

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

Portway Surgery (Porthcawl  
Group Practice) / Abertawe Bro  
Morgannwg University Health  
Board

Inspection date: 24 October 2017

Publication date: 25 January 2017

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone: 0300 062 8163  
Email: [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

## Contents

1.	What we did .....	5
2.	Summary of our inspection .....	6
3.	What we found .....	8
	Quality of patient experience .....	9
	Delivery of safe and effective care .....	17
	Quality of management and leadership .....	24
4.	What next? .....	28
5.	How we inspect GP practices.....	29
	Appendix A – Summary of concerns resolved during the inspection .....	30
	Appendix B – Immediate improvement plan .....	31
	Appendix C – Improvement plan .....	32

**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 Portway Surgery at 1 The Portway, Porthcawl, CF36 3XB within Abertawe Bro Morgannwg University Health Board on the 24 October 2017.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), a GP peer reviewer, a practice manager peer reviewer 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 Portway Surgery made efforts to provide safe and effective care to patients in accordance with the Health and Care Standards (2015).

Overall, patients provided positive feedback about their experiences of using the practice. Difficulty in getting an appointment with a GP, however, was identified as a common theme from the feedback we received.

We identified examples of noteworthy practice to promote the safe and effective care of patients. We also identified that some improvements were needed to further promote patient and staff safety and wellbeing.

Effective leadership of the practice was demonstrated. We did however, identify that improvement was needed around the timely review of written policies and procedures and the arrangements for staff training and appraisals. .

This is what we found the service did well:

- Patients made positive comments about the approach of the staff
- The patient's right to a chaperone was clearly displayed
- Written guidance was readily available for the management of anaphylaxis
- Technology was effectively used for the timely recording and security of patient information
- There was a clear management structure in place and staff were aware of their roles and responsibilities

This is what we recommend the service could improve:

- Efforts should continue to be made to explore and implement ways of improving patients' access to appointments

- Consideration should be given to developing a Patient Participation Group
- A register of the Hepatitis B immunisation status of relevant staff working at the practice needs to be maintained
- Aspects of record keeping
- The arrangements for the timely (and regular) review of written policies and procedures
- The arrangements for staff training and appraisals.

## 3. What we found

### Background of the service

Porthcawl Group Practice currently provides services to approximately 15,100 patients in the Porthcawl area. Services are provided from two surgeries located in Porthcawl; Portway Surgery and South Road Surgery.

The service provision at Portway Surgery only was considered at this inspection. For ease of reading the term 'practice' is used throughout the report.

The practice employs a staff team which includes nine GPs, a practice manager, five practice nurses, two healthcare support workers, an office manager and a team of administration and reception staff. Trainee GPs (registrars) also work within the practice under supervision.

The practice provides a range of services, including:

- Family planning services
- Well person screening
- Hypertension clinic
- Asthma clinic
- Minor surgery
- Travel clinic
- Diabetic clinic
- Child health and immunisation clinic.



## Quality of patient experience

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

Overall, patients provided positive feedback about their experiences of using the practice. Difficulty in getting an appointment with a GP, however, was identified as a common theme from the feedback we received.

We observed practice staff being polite and courteous to patients visiting the practice. We saw that efforts were made to promote patients' privacy and dignity when visiting the practice.

The practice building was accessible to patients with mobility difficulties.

There was no Patient Participation Group. The practice should consider setting up such a group, with a view to involving patients in developing services.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the services provided. We also distributed questionnaires and spoke with a number of patients attending the practice, on the day of our inspection.

In total, we received 33 completed questionnaires. The majority of completed questionnaires were from people who had been a patient at the practice for more than two years. Overall, patient feedback was positive. However concerns were raised by patients in the questionnaires about the shortage of GPs at the practice and the difficulties in getting appointments. Patients were asked in the questionnaires how the practice could improve the service it provides, and comments included:

*"The care and service of all staff is fantastic every time.  
Thank you"*

*"Very difficult to get a non urgent GP appointment - more flexibility would help"*

*“There should be someone to answer the phone at all times”*

*“I’m using the surgery as a temporary resident. Easy and quick to make an appointment for emergency appointment. Good that emergency appointments available. Very polite and helpful reception staff”*

## **Staying healthy**

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

A large amount of health promotion material, together with information on support groups were displayed within the waiting area. Information was also displayed on television monitors. This meant patients had access to help and advice on a range of health and wellbeing related issues.

Whilst information was available, the practice should consider how best to display written information (including posters and leaflets) so that patients and their carers can find information more easily.

### **Improvement needed**

The practice should explore ways of how health promotion material and information on support groups can be displayed to make finding information easier for patients and their carers.

## **Dignified care**

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

Throughout the inspection, we saw staff greeting patients in a welcoming manner and treating them with respect and kindness. All of the patients that completed a questionnaire felt that they had been treated with respect when visiting the practice.

All telephone calls were taken in a separate room and this was located away from the waiting area. This arrangement provided privacy when staff were speaking over the phone and handling paperwork. The reception desk was of an open design and located next to the waiting room. This increased the risk of

conversations between patients and reception staff being overheard by people in the waiting room. We observed, however, staff speaking quietly to reduce this risk. Computer screens were placed so that they were out of direct view of patients and visitors to the practice. We were told that a room could be made available should patients wish to speak to practice staff in private, away from the reception desk and waiting area.

Clinical rooms were located away from the main waiting area. This helped to reduce the likelihood of patients' consultations being overheard by people in the waiting area. We saw the doors to these rooms were closed at all times when practice staff were seeing patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity. Privacy curtains were also available in consultation rooms and could be used to provide a greater level of privacy to patients.

The practice had a written policy on the use of chaperones and senior staff confirmed that some staff had attended relevant training. We were told that arrangements were to be made to provide training to other staff. The use of chaperones aims to protect patients and healthcare staff when intimate examinations of patients are performed. There was information clearly displayed advising patients that they could request a chaperone to be present.

### **Patient information**

Information about the services provided at the practice was available to patients.

The practice had produced a practice information booklet. This provided useful information about the services offered by the practice. It also included details of the opening times, the practice team, where to get help and advice about minor ailments and the arrangements for repeat prescriptions. In addition, information was also included on how patients could make a complaint.

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

Television monitors in the waiting room were used to inform patients when the GP or nurse was ready to see them. Reception staff confirmed that they would inform patients of any known delays in being seen. The practice may wish to explore whether the television monitors can be used to inform patients of delays.

Notes made in patients' medical records (by clinicians) showed that written information had been given to patients about their health conditions and management.

The records also demonstrated that valid consent had been obtained from patients, where appropriate.

### Communicating effectively

The practice gave consideration to the communication needs of patients.

Staff confirmed that they could use a translation service (including sign language) if this was required. A portable hearing loop was available to assist patients who are hard of hearing (and wearing hearing aids) to communicate with staff.

One of the doctors was a Welsh speaker and information was clearly displayed promoting the 'Active Offer'<sup>1</sup>. This meant that patients had opportunities to communicate in Welsh if they wished to do so.

The majority of patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

Some patient information leaflets were routinely available in both Welsh and English but overall, the amount of written information available in Welsh was limited. Given that the practice operates in Wales, the practice should consider providing more written information for patients in both Welsh and English.

The practice had systems in place for the management of external and internal communications.

We looked at a sample of five discharge summaries received from local hospitals. The quality of the discharge information was variable. Generally, the summaries did not provide enough clinical details to help GPs make decisions about patients' ongoing care and management. This meant that GPs then had to seek further information from the relevant hospital team. This is an issue for the health board to address.

---

<sup>1</sup> An 'Active Offer' means a service is provided in Welsh without someone having to ask for it.

### Improvement needed

The practice should consider making more information available to patients in both Welsh and English.

### Timely care

The practice made efforts to provide patients with timely access to its services. Comments from patients however, indicated that access to appointments was a source of frustration for them.

The practice was open between 8:00am to 6:00pm (Monday to Friday). The majority of patients that gave an answer in the questionnaire told us that they were either 'very satisfied' or 'fairly satisfied' with the hours that the practice was open.

The practice offered booked appointments, with these being available on the same day, or up to one month in advance. The time of the first bookable appointment was 8:00am. Appointments could be made over the telephone, in person (by visiting the practice) and on-line via My Health Online<sup>2</sup>. Arrangements were also described for a duty doctor to see patients requiring an urgent/same day consultation. The practice offered home visits to patients who were housebound.

The questionnaires indicated that patients experienced difficulties in getting an appointment. The majority of patients that completed a questionnaire told us that it was 'not very easy', or 'not at all easy' to get an appointment when they needed one. Several patients mentioned in the questionnaires that the GP practice could improve the service it provides by making more appointments available through employing more doctors; specific comments by patients about appointments included:

---

<sup>2</sup> 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/>

*“Alter ways to make an appointment”*

*“Have more appointments available for people who work full time and travel a distance to work. Overall good but can never get an appointment”.*

*“Better appointment system. Not able to book easily, not able to see same doctor or specific doctor”*

*“Need a bigger practice to cover Porthcawl. Book advance appointments. Late evening appointments for working people. To be able to make advance appointments”*

The practice offered a number of clinics both at its main surgery and (predominantly) at its branch surgery nearby. Some of these were organised and run by the practice nurses who could monitor and offer advice on the management of a range of long term health conditions as well as other health matters. These arrangements meant that, where appropriate, patients did not have to wait to be seen by a doctor.

Arrangements were described for the effective and timely referral of patients to hospital based healthcare professionals.

#### Improvement needed

The practice should continue to explore and implement ways of improving patients' access to appointments at the practice.

## Individual care

### Planning care to promote independence

The practice made efforts to make sure that patients could access its premises and services.

There was both step and ramp access to the main entrance of the practice building. This meant that patients who used wheelchairs or mobility aids and those with pushchairs could access the building. There were no automatic doors and patients were advised to seek assistance from staff if they had difficulty opening the main doors. The surgeries and treatment room were organised on the ground floor, making these accessible to patients with reduced mobility.

Practice staff explained that patients' records (on the computer) could include a 'flag' to identify those patients with additional needs. This information would then alert practice staff so that suitable arrangements could be made as appropriate, for example, when arranging appointments.

Patients with additional communication needs were offered longer appointments to allow them time to express their needs at consultations with GPs and healthcare staff. Wherever possible, arrangements would be made for patients with learning disabilities and/or mental health conditions to see the same GP to promote continuity of care.

## **People's rights**

Our findings that are described throughout this section, 'Quality of patient experience', indicate that the practice was aware of its responsibilities around people's rights. For example, we saw that patients were treated with respect and their privacy was protected. We saw that the practice environment was accessible and that efforts were made to provide services to patients, taking into account their individual needs.

## **Listening and learning from feedback**

Consideration should be given to further empower patients to provide feedback on the services provided by the practice.

The practice did not have a system to actively and regularly obtain feedback from patients. Patients could provide feedback however, on an ad hoc basis either in person, in writing or via the practice's website. The practice should consider implementing an active system for obtaining regular patient feedback. This is with a view to acting on any feedback and making service improvements as appropriate.

The practice had a complaints procedure that was in keeping with 'Putting Things Right', the arrangements for managing concerns (complaints) about care and treatment provided by NHS Wales. Details of the practice's complaints process were displayed at the practice and further information was available in a complaints leaflet that was available on request. Information on advocacy via the local Community Health Council and the right to refer complaints to the local health board and Public Services Ombudsman Wales was made clear within the practice's complaints leaflet. There was some inconsistency regarding timescales within the policy and the information provided to patients. We therefore informed senior staff of this so that arrangements could be made to address this.

Over half of patients told us within HIW questionnaires that they would not know how to raise a concern or complaint about the services they receive at the practice. The practice should therefore explore ways of how to increase awareness of the procedure amongst the practice's patient population.

We saw that records had been maintained of complaints received and these demonstrated that the practice had responded to complaints in a timely manner.

Senior staff confirmed that there was no Patient Participation Group (PPG) attached to the practice. A PPG is a group of volunteer patients that work in partnership with the practice with the aim of improving services. This group would provide a forum for patients to provide feedback on services and the practice should explore setting up such a group.

#### Improvement needed

The practice should explore ways to increase patients' and their carers' awareness of the practice complaints procedure.

The practice should consider developing a Patient Participation Group.



## 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 identified some examples of noteworthy practice to promote the safe and effective care of patients.

Clinical rooms were clean and staff had access to personal protective equipment to help reduce cross infection. Efforts had been made to maintain a record of the immunisation status of staff but improvement was needed in this regard.

Suitable arrangements were in place for the safe management of medicines and for responding to patient emergencies

Whilst written policies were in place for safeguarding, training records showed that not all staff currently working at the practice had attended relevant training.

Overall, the quality of record keeping was of a good standard, however, we identified that improvement could be made around some aspects of record keeping practise.

## Safe care

### Managing risk and promoting health and safety

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

We saw that all areas occupied by patients and staff appeared clean and these were generally tidy. This helped to reduce the risk of trips and falls. The building where the practice was located, appeared to be maintained to a satisfactory standard both internally and externally.

Senior staff confirmed that risk assessments were completed and that staff were encouraged to report health and safety related issues. During our

conversations with staff though, it was unclear whether they had up to date display screen equipment (DSE) assessments. These are required by health and safety legislation and aim to identify risks associated with using computer equipment so that action can be taken to minimise these.

#### Improvement needed

The practice must arrange for DSE assessments to be conducted for those staff who regularly use such equipment. Advice is to be sought from the Health and Safety Executive as appropriate.

#### Infection prevention and control

Measures were in place to protect people from preventable healthcare associated infections. Improvement was however, needed to update the records of the Hepatitis B immunisation status of staff.

The treatment room and consulting rooms appeared visibly clean. Hand washing and drying facilities were provided in these areas and toilet facilities to help reduce cross infection. The practice should however, consider replacing the curtains in the consultation rooms with disposable types to further promote effective infection control. There were no concerns raised by patients over the cleanliness of the practice. All of the patients that completed a questionnaire felt that, in their opinion, the practice was either 'very clean' or 'fairly clean'. Senior staff confirmed that in house infection control audits were not regularly performed. The practice should consider implementing a system of audit in this regard. This would help to help identify areas for improvement so that appropriate action can then be taken as necessary.

We saw that an overall infection prevention and control (IPC) policy was available to staff. This was not up to date. We informed senior staff of our findings so that arrangements could be made to review and update the written policy. Improvement needed in this regard is described later in this report (within the section - Quality of management and leadership).

We saw that personal protective equipment (PPE) such as gloves and disposable aprons were available to clinical staff to reduce cross infection. Nursing staff confirmed that PPE was always readily available. Nursing staff also confirmed that instruments used during the course of procedures were either purchased as sterile, single use packs or cleaned and sterilised (decontaminated) through arrangements with the health board. We also saw

that clinical and household waste had been segregated into different coloured bags/containers to ensure it was disposed of safely and correctly.

Efforts had been made to maintain a central record of the Hepatitis B immunisation status of relevant staff working at the practice. This however was out of date and we saw that information was missing. We could not be assured, therefore, that staff were adequately protected against blood borne infections. We informed senior staff of our findings. They provided a firm verbal assurance that arrangements would be made to address this promptly.

#### Improvement needed

The practice should consider implementing a system of regular audit around infection prevention and control with the aim of identifying and addressing areas for improvement.

The practice must maintain a register of the Hepatitis B immunisation status of relevant staff working at the practice and make this available for inspection by HIW.

#### Medicines management

We found systems were in place for the safe management of medicines.

Arrangements were described for the safe prescribing and review of patients' medicines. The practice used an agreed formulary<sup>3</sup> and we were told this was updated regularly to take account of local and national guidance. There were a number of ways by which patients could obtain their repeat prescriptions and these were described in the practice information leaflet and on the website.

We were told that the practice used the Yellow Card Scheme<sup>4</sup> to report concerns about adverse reactions to medication. This helped to monitor the

---

<sup>3</sup> A formulary is a list of medicines.

<sup>4</sup> The Yellow Card Scheme helps monitor the safety of all healthcare products in the UK to ensure they are acceptably safe for patients and those that use them.

safety and use of prescribed medicines. The practice also had a system for reviewing significant patient safety events, which included medication related incidents.

The practice had medication and equipment to respond to a patient emergency (collapse) within the practice. A system was in place to check these were always available for use in an emergency. We saw that medication for use in the event of a patient emergency was in date. We also saw that written guidance was readily available in individual consulting rooms for the management of anaphylaxis<sup>5</sup>. We identified this as noteworthy practice to promote patient safety.

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

Written procedures in relation to safeguarding children and adults who become vulnerable or at risk were available.

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

Senior staff confirmed that practice staff had attended child protection training at an appropriate level. Whilst, we saw records that demonstrated this training, not all current staff were included on the training records.

From the records we saw, not all staff had attended adult protection training. Improvement needed in this regard is described later in this report (under section - Quality of management and leadership).

Staff we spoke to confirmed that should they have any concerns around a patient's welfare, they would report this to senior practice staff.

---

<sup>5</sup> Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy.

## Effective care

### Safe and clinically effective care

Senior staff described the system for reporting patient safety incidents and significant events. This involved reporting these via an electronic reporting system for inclusion on a national database (National Reporting and Learning System)<sup>6</sup> to promote patient safety. We were told that significant events were reviewed and discussed at significant event meetings and these meetings provided opportunities for learning from such incidents.

Senior staff described a system of daily morning meetings where GPs met to discuss any queries and seek advice from their colleagues around patient care. We identified this as noteworthy practice to promote safe and effective care to patients.

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

Arrangements were described for keeping the practice team up to date with best practice and professional guidance.

### Information governance and communications technology

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

The practice had implemented the use of electronic tablet devices for recording notes of home visit consultations. This approach had benefits for the timely recording and security of information. We identified this as noteworthy practice (see next section - Record keeping).

### Record keeping

Overall, we found that patient records were of a good standard.

---

<sup>6</sup> The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care.

We looked at a sample of nine electronic patient medical records. These were secure against unauthorised access and easy to navigate. We saw that all the records included key information, such as the identity of the clinician recording the notes, the date of and outcome of the consultation. This provided an audit trail of patients' contacts with the practice.

The majority of the records we saw contained detailed information about the consultations together with the clinical findings. All of the records we saw showed that valid consent had been obtained from patients where appropriate. We identified that some improvement could be made around the use of free text within the records to provide additional information (context) about patients' conditions. We also identified that some improvement could be made around the recording of actual tests/investigations requested, for example the type of blood test required. This would help ensure that when test results are received, they can be cross referenced with the records to ensure that all the tests have been completed. This would also help to ensure appropriate care and treatment is started as appropriate.

Whilst the reasons for prescribing new medication were recorded within the records, the reasons for repeat medication were not. Recording reasons would assist with reviews of patients' medication. Where medication was discontinued, the reasons for this decision were clearly noted in the records.

We saw notes had been made that showed patients had been offered a chaperone to be present at their consultations with the GP. This was only noted, however when the patients was being seen by a GP of the opposite sex. It was, therefore, not clear if patients were always offered a chaperone (as is their right) if being seen by a GP of the same sex.

All the records we saw showed that they had been completed in a timely way. The practice used electronic tablet devices to record notes during home visits. This innovative approach meant that notes made during such visits could be automatically synchronised to patients' medical records (held at the practice) in a timely way. It also meant that no paper records needed to be taken from the practice, therefore reducing the risk of confidential patient information becoming compromised. We identified this as noteworthy practice.

We saw variable use of Read codes<sup>7</sup>. The practice Read code list considered certain long term conditions only, such as diabetes, hypertension (high blood pressure) and asthma.

#### Improvement needed

The practice must make arrangements to ensure that records are maintained in accordance with professional standards for record keeping. Specifically, attention needs to be given to the consistent recording around:

- Specific type of diagnostic test/investigation requested
- The reason for prescribing repeat medication
- The offer of a chaperone during clinical examinations and whether this offer was accepted or declined together with other relevant information in this regard

---

<sup>7</sup> Read codes are a set of clinical computer generated codes designed for use in Primary Care to record the every day care of a patient. The codes also facilitate audit activity and reporting within primary care.

## Quality of management and leadership

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

A management structure was in place with clear lines of reporting and accountability.

Effective leadership of the practice was demonstrated. We did however, identify that improvement was needed around the timely review of written policies and procedures and the arrangements for staff training and appraisals.

## Governance, leadership and accountability

The practice was owned and operated by the GP partners. A practice manager was in post and responsible for the day to day management of the practice. A clear management structure with lines of reporting and accountability was described and demonstrated. This meant that staff clearly understood what was expected of them.

A system of regular meetings was described to discuss general business and clinical issues. These meetings took place weekly on a rotational basis and our discussions with senior staff indicated that communication within the practice was effective and with a focus on supporting patients' needs. The practice manager held weekly meetings with the administrative and IT team leaders. The manager may wish to also include the lead nurse in these meetings to further promote engagement of the nursing team with the administrative and IT teams.

Staff we spoke to told us that they could raise issues with their line manager for inclusion and discussion at the aforementioned meetings. Staff we spoke to, also felt that communication within the practice was effective.



The practice was part of a local GP cluster<sup>8</sup>, with one of the GP partners and the practice manager being the cluster leads. We were told that they attend all cluster meetings. Senior staff described that the cluster was well supported by the health board and there was effective and supportive cluster working.

A range of policies and procedures were available to guide staff in their day to day jobs. However, we identified that some policies and procedures were in need of review to ensure they reflected current working arrangements.

The practice had an up to date practice development plan. This identified the practice's aims and objectives, together with actions and timescales for completion.

#### Improvement needed

The practice must make arrangements for the timely (and regular) review of written policies and procedures used at the practice and ensure that relevant staff are made aware of any changes as appropriate.

## Staff and resources

### Workforce

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

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

Staff told us that they had opportunities to complete relevant training via an online training system and face to face sessions. Training records had been maintained. Due to their layout, however, it was often difficult to see (at a glance) when staff had last attended training and where staff required updates.

---

<sup>8</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

As described earlier, not all staff working at the practice were included on the training records.

Whilst we saw evidence of some training, we could not be assured that all staff were up to date with the training they were expected to complete. The practice did not have an agreed list of mandatory training. We did identify that staff were not up to date with cardio pulmonary resuscitation (CPR) training. Senior staff had already identified this and had made arrangements for staff to attend training during November 2017. Standards<sup>9</sup> set by the Resuscitation Council (UK) recommend that staff working in primary care settings attend CPR training and have updates at least annually. As described earlier, we also identified that some staff needed to attend adult safeguarding training.

Not all staff had received an appraisal of their work within the last year. Senior staff were aware of this and confirmed that arrangements were being made to address this. A system of regular appraisal would help identify staff development and training needs so that action can be taken to support such needs.

We looked at a sample of recruitment files and saw that pre employment checks were obtained prior to staff taking up post. This helped to safeguard patients. Senior staff confirmed that there was not a formal process for regularly confirming the registration status of clinical and nursing staff post employment. Implementing a suitable process would help ensure that clinical staff are permitted to carry out their clinical roles within the practice.

#### Improvement needed

The practice should develop a list of mandatory training that staff are expected to attend.

The practice must make arrangements for all practice staff to attend relevant training as required (to include adult safeguarding, child safeguarding and cardiopulmonary resuscitation training) and for them to attend update training at regular intervals.

---

<sup>9</sup> Resuscitation Council (UK). Quality standards for cardiopulmonary resuscitation practice and training: Primary care - Quality standards <https://www.resus.org.uk/quality-standards/>

The practice must implement a system for staff appraisals to be conducted at least annually.

The practice should implement a formal system for regularly checking the professional registration status of clinical and nursing staff and maintain a central, up to date record.

## 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 summarizes 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.			

## Appendix B – Immediate improvement plan

**Service:** Portway Surgery (Porthcawl Group Practice)

**Date of inspection:** 24 October 2017

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

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

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

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Portway Surgery (Porthcawl Group Practice)

**Date of inspection:** 24 October 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 should explore ways of how health promotion material and information on support groups can be displayed to make finding information easier for patients and their carers.	1.1 Health promotion, protection and improvement	<ul style="list-style-type: none"> <li>Staff member to be nominated as responsible officer to coordinate promotional materials.</li> <li>Allocated sites across the reception area to be identified for key message promotion; to link in with NUMED communication screens promotions.</li> </ul>	Nicola Willis/Office Manager	1mth / by end Jan 2018
The practice should consider making more information available to patients in both Welsh and English.	3.2 Communicating effectively	<ul style="list-style-type: none"> <li>Responsible officer to ensure when Welsh &amp; English materials are provided, both are displayed.</li> <li>Foster links with Health Board</li> </ul>	Nicola Willis/Office Manager	6 months / June 2018



Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Welsh language communications officer.</p> <ul style="list-style-type: none"> <li>Identify key leaflets/documents for translating into Welsh by Health board translator eg Practice Information leaflet &amp; promote availability 'on request'.</li> </ul>		
<p>The practice should continue to explore and implement ways of improving patients' access to appointments at the practice.</p>	<p>5.1 Timely access</p>	<ul style="list-style-type: none"> <li>Continue efforts to recruit into 12 sessions ie current GP vacancies</li> <li>Amend practice telephone comms message to provide alternative suggestions on self care for patients</li> <li>Revisit Primary Care Foundation Time &amp; motion review/report and implement suggested actions</li> <li>Meeting TBA in new year with LHB Primary care support team to review outcomes following closure of local practice &amp; registration of additional 1300 patients &amp; decide action plan for future</li> </ul>	<p>Dr Peter Evans / Acting Senior Partner</p> <p>Dr Romilly Rees / Partner</p> <p>Karen Campbell-Ace, Practice Mgr</p>	<p>6 months</p> <p>3 months</p> <p>Feb 2018</p>
<p>The practice should explore ways to increase patients' and their carers' awareness of the</p>	<p>6.3 Listening and Learning from</p>	<ul style="list-style-type: none"> <li>Add information on complaints procedure to NUMED Comms screens</li> </ul>	<p>Karen Campbell-Ace / Practice</p>	<p>Over next 12</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>practice complaints procedure.</p> <p>The practice should consider developing a Patient Participation Group.</p>	feedback	<p>in reception area</p> <ul style="list-style-type: none"> <li>Formation of a Patient participation Group to be reviewed with partners to potentially develop for patient input into new Health Centre development</li> </ul>	Manager	months
<b>Delivery of safe and effective care</b>				
<p>The practice must arrange for DSE assessments to be conducted for those staff who regularly use such equipment. Advice to be sought from the Health and Safety Executive as appropriate.</p>	2.1 Managing risk and promoting health and safety	<ul style="list-style-type: none"> <li>Individual assessments to be arranged for staff with a permanent work station.</li> <li>For those staff who 'hot desk' ie reception staff who rotate duties, input session to be arranged by Practice manager on a future PT4L training afternoon.</li> </ul>	Karen Campbell-Ace/Practice Manager	<p>Next 6 months</p> <p>PT4L on 27 Feb 2018</p>
<p>The practice should consider implementing a system of regular audit around infection prevention and control with the aim of identifying and addressing areas for improvement.</p> <p>The practice must maintain a register of the Hepatitis B immunisation status of relevant staff</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<ul style="list-style-type: none"> <li>Programme of replacement of disposable privacy curtains in consulting rooms to be rolled out over next 12 mths in Portway &amp; South Rd surgeries and continued into new health centre complex.</li> </ul>	Gaynor Tracy / Senior Practice Nurse	Within 12 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>working at the practice and make this available for inspection by HIW.</p>		<ul style="list-style-type: none"> <li>• Practice nursing team to maintain records/dates in relation to above and highlight due dates to management.</li> <li>• Nominated practice nurse to audit Hep B records for all relevant staff and confirm dates with individual staff members</li> <li>• Records to be brought up to date</li> <li>• Liaison with Senior nurse to complete blood tests to check immunisation level reviews and requirements for booster vaccines.</li> <li>• Ongoing 6 monthly reviews to be completed by nominated nurse.</li> </ul>	<p>Amanda Hopkins/ Practice nurse</p>	<p>Within 3 mths</p>
<p>The practice must make arrangements to ensure that records are maintained in accordance with professional standards for record keeping. Specifically, attention needs to be given to the consistent recording around:</p> <ul style="list-style-type: none"> <li>• Specific type of diagnostic</li> </ul>	<p>3.5 Record keeping</p>	<ul style="list-style-type: none"> <li>• In-house PT4L session to be delivered by Dr Peter Evans to cascade to all practice GPs &amp; Nurses current expected practices of record keeping, to address all areas of concern raised during Inspection. To include reinforcement of practice policy around</li> </ul>	<p>Dr Peter Evans</p>	<p>27/2/18</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>test/investigation requested</p> <ul style="list-style-type: none"> <li>• The reason for prescribing repeat medication</li> <li>• The offer of a chaperone during clinical examinations and whether this offer was accepted or declined together with other relevant information in this regard</li> </ul>		chaperone arrangements		
<b>Quality of management and leadership</b>				
<p>The practice must make arrangements for the timely (and regular) review of written policies and procedures used at the practice and ensure that relevant staff are made aware of any changes as appropriate.</p>	<p>Governance, Leadership and Accountability</p>	<ul style="list-style-type: none"> <li>• Audit of existing policies for relevancy/removal to be undertaken to assess baseline requirements.</li> <li>• For HR Policies, audit to be commissioned with HR Consultant</li> <li>• Practice Manager time to be set aside on a monthly basis to update policies on a rolling programme in line with current legislation</li> <li>• Policies &amp; Procedures folder on shared drive to be completely revamped. As policies are reviewed and</li> </ul>	<p>Karen Campbell-Ace / Practice manager</p>	<p>12 month rolling programme</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>updated, the new version will be saved under this folder. Monthly updates will be placed on staff notice board to inform which have been updated, provide the appropriate review date allocated and for staff to access and read.</p> <ul style="list-style-type: none"> <li>Practice manager to provide input/updates to staff in an allocated slot at monthly PT4L training sessions.</li> </ul>		
<p>The practice should develop a list of mandatory training that staff are expected to attend.</p> <p>The practice must make arrangements for all practice staff to attend relevant training as required (to include adult safeguarding, child safeguarding and cardiopulmonary resuscitation training) and for them to attend update training at regular intervals.</p> <p>The practice must implement a system for staff appraisals to be conducted at least annually.</p> <p>The practice should implement a formal system for regularly checking the professional registration status of clinical and nursing staff</p>	7.1 Workforce	<ul style="list-style-type: none"> <li>Lists of mandatory training for different cohort groups of staff to be developed in consultation with GPs, nurses, admin &amp; reception staff – to include all safeguarding training</li> <li>Individual staff training records via GP payroll system to be developed</li> <li>CPR/Defib/Anaphylaxis training sessions arranged:- Admin/reception – 30/1/18 Clinicians - 27/2/18 Attendance records to be completed and certificates confirmed on payroll</li> </ul>	Karen Campbell-Ace / Practice Manager	<p>3 months</p> <p>Jan 2018 Feb 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
and maintain a central, up to date record.		<p>system. Practice mgr to diarise annually to revisit &amp; arrange update sessions.</p> <ul style="list-style-type: none"> <li>• Appraisal system for non-clinical staff to be developed by Practice manager based on competencies and outcomes. To be rolled out for completion annually between Jan – March.</li> <li>• Line management appraisal training to be sourced for 1st Line management staff – Office manager &amp; IT/Admin manager.</li> <li>• System of writing to ALL staff annually to confirm in writing that no changes affecting DBS status have arisen in previous 12 months to be implemented.</li> <li>• For clinicians – annual review of Medical performers list, GMC &amp; NMC</li> </ul>	<p>Karen Campbell-Ace / Practice Manager</p> <p>Karen Campbell-Ace, Practice Mgr</p>	<p>6 months</p> <p>End of March annually</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		membership review to be undertaken by Practice manager and written confirmation maintained on staff records.		

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): MRS KAREN CAMPBELL-ACE**

**Job role: PRACTICE BUSINESS MANAGER**

**Date: 11 DECEMBER 2017**