

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

Woodlands Medical  
Centre/Cardiff and Vale University  
Health Board

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2017

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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 Woodlands Medical Centre at 1 Greenfarm Road, Ely, Cardiff CF5 4RG, on the 5 September 2017.

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

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

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

## 2. Summary of our inspection

We found that the level of management and leadership provided by the GPs and the Practice Manager, resulted in a positive and collaborative working culture. In addition, we found evidence that the staff team placed an emphasis on ensuring the provision of high quality and safe services to patients in accordance with the Health and Care Standards.

This is what we found the service did well:

- The practice made every effort to work closely with other health and social care professionals and groups to support patients in the community wherever possible
- The content of patient records was of a very good standard. Specifically, recorded entries were very clear about patients' assessment, and their ongoing plans of care and treatment
- Staff we spoke to were very happy in their roles and felt supported by the GPs and practice manager

This is what we recommend the service could improve:

- A more formal process is required for the management/sharing of internal messages
- The practice was required to arrange refresher staff training in relation to Cardio-Pulmonary Resuscitation

## 3. What we found

### Background of the service

Woodlands Medical Centre currently provides healthcare and advice to approximately 7550 patients in the Ely area of Cardiff. The practice forms part of GP services provided by Cardiff and Vale University Health Board.

The practice employs a staff team which includes six GP partners and two practice nurses. The clinical staff are supported by a full-time practice manager and a team of long serving receptionist/administrative staff.

Health Visitors, District Nurses 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 clinics and services, including:

- Long term conditions management
- Maternity care (Tuesday morning)
- Ante natal care
- Contraceptive services
- Travel advice and immunisation
- Childhood immunisations
- Child health surveillance
- Counselling (Monday)
- Cervical Cytology
- Minor Surgery
- Nurse led minor illness services

## 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.*

Staff made every effort to get to know patients and their family/carers and we found that people were treated with dignity and respect by the team.

A number of patients who completed a HIW questionnaire provided us with very positive comments about the services they received at the practice.

However, we identified the need for some improvement to the practice website and the management of some internal messages.

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 19 were completed. A further three were completed on the day of inspection and we also held conversations with patients in the waiting area. Of the 22 respondents, 18 had been registered with the practice for more than two years. One patient indicated that more car parking space would be welcomed. Other patient comments included the following:

*"Very satisfied"*

*"Excellent service"*

*"I've recently changed to this GP surgery and I've experienced excellent care from all nurses/doctors that I've seen. The reception staff have been outstanding and always been extremely helpful when I've needed help"*

*"Happy with the service provided"*



## Staying healthy

We saw that the practice had a 'patient information centre' located in the waiting area. The 'centre' contained a wide variety of information in English and Welsh to empower and support people to take responsibility for their health and wellbeing. Information about local third (voluntary) sector services and community support groups was also available to patients. The information displayed appeared to be well organised and relevant.

There were 'No Smoking' signs displayed in areas of the practice premises, in accordance with 'Smoke Free Premises' (Wales) legislation.

Health promotion, protection and improvement sessions provided at the practice included a coil fitting service (for patients registered with this, and other local practices) and GP referrals were made to local drug and alcohol services and health board clinics regarding weight management and physiotherapy, in direct response to patients' needs.

The practice had a nominated 'Carer's Champion' who was available to assist people in their role as carers. We were provided with a brief description of their role which involved providing carers with useful information about various agencies and organisations that may be able to support them with their day to day responsibilities.

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.

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 detailed information about the approach taken to service delivery. We further found that meetings of representatives associated with the GP cluster<sup>1</sup> in the area had resulted in a number of discussions on various topics which included:

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

- The encouragement of patients to take up screening for cancer
- The need to determine the 'at risk' patient population and the review of those identified
- The continuation of the system for repeat prescriptions developed within the cluster to reduce waste

## **Dignified care**

Patients and carers visiting the practice were treated with respect, courtesy and politeness. We were also able to confirm that arrangements were in place, to promote patients' dignity and privacy.

All patients who returned a completed HIW questionnaire, and the majority of those we spoke to on the day of our visit, told us that they had been treated with kindness and respect by the practice team. Throughout the inspection, we also saw staff greeting patients in a welcoming manner and treating them in a professional, but friendly way. In addition, we heard staff speaking with patients via the telephone in a calm and courteous manner.

A transparent screen separated the reception desk from the main waiting area. This arrangement provided a degree of privacy when staff were speaking with patients as they arrived; staff speaking in soft tones to avoid others overhearing conversations as far as possible. We further found that all telephone calls made and received, took place in an enclosed office at the rear of the reception which afforded total privacy and maintenance of patient confidentiality.

Clinical rooms were located away from the main waiting area. This significantly reduced the likelihood of patients' consultations being overheard. We further saw that the doors to the clinical rooms were closed at all times when practice staff were seeing patients. This meant that staff took appropriate steps to maintain patients' privacy and dignity. Curtains were also fitted around couches in clinical rooms to provide a greater level of privacy for patients when physical examinations took place.

The practice had an established protocol regarding the use of chaperones; nursing staff performing that role when required. The use of chaperones aims to protect patients and healthcare staff when intimate examinations of patients are performed. There was also information clearly displayed in the waiting area and consultation rooms, advising patients that they could request a chaperone be present.

## Patient information

Easy to navigate information about the services provided at the practice was available to patients via its website. However, we advised the practice that the website would benefit from additional material such as the provision of the link to My Health Online. This was in order to assist patients to make appointments and request repeat prescriptions, both of which would be of mutual benefit to patients and the service. We also found that the carer's link within the practice website could not be opened.

We were further provided with a demonstration of the practice's Facebook page which was used to describe services provided and upcoming events.

The practice had produced a patient information booklet. This provided useful information about the services offered by the practice, including details of the practice team, opening times and the arrangements for making appointments. It also contained information about how patients could raise any concerns they may have about their care/treatment and the arrangements for requesting repeat prescriptions.

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.

An electronic information bar in the waiting room was being used to provide local information and to inform patients when the GP, nurse or other healthcare professional was ready to see them. Reception staff also confirmed that they would do their best to inform patients of any known delays in being seen when they booked in at reception.

Notes that had been made in patient records by clinicians showed that verbal and written information had been given to patients and/or their carers about their health conditions and management. We also saw that copies of signed consent forms had been scanned into patient's records.

### Improvement needed

The practice is required to inform HIW of the action taken/to be taken to provide patients with a website link to the My Health Online service and to ensure that the Carer's link contained within the practice website is fully functional.

### Communicating effectively

We found that the practice gave consideration to the communication needs of patients.

For example, staff confirmed that they could use a translation service as and when this was required during patient consultations. Additionally, a hearing loop system was available at reception and was reported as being used by patients on a fairly regular basis.

Conversations with senior staff revealed that they would be able to seek support from another practice within the GP cluster when needed, as they had developed a means of providing timely patient information in a variety of languages.

However, whilst speaking with patients during our visit, it became apparent that some people could not hear their name being called to consultation rooms, over the tannoy system due to the poor pronunciation of their names via the system. We were also made aware that the visual monitor which displayed patient's names could not be seen by patients sitting in some areas of the waiting room. The practice was therefore advised to consider how it might improve this situation to assist patients.

The practice patient information leaflet was available in both Welsh and English on request. Staff told us however, that not many of their patients requested to communicate in Welsh. Of the 22 HIW questionnaire respondents, four considered themselves to be a Welsh speaker; two indicating that they were sometimes able to speak to staff in Welsh when they wanted to.

We found that all requests for home visits were considered by a GP and then added to a daily list, together with a patient summary sheet to assist clinicians to determine patients' medical history together with their current health problem.

The practice had systems in place for the management of external and internal communication. These included arrangements for the prompt recording of clinical information received at the practice onto patients' notes before sharing with a GP and checks to ensure that messages had been read. This meant that there was an emphasis on reducing delays in the ongoing management of patients' health and wellbeing.

We did however, see, that some messages (for members of the practice team), were handwritten and placed in a series of open fronted post boxes (in the staff only area). Given that such messages could be mislaid, we advised that the practice would benefit from increasing its use of the electronic messaging system. This matter was highlighted during discussions with senior members of the practice team.

Conversations about the quality of discharge information from local hospitals indicated that information received was variable.

There was an appropriate communication process in place between the practice team and out of hours GP service in terms of relevant patient information.

#### Improvement needed

The practice is required to inform HIW of the action taken to ensure that there is a more formal process established for the management/sharing of internal messages in the future.

### Timely care

The practice made efforts to provide patients with timely care; with efficient throughput of patients from the waiting area on the day of our visit. We also found that partners would discuss the management of patients on occasions in order to seek an 'in house' second opinion as a means of ensuring the provision of the most appropriate and timely care.

Comments from patients, however, indicated that some improvement could be made in terms of timely care. For example:

*"Ei wneud yn haws i gael apwyntiad yn brydlon-ar hyn o bryd rhaid aros am fis. Hoffwn hefyd iddi fod yn bosib i weld yr un meddyg er mwyn bod yn fwy hyderus eu bod yn deal y broblem (translation-Make it easier to get a timely*

*appointment-at present there is a month's wait. I would also like it to be possible to see the same doctor in order to be confident that they understand the problem)"*

*"Shorter waiting times on appointments"*

*"Less waiting time for appointments" (comment made by five patients within HIW questionnaires and by a number of others during conversation on the day of inspection)*

The practice development plan stated that the patient appointment system was under constant review; changes being made to the mixture of fixed routine appointments and unlimited urgent 'on the day' consultations. This was in response to patient need. Appointments could be made over the telephone or in person by visiting the practice. Arrangements were also described for those patients with an urgent healthcare related issue, who needed to see a GP.

Eight questionnaire respondents indicated that they were 'fairly satisfied' with the practice opening hours, although their reasons for stating this appeared to be related to their ability to arrange a timely GP appointment. The remaining patients indicated that they were 'very satisfied' in this regard.

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

The practice had well established and understood arrangements in place for making referrals to other hospital and community based healthcare professionals. There was also a nominated GP lead for cancer referrals; the clinician concerned undertaking regular audits of the outcome of such referrals for practice patients.

The practice had been seeking to obtain patient referral data from the local health board as a means of monitoring and auditing patient outcomes in more general terms. Discussions with the practice team revealed that this information had not yet been received.

We were further made aware that the care of patients who had diabetes were being reviewed between the practice and a local hospital. Meetings had also been set up with a local Consultant paediatrician so that additional advice and

support regarding children's healthcare problems could be discussed in a timely manner.

We found there was currently no systematic way of providing secondary care healthcare professionals with specific information about patients with additional needs, at the point of referral. We were however, informed that the practice was considering how best to describe the needs of such patients within hospital referral letters, to assist with communication and access issues that may arise.

## **Individual care**

### **Planning care to promote independence**

We found that all patient facilities were located within the ground floor of the practice premises. In addition, doorways inside the practice premises were wide enough to allow safe use of wheelchairs and motorised scooters. This meant that people with mobility difficulties and parents with pushchairs could move around inside the building safely.

There was a toilet facility situated within the ground floor of the practice to promote the independence of patients with physical/mobility difficulties. However, there were no automatic doors, to assist people with mobility difficulties to enter the building although there was a ramp leading to the main doors which was under cover. We also saw that both main doors were open during our visit which we were informed, was usual. Whilst the practice team indicated that they had not received any patient complaints about the absence of automatic entry, we advised that they explore options for fitting automatic doors for ease of use by patients.

Practice staff explained that patients' records could include a flag to identify those patients with additional needs. This information alerted practice staff so that suitable arrangements could be made for annual checks/appointments. Senior staff explained that the practice staff had developed a good understanding of the individual needs of patients and would be proactive when making appointments, taking into account individuals needs.

Twenty patients (who completed a HIW questionnaire) stated that they knew how to access the out of hours GP service; two indicating that they were unsure.

### **People's rights**

Our findings, described throughout this section, 'Quality of Patient Experience', indicated that the practice was aware of its responsibilities with regard to

people's rights. For example, discussions held with members of the team, demonstrated that the practice made every effort to work closely with other health and social care professionals and groups to support patients in the community wherever possible.

In addition, we saw, and were informed, that patients' family members/representatives were welcomed by staff at times when they accompanied people during their appointments.

### **Listening and learning from feedback**

We saw that a suggestion box was available within the waiting room which we were told, was used by patients on occasions. Senior staff confirmed that feedback received was considered and shared with the practice team. This was with a view to assessing the service provided and making improvements as appropriate.

The practice did not have a Patient Participation Group (PPG) at the time of our inspection. However, senior staff explained that the practice was actively trying to set up such a group via the GP cluster.

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

However, we found that the complaints arrangements on display at the practice were not very visible. In addition, 50 per cent of patients who completed a HIW questionnaire highlighted that they did not know how to raise a concern or complaint about the services they received at the practice. We therefore brought this to the attention of the practice team who responded positively to our suggestion to create a larger poster to assist patients, as soon as possible.



## Delivery of safe and effective care

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

We found that the staff team at the practice placed considerable emphasis on ensuring the provision of high quality and safe services to patients in accordance with the Health and Care Standards.

Services were planned and delivered to take account of the needs of patients and to help provide flexibility, choice and continuity of care.

The sample of patient records we reviewed was of a very good standard.

We did however; identify the need for improvement to two aspects of record keeping.

## Safe care

### Managing risk and promoting health and safety

We found the practice premises to be clean and well maintained internally; a rolling programme of redecoration having been agreed in an attempt to provide patients and staff with a pleasant environment. We also saw that there was an absence of clutter and trip hazards in areas used by patients. In addition, 21 patients who completed a HIW questionnaire indicated that the practice was 'very clean' in their opinion; one person recording that the premises were 'fairly clean'.

Clinical consulting rooms and the treatment room were of a good size, each containing appropriate equipment and furniture.

Whilst the practice did not have a dedicated room for staff to speak with patients privately, we were told that a clinical room would be used for this purpose on request (which is what usually occurred in response to patient's request).

Staff told us that they had recently completed an individual risk assessment with regard to the use of Display Screen Equipment in accordance with Health and Safety legislation. We also saw records which confirmed those arrangements, together with the action that the practice planned to take.

We were informed that the fire alarm was tested on a monthly basis and a senior member of staff completed a 'tour' of the premises bi-monthly to check that there were no concerns regarding maintenance/repairs.

### **Infection prevention and control**

We were able to confirm that all clinical and non clinical staff had received immunisation in respect of the Hepatitis B virus. In addition, hand sanitizer gel was widely available and disposable (single use) instruments were used during minor surgery sessions.

Discussions with members of the practice team highlighted that patients who contacted the service for advice about a possible infection that could be transmitted to others, were made comfortable in a free consultation room until they were seen by a member of the clinical staff. This was, as opposed to waiting in the usual patient waiting area.

The above meant that appropriate measures were being taken to protect patients and staff from cross infection.

We found that all waste generated by the practice was clearly labelled and stored safely until it was collected.

### **Medicines management**

We were able to confirm that two administrative staff had received training from the health board in relation to prescribing processes. The two people concerned, also received regular support from the practice prescribing lead.

We found that the practice team were proactive in ensuring that all medications no longer being taken were removed from the repeat prescribing list, largely through face to face consultations with patients. In addition, a nominated member of the administrative staff regularly searched the computer system to identify unused prescriptions; bringing any medication not ordered for a 12 month period, to the attention of GPs. We also commended the practice for its development of a 'doctor to patient' information slip which was added to patient's repeat prescriptions, alerting them to make an appointment for review of their medication, to have a blood test, or to see the nurse.

Conversations with members of the clinical team demonstrated that there were well established and understood systems in place to monitor and manage patients who needed Warfarin therapy.

Discussions with GPs indicated that the medication prescribed for patients complied with the agreed local health board list of drugs. Additionally, the practice held quarterly significant event meetings (or sooner if required) where medicines management issues were discussed, lessons learned and action taken as appropriate.

The small supply of controlled drugs stored at the practice, was seen to be held securely; with required stock control arrangements in place.

The practice had emergency/resuscitation equipment and drugs available for use in the event of a patient collapse. A record of the checking of such items was seen at this inspection.

Consideration of the content of a sample of patients' notes and conversations with GPs revealed that patients were provided with written information about their healthcare conditions (such leaflets being integral to the practice computer system). We also found that some doctors accessed supplementary information to assist patients as and when needed. This was considered to be good practice, as it meant that there was a focus on helping patients to understand their health concerns and the medication they needed.

### **Safeguarding children and adults at risk**

The practice had a nominated GP to lead on adult and child protection matters and each of the GPs had completed protection of vulnerable adults training at level 3, as currently required. We were also able to confirm that all other staff had received appropriate training with regard to All Wales child and adult protection arrangements.

When questioned, staff knew how to locate the safeguarding policy which had recently been updated.

Discussions with a senior GP demonstrated that there were good multi-professional arrangements in place which assisted in ensuring that the practice held appropriate information about child protection matters.

All staff wore identity badges to assist patients when speaking with the practice team

### **Effective care**

## **Safe and clinically effective care**

Discussions with the practice team demonstrated that relevant safety alerts were circulated to all relevant members of staff by the practice manager; action being taken as required (for example, the need to make changes to clinical processes and/or policies).

Conversations with GPs further demonstrated that the team made every effort to keep up with best practice and national and professional guidance. This was largely achieved through staff meetings and as a result of GP's membership of external clinical groups.

## **Information governance and communications technology**

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

## **Record keeping**

We found that non clinical staff were trained to summarise patient information following registration with the practice. Such staff members were also mentored by the GP partners to ensure consistency and accuracy as far as possible.

We also found that discussions were held on a regular basis with a view to ensuring that clinical members of the team were recording and storing patient information to a good standard. However, the practice did not regularly audit samples of individual patient records to support this approach. We therefore advised that the team may wish to introduce such audit activity in the near future to help identify any changes needed to existing processes.

We considered the content of a sample of eight patient records and saw that each patient related entry demonstrated a detailed description of their clinical history and plan of care. We also found written evidence of discussions with family members (in instances where a relative had a diagnosis of dementia) However, the detail of those discussions could have been more detailed. In addition, a small number of patient records showed the outcome of

consultations in a form other than the required Read<sup>2</sup> codes within patient consultations. This meant that the 'next step' in terms of patients' care was not easy to find, particularly by doctors who may not be familiar with this system. We therefore brought this to the attention of the practice team. We also found the need for the practice to ensure that prescribed medication (on the practice computer screen) is clearly linked to individuals' healthcare conditions. This is to assist with ongoing management of patients.

The quality and standard of record keeping was otherwise very high; patient records conforming to the required standards expected from primary care.

We further found that locum GPs were provided with access to the practice computer system and all patient information was stored securely.

### Improvement needed

The practice is advised of the need to inform HIW of the action taken/ to be taken to ensure that the use of Read codes within patients' consultations is unified. Specifically, this is to ensure that doctors who are unfamiliar with the system are able to explore previous patient episodes with a view to ongoing management.

The practice is required to provide HIW with details of how it will ensure that patient's prescribed medication is clearly linked to their healthcare condition within the practice computer system.

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<sup>2</sup> 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.*

We found this to be a very well managed and led service where GP partners and other members of the practice team collaborated well to drive improvements in terms of the provision of safe and effective care.

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

## Governance, leadership and accountability

There was a clear management structure in place, some individuals having worked at the practice for many years. We were also able to confirm that decision making within the practice was collective; GPs being open to suggestions made by all grades of staff.

Members of the practice team informed us that daily lunchtime (informal) meetings were held to discuss any service delivery issues. Other clinical and practice meetings were also held on a weekly/monthly basis; staff being encouraged to contribute towards the agenda.

Discussions with members of the clinical team highlighted the emphasis placed on involving other agencies and health and social care professionals in the management of patients' health and wellbeing. Two practical examples of this were well described, both of which had resulted in positive outcomes for the patients concerned. The practice was commended for their approach to the delivery of complex care and support.

Senior managers described the system in place for annual staff appraisal which provided the opportunity for formal two way discussion and the identification of any training needs.

Conversations with senior staff highlighted that the practice did not have an equality/diversity policy in place. We also identified the need for the practice to develop a business contingency plan which would provide staff with key information about what they would need to do in the event of significant staff illness, loss of electricity, computer access and/or other significant emergency situations.

All other practice policies were updated by a senior member of the practice team on a regular basis and held in a central location for ease of access by the staff team. This was regarded as good practice.

We were provided with a sample of some of the audit activity completed by members of the practice team; action being taken as appropriate.

### Improvement needed

The practice is required to provide HIW with details of the action taken in response to the identified absence of the following:

- Equality and Diversity Policy
- Business Contingency Plan

## Staff and resources

### Workforce

Conversations with senior members of the practice team indicated that they had recently approached a recruitment company with a view to setting up an apprenticeship scheme. More specifically, the practice intended to provide work for individuals within the administrative part of the service with a view to building on its established team. The practice was commended for this innovative approach to staff recruitment and retention.

Conversations with staff indicated that they had received training relevant to their roles. However, we found that the required annual Cardio-Pulmonary Resuscitation (CPR) training was overdue.

Discussions with senior practice members revealed that they experienced a very low staff turnover and sickness was minimal. There were also clear arrangements in place for the use of locum doctors.

We found that specific areas of responsibility were given to staff that were clearly aware of their roles. Staff also provided us with many positive comments about working at the practice and the support they received from the GPs and practice manager on a day to day basis.

#### Improvement needed

The practice is required to inform HIW of the action taken to ensure that staff receive refresher training in relation to CPR.



## 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 identified at this inspection	Insert impact e.g. This meant patients were not protected from the risks associated with unauthorised access to medicines. (Standard 2.6)..		

## Appendix B – Immediate improvement plan

**Service:** Woodlands Medical Centre

**Date of inspection:** 5 September 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 improvements 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:** Woodlands Medical Centre

**Date of inspection:** 5 September 2017

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The practice is required to inform HIW of the action taken/to be taken to provide patients with a website link to the My Health Online service and to ensure that the Carer's link contained within the practice website is fully functional.	4.2 Patient Information	Practice website has been updated to include forms to apply for a My Health Online account, user guide, FAQ, and a link to My Health Online.	Practice Manager	Completed
		Practice website has been updated to provide link to UHB supporting website for Carers.	Practice Manager	Completed
The practice is required to inform HIW of the action taken to ensure that there is a more	3.2 Communicating	Partners have already discussed more formal sharing of internal messages electronically using Daybook. Use of	Practice Manager	3 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
formal process established for the management/sharing of internal messages in the future.	effectively	Daybook messaging to be implemented and monitored.		
<b>Delivery of safe and effective care</b>				
<p>The practice is advised of the need to inform HIW of the action taken/ to be taken to ensure that the use of Read codes within patients' consultations is unified. Specifically, this is to ensure that doctors who are unfamiliar with the system are able to explore previous patient episodes with a view to ongoing management.</p>	3.5 Record keeping	Partners have already discussed in clinical meeting to ensure uniformity of coding. Plan to audit.	Senior Partner	3 months
<p>The practice is required to provide HIW with details of how it will ensure that patient's prescribed medication is clearly linked to their healthcare condition within the practice computer system.</p>		When clinicians are prescribing medication they will use clinical system prompts to enter healthcare condition codes. Plan to audit.	Senior Partner	3 months
<b>Quality of management and leadership</b>				

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice is required to provide HIW with details of the action taken in response to the identified absence of the following:</p> <p>Equality and Diversity Policy</p> <p>Business Contingency Plan</p>	<p>Governance, Leadership and Accountability</p>	<p>Equality and Diversity Policy acquired, and updated for use by practice.</p>	Practice Manager	Completed
		<p>Existing Business Contingency Plan has been reviewed and updated.</p>	Practice Manager	Completed
<p>The practice is required to inform HIW of the action taken to ensure that staff receive refresher training in relation to CPR.</p>	7.1 Workforce	<p>UHB Resuscitation Service has been contacted and CPR training requested. Available training dates to be ascertained and booked.</p>	Practice Manager	3 months

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):** Huw Herbert  
**Job role:** Practice Manager  
**Date:** 24<sup>th</sup> October 2017