviewers respectively.

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

Despite the significant challenges faced by the service in terms of recruiting medical staff, it was evident that the practice team placed an emphasis on sustaining safe and effective care to its patients. The team was also able to demonstrate their commitment with regard to the future development of the services provided.

In addition, patients who completed a HIW questionnaire largely offered positive comments about the care and treatment they had received; their main concern being the ability to secure an appointment with a member of the clinical team in a timely way.

This is what we found the service did well:

- We found that staff treated patients with respect and arrangements were in place in an attempt to ensure that patients' privacy and dignity was maintained
- We found that all members of the practice team made every effort to provide patients with a positive experience of primary healthcare services
- The system in place for prescribing and repeat prescribing was robust
- Discussions with staff confirmed they had the right skills and knowledge to fulfil their identified roles within the practice

This is what we recommend the service could improve:

- Aspects of compliance with health and safety
- Elements of medicines management (specifically around patient emergencies)
- The recording and sharing of clinical incidents
- Some clinical staff required more in depth training in relation to safeguarding

3. What we found

Background of the service

Llanrumney Medical Group currently provides services to approximately 10,000 patients in the Llanrumney area of Cardiff.

The practice employs a staff team which includes four GP partners, one salaried GP (with a further salaried GP due to join the practice in the near future), three practice nurses (two of whom are part-time), one nurse practitioner and one practice nurse prescriber. The clinical staff are supported by a full-time practice manager, a team of receptionist/administrative staff and cleaning staff. The practice has also needed to secure the services of a large number of locum GPs during 2017. This has been due to the retirement/departure of medical staff and resulting GP recruitment difficulties.

Health Visitors, District Nurses, Counsellors and a Midwife (who are employed by the health board), work closely with the staff team at the practice.

The practice provides a range of services, including:

Long term conditions management

Maternity care

Childhood immunisations

Child health surveillance

Cervical Cytology

Minor Surgery

Family Planning Clinics

Nurse led minor illness clinics

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.

We found that the practice team made every effort to provide patients with a positive experience of primary healthcare services.

Improvements identified related to the management of patient referral letters to secondary (hospital) medical staff and arrangements for viewing patient test results.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the services provided. A total of 20 were completed. The majority of questionnaires were returned by people who had been patients at the practice for more than two years.

Overall, patient feedback was fairly positive. However concerns were raised about the shortage of GP's at the practice and the difficulties this caused in terms of getting appointments. Patient's specific comments about how the practice could improve the services it provided included the following:

"GP practice can improve if they had more doctors"

"Employ more regular practice doctors"

Nineteen questionnaire respondents indicated that they were treated with respect when they visited the practice; the remaining person referring to difficulties in obtaining an appointment. However, all patients who completed a HIW questionnaire regarded the premises to be 'fairly clean' or 'very clean'.

Approximately three quarters of the patients who completed a questionnaire stated they would know how to access the out of hours GP service.

Staying healthy

We reviewed the content of six electronic patient records in depth and a further six records in some detail. As a result, we found that clinical staff had generally provided patients with sufficient information about their health condition, investigations needed and options for managing their health and wellbeing.

We saw a variety of health promotion/lifestyle information on display in the patient waiting area for people to take away with them for future reference. There was also information available to people with regard to support services and organisations. All such information was found to be relevant and current.

Health promotion, protection and improvement sessions provided at the practice included smoking cessation every Monday and occasional visits arranged from members of the community alcohol addiction team.

We spoke with the nominated 'Carer's Champion' who was available to assist people in their role as carers. The member of staff concerned described how they would provide carers with useful information about various agencies and organisations that may be able to support them with their day to day responsibilities. We were also provided with a practical example of how a carer had recently been assisted with a particular problem they had.

There was no carer's register in place. However, staff were able to describe how they would easily be able to print off a list of people from the practice computer system who may need additional support. We also saw a carer's notice board in the patient waiting area which contained relevant information and contact numbers.

Patients can be assured that the service made every effort to anticipate their needs. This is because we were provided with a copy of the practice's development plan which contained information about the approach taken to service delivery. We further found that meetings of representatives associated with the GP cluster¹ in the area had resulted in a number of discussions on various topics which included:

¹ A GP practice 'Cluster' is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. GPs in the Clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients.

- Improved engagement with the third sector² and social prescribing³ schemes. This was as a means of assisting patients attending the practice as far as possible
- To aim for the carer's champion bronze level award
- Engagement in advance care planning for patients over the age of 85 years

Dignified care

We saw that people visiting the practice were treated with dignity and kindness and arrangements were in place to protect patients' privacy. For example, although the patient waiting area was situated in front of the reception desk, people were politely requested (via a sign near the desk) to stand a little distance away, when someone was speaking to a member of the administrative team. This assisted in reducing the amount of the conversation that could be overheard.

In addition, telephone calls were only made at reception prior to practice opening times. At all other points in the day, staff spoke with patients from a room located at the rear of reception to maintain confidentiality.

Consultation room doors were closed at all times when patients were being seen by clinical staff. This meant that appropriate steps were being taken to maintain patients' privacy and dignity. There was also a dedicated interview room available for use at times when patients requested to speak with a member of staff in private.

We were informed that administrative staff had been provided with training with regard to chaperone duties. On other occasions, nurses undertook this role. We

² The third sector includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises and co-operatives. Third sector organisations are generally independent of government.

³ Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

also saw a notice displayed in the waiting area alerting patients to their right to request a chaperone be present when they were examined. However, on viewing a sample of patient's records, we found that the practice did not always record their offer of chaperones. This was discussed with the team, who expressed a willingness to address this matter in the future. Details of the improvement needed in that regard can be seen on page 23 of this report.

Patient information

We were told that the practice's patient information leaflet was produced in normal and large print in response to individual requests.

The practice website provided some information for patients. This had been updated several months ago, but would benefit from additional material such as advice around the forthcoming influenza campaign and the provision of the link to My Health Online, so that patients could make requests for repeat prescriptions, both of which would be of mutual benefit to patients and the service. We also advised that consideration be given to 'sign-posting' patients to other services available to them (for example, local opticians and pharmacists).

Patients attending the practice were able to announce their arrival through the use of a touch screen facility which could be used through the medium of English or Welsh. We also saw that signs on doors within the building were presented in both languages.

There was a rolling electronic information bar in the patient waiting area. The information was confined to alerting patients about vaccinations and the room they needed to go to, when the nurse or doctor was ready to see them.

We looked at the elements of the practice computer system and found that appropriate consent forms were available for use by clinical staff prior to undertaking interventions/procedures.

Communicating effectively

All patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language; although patients that identified themselves as Welsh speakers indicated they could never speak to staff in Welsh when they wanted to. We were however, informed that a member of the nursing team was a Welsh speaker. That person could therefore be requested to speak with patients who expressed a wish to communicate in Welsh.

We found that the service operated a telephone triage system where patients were asked questions about their medical problem when they tried to make an appointment. However, approximately half of the patients who completed a HIW questionnaire stated that they were unsure why they were asked such questions; one person expressing their concern about the potential for a lack of confidentiality when giving answers to these questions.

Practice staff described the established systems in place for managing external and internal information and communications. For example, we were satisfied that there were suitable arrangements in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the staff team in a timely manner.

Conversations with members of the staff team revealed that patients' test results were usually reviewed by non-clinical members of staff; abnormal results being forwarded to a relevant clinical member of the team for further action. Given however, that a 'normal' result can be of significance in a patient's clinical management and General Medical Council guidelines clearly state that the requesting clinician has ultimate responsibility for patient results, the practice must review this process.

Conversations with staff revealed that patients were required to telephone the practice to get their test results. We were informed however, that there were occasions when GPs would ask the receptionist to call patients for the purpose of a further review/appointment, as required.

There were suitable arrangements in place to inform relevant members of the practice team, when a patient was admitted to hospital on an emergency basis. Similarly, there were suitable systems in place to ensure that patients' medication was altered in a timely way following their discharge from hospital.

There were also appropriate arrangements in place to share and receive patient information with out of hour's primary care services.

Discussions with medical staff indicated that the quality and content of hospital discharge letters had improved over time. However, we were also told that discharge summaries were sometimes late in being sent to the practice which had the potential to have a negative effect on patients' care.

Examination of the content of the GP locum information pack showed that such staff needed to be provided with more information about the various practice systems, processes and contacts, to provide a service to patients. However, additional information was made available to us following our visit, which indicated that the locum pack had been improved as advised.

Conversations with staff confirmed that patients with hearing difficulties were able to access a (portable) loop hearing system to help them to understand any information provided by members of the practice team. We were also informed that British Sign Language interpreters and a confidential language translation service were used by the practice as and when needed, to assist patients during consultations.

Improvement needed

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

Timely care

The majority of patients who completed a HIW questionnaire indicated that they were either 'very satisfied' or 'fairly satisfied' with the hours that the practice was open.

Questionnaire responses however, highlighted some discontent among patients regarding the difficulties they faced in getting an appointment when they needed one. Specific comments made by patients in this regard included:

“Being able to get an appointment for when you need it would be a great start”

“Make more appointments available”

“Doctors and nurses are fab but we do need to think of another way so patients can get an appointment. I tried for nearly 2 and a half weeks to get a nurses appointment and that's the easiest appointment”

Conversations with members of the staff team revealed that people were able to make advance appointments with GPs and other clinical staff; patients being

encouraged to book their appointments via My Health Online⁴. However, the majority of appointments were allocated to patients on the same day that they contacted the practice, as a means of providing timely access, care and support. This arrangement was stated as being patients' preferred method of seeing a member of the clinical team.

We were informed that every effort was made to ensure that all patients were provided with an appointment with the most appropriate professional within the practice team.

We were also able to confirm that text messages were sent to patients scheduled to attend clinics and for flu vaccination. This was as a means of reminding patients of their appointments and to reduce the likelihood of non attendance.

Discussions with members of the staff team however, revealed that the practice faced on-going challenges in terms of the number of appointments requested by patients versus the number of appointments available.

We found that GPs demonstrated a willingness to visit patients in their own homes at times when they were unable to attend the practice premises to ensure that they received primary care services. Such visits generally took place as a result of a triage⁵ system. We were also informed that 'in-house' second opinions were used, to ensure that patients received timely and appropriate care.

Exploration of the arrangements in place to refer patients to secondary (hospital) medical staff for assessment or treatment revealed that the practice partners had similar patterns and processes for referrals. The situation with regard to locum staff was less clear. We also discovered that some locum referral letters were amended by administrative staff on occasions; such letters

⁴ My Health Online offers patients the facility to book appointments, order repeat prescriptions, update address and telephone details via the internet. <http://www.myhealthonline-inps.wales.nhs.uk/>

⁵ Telephone triage and telephone consultations aim to improve access to care. The purpose of triage is to ensure that the patient is referred to the appropriate clinician for the appropriate level of care within an appropriate period of time.

not being seen again by the locum concerned, or any other member of the medical team, prior to mailing to the hospital. We therefore highlighted this matter for improvement.

We also discovered that the practice used to check whether patients who needed to be seen in hospital urgently (that is, cancer referrals, under the 14 day rule), had been given an appointment. This practise now took place on a less frequent basis recently due to staff deficits. However, this safety mechanism should be resumed.

Improvement needed

The practice is advised of the need to inform HIW of the arrangements in place to ensure that patients, who are deemed to be in need of an urgent (secondary care) consultation, are provided with an appointment in the required timely way.

The practice is required to inform HIW of the process to be adopted to ensure that all patient referral letters generated, are viewed by a member of the medical staff prior to mailing to the hospital concerned.

Individual care

Planning care to promote independence

We were made aware of the regular visits made by GPs, to provide patient care at a local nursing home, as residents were unable to attend the practice.

There was a toilet facility situated within the ground floor of the practice to promote the independence of patients with physical/mobility difficulties. In addition, doorways inside the practice premises were wide enough to allow safe use of wheelchairs and motorised scooters.

People's rights

Patients with additional needs (for example learning disabilities, or those with mental health impairment) were identified on the practice information system.

This was in order to alert staff to arrange suitable health checks and provide them and/or their families and representatives with relevant information.

We saw that the practice's staff handbook made reference to compliance with the Equality Act 2010⁶. However, staff appeared to have a limited understanding of the implications of the Act.

Listening and learning from feedback

We found that the practice did not actively encourage patients and/or their carers to provide feedback regarding services received, on a regular basis. However, we were informed that the Llanrumney Forum⁷ had approached the practice on behalf of some patients to raise concerns about the availability of appointments. As a result, the practice had completed its own patient survey a while ago and had since provided 'on the day' appointments to assist patients.

The practice did not have a patient participation group in place, although the practice had considered this in the past.

The practice had a written procedure and well displayed poster to assist patients and their carers to raise concerns (complaints). We also saw that the local Community Health Council⁸ (CHC) advocacy service details were displayed in the patient waiting area. This meant that patients were informed of their right to seek advocacy and support with any concerns they may have.

We found that patients were prompted to provide the practice with feedback on services provided, via information provided on its website. However, fifty per

⁶ The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations.

⁷ The Llanrumney Forum was set up with the help of lottery funding for the benefit of all Llanrumney residents to improve their quality of life, employability and sense of unity in the community.

⁸ Cardiff and Vale Community Health Council is a statutory organisation that monitors the quality of NHS services provided within the Cardiff and Vale University Health Board area. <http://www.wales.nhs.uk/sitesplus/897/home>

cent of questionnaire respondents stated that they would not know how to raise a concern or complaint about the services they received at the practice.

We explored the system in place for managing complaints that had been received by the practice and saw that detailed records had been maintained. The records also demonstrated that the practice had dealt with the complaints brought to their attention, in a timely manner and in accordance with 'Putting Things Right'⁹ arrangements.

The practice is advised of the need to ensure that staff receive training with regard to the Equality Act 2010.

⁹ Putting Things Right relates to the current arrangements in Wales for raising concerns about NHS treatment.

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, the practice placed an emphasis on ensuring quality and safety across services provided to patients in accordance with the Health and Care Standards.

We did though; identify the need for improvement to aspects of compliance with health and safety legislation. In addition, improvement was required in relation to elements of record keeping, incident recording and medicines management.

Safe care

Managing risk and promoting health and safety

Whilst the majority of patients who returned a completed HIW questionnaire indicated that it was very easy to get into the practice building, several people raised concerns over the difficulties with opening the heavy front door.

A brief tour of the building revealed that the integral reception/waiting area was clean and spacious, although in need of some re-decoration. In addition, there were no automatic doors, or a ramp, to assist people with mobility difficulties to enter the building. This meant that patients who used a wheelchair would need to wait for someone to open the door for them as they would be unable to hold the door open and make their way into the building. We also saw that the reception desk may be too high to enable some patients to speak with practice staff. When discussed with the practice team however, we were informed that no concerns/complaints had been made by patients in respect of those matters.

Conversations with a member of the team highlighted that the Medical Defence Union had completed a health and risk assessment of the premises two years ago; all recommendations for improvement having been actioned promptly, as stated. We were also informed that the condition of practice furniture and equipment was checked daily, all staff being encouraged to report any required repairs, to prevent injury.

The practice told us they had a contingency plan in place to advise staff about what to do in the event of unexpected events such as fire or loss of power. We did not however request to see that document.

We were unable to confirm whether fire drills took place although staff had attended annual fire safety training. We were also unable to verify whether a fire evacuation simulation exercise had taken place. In addition, it was evident that the alarm call bell within the lift (when pressed), did not result in any form of response. We were therefore assured that an appropriate contractor had been informed of this during the inspection and the lift would not be used until remedial action had been taken.

Clinical rooms seen were tidy and free from clutter and trip hazards; some containing disposable curtains in-keeping with current infection prevention and control guidelines. Not all disposable curtains however, contained reference to the dates when they should be changed. Some of the couches in consultation rooms were not height adjustable, so may create difficulties for some patients and staff at times. We saw that key codes were fitted to doors of administrative offices to prevent unauthorised access. This meant that the practice recognised the importance of ensuring staff and patients' safety and the security of all records held at the premises.

There was an electrician on site during our visit, in response to the practice's request to repair some lighting.

We saw that there were statutory policies and procedures in place. This meant that staff had access to relevant information to assist them in their work. Discussions with the practice manager confirmed that when a policy was reviewed (for example, on an annual basis, or when changes needed to be made in accordance with revised professional guidance), staff would be alerted via email to ensure that they familiarised themselves with the new version accordingly.

We found that staff working at the practice had not had a display screen equipment risk assessment for some time. It was therefore not possible to determine whether they were using the correct equipment and were following advice in terms of computer use, in accordance with existing health and safety legislation.

Improvement needed

The practice is required to describe the action taken to ensure that fire drills are undertaken in accordance with health and safety requirements.

The practice is required to inform HIW of the action taken to ensure that people who use the lift have a means of obtaining emergency assistance.

The practice is advised of the need to inform HIW of the action to be taken to ensure that all relevant staff receive a Display Screen Unit risk assessment in accordance with health and safety legislation.

Infection prevention and control

Discussions with the practice manager and clinical staff confirmed that all instruments used during the course of minor surgery procedures were single use items. This was, in order to prevent cross infection.

We saw that hand washing facilities and paper hand towels were available in all clinical areas and toilet facilities to reduce the risk of cross infection and protect both patients and staff.

Conversations with the staff team highlighted that all clinical staff were expected to ensure they received Hepatitis B vaccinations as required. However, we found that the practice did not have evidence of vaccination or immunity records for two of the GPs. We were however, provided with satisfactory information about one of the doctors, prior to the end of our inspection. We could not though, be assured that the practice had taken all appropriate steps to protect patients and the staff team.

Improvement needed

The service is required to provide HIW with evidence of Hepatitis B vaccination and subsequent immunity records for one identified member of the clinical team.

Medicines management

We discussed the systems in place for effective prescribing with a GP. We also reviewed the content of a sample of patients' records and the practice's development plan with regard to prescribing practices. As a result we were

satisfied that there robust systems in place and compliance with basic training, legislation, regulatory and professional guidance.

We were able to confirm that the required annual medicines management meeting had taken place between the practice and the health board prescribing lead.

We looked at the equipment and drugs available at the practice which would be used in the event of a patient emergency (for example, patient collapse). As a result, we found that staff completed weekly checks to ensure that drugs remained in date; the defibrillator was in working order, and oxygen availability. However, the practice only kept written records of those checks in relation to the oxygen supply and the drug kit contained some emergency drugs, although there are no agreed rules about what general practices should keep.

We also found that the practice held other items of emergency equipment that had not been used for some considerable time and were out of date. We therefore advised that a written record of all checks (also to be dated and signed by the member of staff), be introduced. We also advised that the practice either replace the out of date (supplementary) items, or remove them from the emergency kit, in addition, to seeking advice about the types of drugs that may be kept for emergency purposes.

Staff had received appropriate training with regard to repeat prescribing; the process in place being well understood and robust.

Improvement needed

The practice is advised of the need to inform HIW of the changes made/to be made regarding regular checks of the emergency equipment and type of drugs held at the practice.

Safeguarding children and adults at risk

We found that practice staff had received child and adult protection training (levels 1 and 2); doctors having completed level 3 adult protection training. One of the GPs was known to be the nominated lead for safeguarding matters.

We saw that local safeguarding telephone contact details were displayed on a noticeboard in the staff office. This was updated by a nominated member of the team, as and when needed. We were also informed that a member of the administrative staff always attended child safeguarding meetings which were

held three times a year. This was to ensure that key information from such meetings (attended by health visitors and other relevant parties) was recorded on the practice system in support of safe and effective patient care. The practice was commended for their approach in this regard.

However, practice nurses needed to complete level 3 training as required. This was brought to the attention of senior staff.

Additionally, the practice's adult and child safeguarding policies seen, contained references to matters that related to the NHS in England. The practice therefore need to amend those policies as soon as possible, to ensure that staff are guided about what is expected of them in Wales.

We were informed that the practice had not needed to contact the local safeguarding team to discuss, or initiate, safeguarding proceedings in the twelve month period prior to our inspection.

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to ensure that nursing staff complete level 3 safeguarding training.

The practice is required to describe the action taken/to be taken to ensure that the practice's safeguarding policies are revised to reflect the established arrangements in Wales.

Effective care

Safe and clinically effective care

The practice did not have arrangements in place to report safety/clinical incidents to the health board via the datix¹⁰ system. This was therefore discussed with members of the team.

The practice did however, have suitable 'in-house' systems in place to discuss patient safety incidents and significant events; ensuring that measures were put in place to prevent further occurrence. However, we identified that improvements could be made in terms of communicating the outcome of staff meetings to the wider practice team. This was in order to create opportunities for learning from significant events/incidents.

Conversations with practice staff revealed that safety alerts were circulated to clinical staff; action being taken accordingly and reported back to the practice manager. However, alerts or revised NICE guidelines were not saved centrally on the practice's system. Instead, individual members of the practice team would hold the information. We therefore advised that the practice may wish to create a centrally shared computer file so that all staff could access such information to assist them in their work.

The practice had purchased an iPad (with secure entry) to assist with recording clinical consultations that occurred outside of the practice. This was as a means of ensuring that key information was promptly recorded in support of the delivery of safe and effective care. We also found that one of the GPs used voice recognition technology to assist them with accurately recording patient consultations.

Improvement needed

The practice is required to provide HIW with details of how it will ensure that all members of the practice team are encouraged and enabled to report (via datix), and reflect on, incidents in the future so that lessons may be learned and the risk of repeated events is minimised.

The practice is advised of the need to inform HIW about how it will ensure that

¹⁰ Datix databases are used to report and manage all incidents, concerns and risks. This is, with the aim of preventing, reducing and controlling risks in order to protect individuals and organisations from unintended harm, damage or loss.

staff have sight of the outcome of weekly practice meetings and have access to a central information point regarding polices, safety alerts and relevant NICE guidelines.

Record keeping

We looked at a sample of electronic patient records all of which were generally sufficiently detailed and of a good standard. Free text included within patient consultations were considered to be helpful in terms of ensuring 'what needed to happen next' and we saw some good examples of recorded advice with regard to ill children who had attended the practice.

However, we identified the need for some improvements as follows:

- Patients' healthcare 'problem lists' could be streamlined to assist permanent and locum clinical staff to focus on current issues
- There is a need to ensure that repeat long term medication (on the practice computer screen) is clearly linked to patients' chronic healthcare conditions
- Patients' records should clearly show that consent has been obtained prior to intimate examinations
- The offer of a chaperone for intimate examinations regardless of the gender of the patient, needs to be recorded
- The practice team could improve its use of healthcare condition specific information leaflets during patient consultations

New patient records were summarised by administrative staff who had received appropriate local health board training on this important aspect of record keeping, as such information forms the basis of patients' ongoing care. However, summarised notes were not subject to audit, which meant that we could not confirm the accuracy of the work done. We therefore advised the practice team to consider addressing this matter in the future.

We saw training certificates which showed that relevant practice staff had completed READ code¹¹ training provided by the local health board. The practice was commended for this robust approach.

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to undertake regular audit activity in respect of the content of patient's notes and the effectiveness of its summarising arrangements.

¹¹ READ Codes are a coded thesaurus of clinical terms. They have been used in the NHS since 1985. There are two versions: version 2 (v2) and version 3 (CTV3 or v3). Both versions provide a standard vocabulary for clinicians to record patient findings and procedures, in health and social care IT systems across primary and secondary 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.

Despite the significant challenges faced by the service in terms of recruiting medical staff, it was evident that the practice team placed an emphasis on sustaining safe services to its patients. The team was also able to demonstrate their commitment with regard to the future development of the services provided.

Governance, leadership and accountability

Conversations with medical staff and other members of the practice team revealed that the service had experienced significant challenges with securing GPs to work at Llanrumney Medical Centre. This was as a result of long term absence, retirement and the departure of a salaried GP. This had created considerable difficulties for the practice during the past year and throughout 2017; having needed to source a large number of locum medical staff to provide services to patients.

We found that the GPs and practice manager made every effort to motivate the practice team and demonstrated effective leadership by making themselves available to answer their queries and inform them of any changes as promptly as possible. Staff who spoke with us during the inspection were able to confirm this.

During the course of this inspection, we were made aware that the practice had requested support from the local health board. This was in recognition of the above mentioned difficulties with medical staff recruitment, and concern on the part of the practice team that they were unable to sustain the provision of safe services in such circumstances. The health board subsequently provided advisory support using examples of good practice adopted by other primary care services in terms of successful GP recruitment; practical support

presenting in the form of some additional clinical input. Senior health board representatives had also advised on options to expand nurse led minor illness services to free up limited GP time and had held weekly meetings with the practice. In addition, administrative systems and processes had been reviewed; recommendations being made to make some minor changes, to assist the practice team on a day to day basis.

The practice GPs and practice manager held a meeting every week to discuss a variety of topics which included patient specific matters, as well as other clinical and business issues. Whilst those meetings were recorded, the notes were not shared with the wider practice team. We therefore advised the practice to consider making those notes available to all staff, as a means of encouraging participation, learning from events and ensuring that key information was made known and understood. We were told though, that staff were always encouraged to add items to the agenda of the weekly meeting.

There were also informal opportunities for medical and nursing staff to discuss clinical cases on a daily basis.

Conversations with the practice team also revealed that they would send patients a birthday card when they reached a certain age and also provided patients with the contact number for the local Care and Repair scheme. Both initiatives had come about as a result of staff suggestions.

We were informed that the practice had, in the past, completed regular, relevant audit activity to check that the services provided to patients were of the required standard and to identify the need for improvements. However, due to ongoing medical staffing difficulties, such activity was much reduced. We were however, provided with the details of an audit completed by one of the practice nurses in the past twelve months in relation to asthma care.

Staff and resources

Workforce

Discussions with staff confirmed they had the right skills and knowledge to fulfil their identified roles within the practice.

A number of the staff had worked at the practice for many years, which provided continuity for patients. Staff were able to describe their roles and responsibilities within the wider practice team and indicated that they enjoyed working at the surgery. All staff we spoke to confirmed they felt supported by senior staff and had opportunities to attend relevant training. A system of staff appraisal was described. This allowed for feedback to be provided to staff on

their work performance. However, written individual future training plans had not been produced.

Conversations with individual staff confirmed that they felt able to raise any work related concerns with senior practice staff and were confident these would be dealt with appropriately.

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 at this inspection.			

Appendix B – Immediate improvement plan

Service: Llanrumney Medical Group

Date of inspection: 1 August 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
There were no immediate assurance issues identified at this inspection.				

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: Llanrumney Medical Group

Date of inspection: 1 August 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 practice is required to inform HIW of the action taken to strengthen the arrangements in place regarding the review of patients' test results	3.2 Communicating effectively	All test results come in via the mail gateway and sent to the relevant G.P. so they can action them. The patient is then told the result by our non-clinical staff when they phone or if the GP advises our staff to contact the patient. All screening test results e.g. breast/bowel/AA will be scanned to the patients notes if they are normal. All abnormal results will be sent to a GP.	Helen Williams	Actioned

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice is advised of the need to inform HIW of the arrangements in place to check that patients, who are deemed to be in need of an urgent (secondary care) consultation, are provided with an appointment in the required timely way.</p> <p>The practice is required to inform HIW of the process to be adopted to ensure that all patient referral letters generated, are viewed by a member of the medical staff prior to mailing to the hospital concerned.</p>	5.1 Timely access	<p>G.P's will request our medical secretaries to check the clinical portal to see if patients have been given an urgent appointment within the required time.</p> <p>From 1st October 2017, all G.P's and nurses will generate their own referral letters and mail them to the hospital concerned.</p>	Helen Williams & Tracey Bratcher	1mth
<p>The practice is advised of the need to ensure that staff receive training with regard to the Equality Act 2010.</p>	6.3 Listening and learning from feedback	<p>The practice will ensure that staff complete training via online E learning and will be encouraged to look at the staff handbook.</p>	Kathryn O'Connell	3mths
Delivery of safe and effective care				
<p>The practice is required to describe the action taken to ensure that fire drills are undertaken in</p>	2.1 Managing risk and promoting	<p>Our fire drills are conducted when we have our yearly fire training session. At</p>	Kathryn O'Connell	3mths

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>accordance with health and safety requirements.</p> <p>The practice is required to inform HIW of the action taken to ensure that people who use the lift have a means of obtaining emergency assistance.</p> <p>The practice is advised of the need to inform HIW of the action to be taken to ensure that all relevant staff receive a Display Screen Unit risk assessment in accordance with health and safety legislation.</p>	health and safety	<p>our next training session we will conduct an evacuation exercise.</p> <p>Although we don't use the lift as it is on the other side of the building, we tested the emergency alarm following the inspection. We had a response from staff who were unaware that we were testing it.</p> <p>Over the next couple of months we will be changing our computer system. This will be a good opportunity to carry out a display screen unit risk assessment for all our staff.</p>		
<p>The service is required to provide HIW with evidence of Hepatitis B vaccination and subsequent immunity records for one identified member of the clinical team.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>This has now been addressed and the member of staff has been re-tested and the results show they have immunity.</p>	Carol Davies	Actioned
<p>The practice is advised of the need to inform HIW of the changes made/to be made regarding regular checks of the emergency equipment and</p>	2.6 Medicines Management	<p>Two members of our nursing team will undertake regular checks on all our emergency equipment and drugs. Daily oxygen checks are made along with</p>	Alison Spiller Victoria Davies	Actioned

Improvement needed	Standard	Service action	Responsible officer	Timescale
types of drugs held at the practice		fridge temperature checks.		
<p>The practice is required to inform HIW of the action taken/to be taken to ensure that nursing staff complete level 3 safeguarding training.</p> <p>The practice is required to describe the action taken/to be taken to ensure that the practice's safeguarding policies are revised to reflect the established arrangements in Wales.</p>	2.7 Safeguarding children and adults at risk	<p>As we are now aware that our nursing team will carry out this training via online E learning for level 3 safeguarding.</p> <p>The practice will amend its safeguarding policies so that all staff are guided about what is expected of them in Wales.</p>	<p>Anna Harries</p> <p>Kathryn O'Connell</p>	3mths
<p>The practice is required to provide HIW with details of how it will ensure that all members of the practice team are encouraged and enabled to report (via datix), and reflect on, incidents in the future so that lessons may be learned and the risk of repeated events is minimised.</p> <p>The practice is advised of the need to inform HIW about how it will ensure that staff have sight of the outcome of weekly practice</p>	3.1 Safe and Clinically Effective care	<p>The pending merger with another practice is taking place in the next couple of weeks. We will be following their way of reporting and reflecting on incidents as they do. We will inform them of the datix system for reporting and encourage them to use this system if they do not already use it.</p> <p>Following the above mentioned merger,</p>	Kathryn O'Connell	2mths

Improvement needed	Standard	Service action	Responsible officer	Timescale
meetings and have access to a central information point regarding policies, safety alerts and relevant NICE guidelines.		we will adapt to the way which they inform staff of outcomes of weekly/monthly meetings. Our computer system will be changing to what they are using, so this will give us the opportunity to centralise our policies, safety alerts and NICE guidelines.		
The practice is required to inform HIW of the action taken/to be taken to undertake regular audit activity in respect of the content of patient's notes and the effectiveness of its summarising arrangements.	3.5 Record keeping	We will put in place audit trials to make sure of the accuracy of the summarising being conducted by our admin staff.		

Quality of management and leadership

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): Kathryn O'Connell

Job role: Practice Manager

Date: 11/9/2017