

General Practice Inspection (Announced)

The Penylan Surgery/Cardiff and
Vale University Health Board

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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	19
	Quality of management and leadership	26
4.	What next?	29
5.	How we inspect GP practices.....	30
	Appendix A – Summary of concerns resolved during the inspection	31
	Appendix B – Immediate improvement plan	32
	Appendix C – Improvement plan	33

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 The Penylan Surgery at 72-74 Pen-Y-Lan Road, Cardiff, CF23 5SY.

Our team, for the inspection comprised of a HIW inspection manager, a GP peer reviewer, a practice manager peer reviewer and a lay reviewer (who in this instance was also a HIW employee).

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

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

2. Summary of our inspection

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

Despite the significant challenges faced by the service in terms of recruiting staff across the practice team, it was evident that those who spoke with us were committed to the future development of the services provided.

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

This is what we found the service did well:

- The practice team were very patient orientated
- The practice environment was freshly decorated, well maintained and visibly very clean
- Patients who completed a HIW questionnaire and those who kindly spoke with us during the inspection, were very complimentary of the way which they had been supported and treated by staff at the practice

This is what we recommend the service could improve:

- Elements of infection prevention and control
- Aspects of medicines management
- The practice's governance structure and systems needed to be strengthened and improvements were needed to ensure that all members of the staff team were included in relevant clinical discussions and decision making processes

Please see Appendix C of this inspection report for all other details of improvements identified during our visit.

3. What we found

Background of the service

The Penylan Surgery currently provides services to approximately 11,000 patients in the Roath and surrounding areas of Cardiff. The practice forms part of GP services provided within the area served by Cardiff and Vale University Health Board.

The practice employs a staff team which includes three GP partners, three salaried GPs, one GP retainer¹ a health care support worker and three practice nurses. The clinical staff are supported by a full-time practice manager and a trained team of receptionist/administrative staff.

Health Visitors, District Nurses, a Counsellor 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
- Minor surgery
- Ante natal care
- Contraceptive services and cervical cytology
- Travel advice and immunisation
- Childhood immunisations and child health surveillance
- Counselling

¹ The retainer scheme was set up in 1969, originally to help women with young children to maintain their clinical skills. The scheme has since been broadened to widen participation and benefits. This is especially pertinent now that any doctor who has been out of practice for more than two years has to apply for re-assessment and induction training before being able to return to practice. <http://www.gpone.wales.nhs.uk/gp-retainers>

Quality of patient experience

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

We found that there was a strong emphasis on meeting the needs of patients at this practice.

Patients who spoke with us indicated that the staff team were exceptional and very helpful.

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. We also held conversations with five patients in the waiting area. Of the 19 respondents, 14 had been registered with the practice for more than two years. One patient suggested that the practice should consider dedicating one car parking space for people with disabled badges as it was sometimes difficult to park close by. Other patient comments included the following:

"The service this practice offers is excellent. The staff are efficient and friendly. The appointment bookings are clear to understand. The doctors are all amazing. Overall, a good example to model practices on"

"In my opinion, the surgery is excellent and the staff always very helpful"

Staff are friendly, approachable and receptionists are refreshingly kind and understanding. GP surgery is very good"

"This GP surgery is a wonderful practice. They do not need to improve in any way"

Staying healthy

Patients had access to a range of health assessments and checks. These included health checks for new patients. In addition, consideration of the content of a sample of patient records showed that appropriate follow-up visits

with regard to the outcome of health assessments and checks were made, where abnormalities or risk factors were identified.

We were informed that one of the GPs working at the practice was the nominated 'Carer's Champion' and was available to assist people in their role as carers. We were also informed that the practice was able to identify carers through the use of an appropriate code within their clinical records.

We saw a range of current and relevant leaflets available to patients and their families in the ground floor waiting area. These included information about vaccinations and local bus services.

Dignified care

We found that 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.

Without exception, all patients who returned a completed HIW questionnaire, and each of those who agreed to speak with us 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.

The reception desk was integral to the main waiting area. Unfortunately this arrangement failed to provide any degree of privacy when staff were speaking with patients as they arrived. However, we heard staff speaking in soft tones to avoid others in the waiting area overhearing conversations as far as possible.

We further found that all telephone calls made and received, took place in an office on the first floor of the practice premises; an area known as 'The Hub' which afforded total privacy and maintenance of patient confidentiality. The Hub was a very recent development at the practice, having been put in place one week prior to the inspection. Whilst the advantage of moving telephones to this quiet area of the building was evident, it was unclear as to how staff would work there on a daily basis as there was no defined rota, or clarity among the staff about how this work would be delegated to them. We also found that telephones had to be diverted back to the reception desk during the afternoon as there was no staff available to answer calls in the Hub. This created challenges for reception staff when answering calls and trying to address patients' queries on their arrival.

Conversations with staff indicated that patients would be taken to a room away from the reception area at times when they expressed a wish to speak with a member of the team, in private.

Clinical rooms were located away from the main waiting area. This 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.

The practice had a chaperone policy in place; nursing staff only, having performed that role to date. The practice had though, employed a new member of administrative staff who had been provided with relevant training as a chaperone. The person concerned was expected to fulfil this role in the near future, following the receipt of satisfactory safety checks. The use of chaperones aims to protect patients and healthcare staff when intimate examinations are performed. It is therefore important for staff undertaking this role to fully understand what is expected of them and to ensure that clinical staff record those occasions when patients are offered the use of a chaperone.

There was an absence of information in the waiting area about patients' rights to request a chaperone be present. However, the practice had recently been re-decorated throughout, and the team told us they were waiting for the delivery of new noticeboards to display relevant and important information for patients and their families.

Improvement needed

The practice is advised of the need to inform HIW of the action taken, to ensure that patients are aware of their right to request a chaperone during intimate examinations regardless of the gender of the GP/nurse conducting the consultation.

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 Online². 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 advised the practice of the need to provide updated information about childhood immunisations and to correct the age range quoted for cervical cytology screening.

We further advised the practice to consider adding information about local community pharmacies to the website to assist patients in seeking support with prescribed, and/or, over the counter medication.

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 other useful services available in the area.

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.

Two television screens were located in the main waiting area to provide some information about the practice and the My Health Online service. However, one of the screens was not working at the time of our visit. Reception staff confirmed that they would do their best to inform patients of any known delays in being seen by members of the clinical team when they booked in at reception.

Notes that had been made in patient records by clinicians showed that verbal information had been given to patients and/or their carers about their health conditions and management. However, we found that patients had, only occasionally, been provided with written information at the end of their

² My Health Online offers patients the facility to book appointments, order repeat prescriptions, update address and telephone details via the internet. <http://www.myhealthonline-ips.wales.nhs.uk/>

consultations. This matter is referred to in more detail within the section of this report entitled 'The Delivery of Safe and Effective Care' under the heading of record keeping.

The practice is required to inform HIW of the action taken to improve the information available to patients on its website. This is specifically in relation to accurate information about the age range for cervical cytology screening, childhood immunisations and the need for an appropriate link to My Health Online.

Communicating effectively

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

For example, staff confirmed that they could use an official translation service as and when this was required, during patient consultations. This was to ensure that non English speaking patients understood and were able to consent to care and treatment. Patients who required a translator were routinely provided with a double appointment (20 minutes). Additionally, we were informed that a hearing loop system was available at reception.

We saw that clinical staff entered the ground floor waiting area to escort and assist patients to a consulting room.

The practice patient information leaflet was available in large print and in both Welsh and English, on request. Staff told us however, that not many of their patients requested to communicate in Welsh. Of the 19 HIW questionnaire respondents, two considered themselves to be a Welsh speaker; one person indicating that they were sometimes able to speak to staff in Welsh; the other stating that they had never had the opportunity to do that. We were also informed that one of the GPs was a Welsh speaker.

We found that all requests for home visits were considered by a GP and then added to a daily triage list. This meant that home visits were available for older patients and those who had clinical needs which resulted in difficulty in attending the practice.

We saw that practice opening times were displayed at the front window of the premises to assist patients and their families.

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 (via a colour coded messaging system). Staff also described how messages were exchanged between the practice team and Health Visitor. This meant that there was an emphasis on reducing delays in the ongoing management of patients' health and wellbeing.

Conversations about the quality of discharge information received from local hospitals indicated that this was variable. A senior GP also described the system in place regarding discharge summaries. Essentially, all were seen by a GP who then highlighted significant information within patients' records and ensured that any changes to prescribed medication were put into effect. In addition, we reviewed the content of five hospital patient discharge summaries and found the information to be of an acceptable standard.

There was an appropriate communication process in place between the practice team and out of hours GP service in terms of relevant patient information. A process was also described in relation to how the staff team ensured that patients who failed to attend appointments were prompted to make further arrangements to attend the practice. There was however, no protocol to guide staff in this regard. This meant that there was the potential for patients' needs to be unmet.

Improvement needed

The practice is required to inform HIW of the action to be taken to ensure that there is an agreed process in place to follow-up those patients who fail to attend their appointments.

Timely care

The practice made efforts to provide patients with timely care; and we observed the efficient throughput of patients from the waiting area to consulting rooms on the day of our visit. Senior staff also told us that flu vaccination clinics were taking place at weekends; consideration also being given to extending other clinics to those times.

In addition, the practice had recently employed a Health Care Assistant who had been trained in obtaining blood samples. This was, with a view to providing patients with an improved service.

Of the nineteen patients who completed a HIW questionnaire, responses received in relation to whether they found it easy to get an appointment when they needed it resulted in the following:

- 'very easy'=eight patients
- 'fairly easy'=seven patients
- 'not very easy'=three patients
- 'not at all easy'=1 patient

In addition, patients provided us with the following comments

*"Very long waiting times if you need to see a specific doctor.
This needs work if possible"*

*"very efficient so far, but have only been with the practice for
a short while"*

We were able to confirm that patients were almost always seen on the same day of their request for urgent appointments; priority given to children who were unwell. Waiting times for non urgent appointments were longer. This also applied to requests for patients to see a specific doctor.

Conversations with a senior GP confirmed that 'in house second opinions were used to ensure that patients receive the most appropriate ongoing care from the most appropriate healthcare professional. We were also informed that urgent patient referrals to professionals within secondary care (hospital) services were either completed on the same day, or the day after this had been agreed with the patient.

There was however, no peer/cluster review of the outcomes of such patient referrals, which would have been a useful element of the practice's governance arrangements. In addition, there was no peer review of individual doctors' referral patterns/rates, which is regarded as good practice within primary care.

Discussions with the practice team revealed that the communication needs of patients with additional needs are not routinely mentioned within hospital referral letters.

Individual care

Planning care to promote independence

We found that some patient facilities were located within the ground floor of the practice premises (albeit that people would need to use a small set of steps to access consultation rooms and adapted toilet facilities). As a result, the practice, had installed an electronic wheelchair ramp in that area of the premises, which was estimated to be used around 10 occasions per year. We also saw that the reception desk was at a low level, to enable all patients to speak with reception staff as easily as possible.

The remaining consultation, treatment and counselling rooms, were situated on the first floor of the premises accessed via stairs with a fixed bannister. We further saw that the majority of doorways on the ground floor of the practice premises were wide enough to allow safe use of wheelchairs and motorised scooters. Conversations with staff also revealed that they took time to get to know their patients, offering those with mobility difficulties, appointments in consultation rooms on the ground floor. This meant that there was an emphasis on enabling people with mobility difficulties and parents with pushchairs to move around inside the building safely, as far as possible.

There was a second toilet facility situated within the ground floor of the practice. However, this could only be accessed via a small set of steps in an area where the lighting was dim. Whilst we were informed that there had not been any patient falls in this area, we advised senior members of the practice team to improve the lighting to minimise the likelihood of slips, trips or falls (regarding patients and staff, who needed to access lower levels of the premises).

There were no automatic doors, to assist people with mobility difficulties to enter the building although there were ramps and fixed handrails leading to both main doors. In addition, patients were able to access the practice premises from the rear of the building; a call bell having been fitted alongside the door to alert staff in the event that a patient required assistance to enter. Additionally, the practice had been re-decorated recently, using a colour scheme that was intended to assist individuals with reduced vision. All 19 patients who completed a HIW questionnaire stated that they found it easy to get into the practice premises.

We found however, that the practice did not have any system in place to review how effective they were in identifying and meeting the health needs of those who needed regular personal health checks, although senior members of the team acknowledged that this would be good practice for the future. There was

however, a 'warning box' applied to patients' records, in the event that they had known additional needs.

Of the 19 patients that completed a HIW questionnaire, 14 told us that they knew how to access the out of hours GP service. One patient also indicated that it would be helpful if the practice's answerphone message was a little clearer and slower.

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. Patients also told us that they could involve family and/or friends in their care and attend appointments with them, in accordance with their wishes and preferences.

Listening and learning from feedback

The practice did not have a Patient Participation Group (PPG) at the time of our inspection. They indicated however, that they were considering setting up such a group in the future.

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, however, not displayed in the waiting area. This was because the team were awaiting the delivery of new noticeboards, as stated above. The practice procedure was largely 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, of the 19 patients who completed a HIW questionnaire, eight highlighted that they did not know how to raise a concern or complaint about the services they received at the practice. Additionally, the complaint procedure did not make any reference to patients' rights to seek assistance from the local Community Health Council advocacy service, or the Public Services Ombudsman for Wales. Whilst such information was available in other related practice documents, we brought this issue to the attention of the practice team who responded positively to our suggestion to display NHS concerns/complaint information in full.

Improvement needed

The practice is required to provide HIW with details of the action taken to ensure that patients and their families are made aware of how to raise concerns about their care. This is in accordance with the NHS Putting Things Right arrangements.

Delivery of safe and effective care

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

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

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

Safe care

Managing risk and promoting health and safety

The practice operated from two combined/converted houses on Penylan Road, Cardiff. The entire premises were found to be freshly decorated, visibly clean, well organised and maintained. The premises had also been subject to major refurbishment in recent years to reconfigure the reception area and consultation rooms on the ground floor. This was to provide patients and staff with a safer environment, as stated. Staff also described how the practice computer system alerted them to times when patients with mobility difficulties visited the practice, so that appropriate assistance could be provided.

There was a health and safety policy available and the practice carried out regular testing of the fire alarms. We were also informed staff were encouraged to report any environmental risks promptly, to the practice manager. We saw that fire extinguishers had been inspected by relevant persons.

The practice had arrangements to respond to emergencies which included 'buddy' arrangements with another practice nearby. For example, the electricity supply had completely failed on the day prior to this inspection. Conversations with senior staff revealed how the team had been guided by their business continuity plan to ensure the safety of patients and staff. The plan also resulted

in obtaining some assistance from its nearby 'buddy' practice and moving clinical consultations from the practice, to a location within Cardiff Royal Infirmary (with the agreement of the local health board).

Consequently, on the day of inspection, staff were still striving to ensure that patients, who could not be seen the previous day, were provided with alternative appointments. The practice manager also told us that they were discussing ways of strengthening such future emergency arrangements with the health board.

However, we found that none of the practice team who used computer equipment for many hours each day had been subject to a risk assessment as required. This was discussed with senior members of the team as such risk assessments are required by health and safety legislation.

Improvement needed

The practice is required to provide HIW with details of the action taken/to be taken regarding the requirement to completed risk assessments for all designated Display Screen Equipment users. This is in accordance with current Health and Safety legislation.

Infection prevention and control

Seventeen patients who completed a HIW questionnaire indicated that, in their opinion, the GP practice was 'very clean'; the remaining two individuals recording that the premises were 'fairly clean'.

We saw that patients were attempting to use hand gel on entering the practice via the sanitising stations provided. However, gel needed to be replaced within the ones located at the front entrance and rear of the premises. This was brought to the attention of a member of the staff team to ensure that this was addressed.

During a tour of the building, we found two baby changing mats on the floor of the adapted patient toilet. This was brought to the attention of a senior member of staff on discovery; the mats being removed accordingly. We were told that the practice had held discussions about fitting a baby changing station to the wall in the adapted toilet, but there was insufficient space to proceed. The team were however, reminded of the need to ensure that alternative arrangements were made in the future to assist parents who bring their children to the practice and to comply with required infection prevention and control standards.

Conversations with the team revealed that regular infection prevention and control (IPC) checks were undertaken via the use of an agreed premises checklist. Whilst we were provided with a copy of a recently completed checklist to confirm this arrangement, we advised the practice of the need for such lists to be signed and dated by the person undertaking such checks, in the future.

Improvement needed

The practice is required to inform HIW of the revised arrangements to baby changing facilities. The practice is also required to describe the action taken to ensure that practice IPC checks are signed and dated by relevant persons.

Medicines management

Discussions with staff and consideration of recorded patient information revealed that the system and processes in place regarding medicines management was of an acceptable standard.

We saw that there was a record of regular checks of the emergency equipment and drugs; entries being dated and signed appropriately by staff. However, when we checked the emergency equipment available, we discovered that a small number of items were out of date. All other equipment was found to be satisfactory/ready for use in the event of a patient collapse.

Clarification/improvement was identified though, with regard to the following issues:

- Administrative staff were re-authorising some forms of prescribed medication (for example, pain relief medication) in the absence of an agreed written practice protocol or procedure. This could lead to error and/or prevent patients from seeking a review of such medication and there may be instances where pain relief is no longer required, or needs to be changed as a result of improvement or deterioration in patients' symptoms
- There were no arrangements for peer review of GP's prescribing practices
- There was no system in place to regularly review the prescribing system (to include a review of errors and significant events)

- There were two syringes among the emergency drug kit, which were out of date by six months. (these were removed during the inspection)

Otherwise, the arrangements for managing medicines, (including emergency medicines at the practice) minimised risks to patient safety (with regard to recording, storing and security).

The GP cluster³ pharmacist provided support to the practice.

Improvement needed

The practice is required to provide HIW with details of how aspects of medicines management are to be improved in the future (as highlighted within page 21 of this inspection report).

Safeguarding children and adults at risk

Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and those, who spoke with us, demonstrated that they had knowledge of current All Wales procedures.

There was a lead member of staff for safeguarding, GPs were trained to child protection level three and there was also a suitable system in place to alert clinicians to individuals who were vulnerable, or at risk.

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

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

³ 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.

A number of patients who spoke with us indicated that they felt safe at the practice and able to approach staff with any concerns if they needed to.

All staff who acted as chaperones (currently clinical staff only), had received a Disclosure and Barring Service (DBS)⁴ check.

Improvement need

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

Effective care

Safe and clinically effective care

We held conversations with a senior GP and found that safety alerts were received electronically by all clinical staff. However, such alerts were not formally shared with all relevant members of the practice team. This meant that opportunities for learning and making improvements across the team may be missed.

We were informed that meetings were held within the practice to analyse and discuss significant events; a whole team template being used for recording, as stated.

We were further informed that the staff noticeboard was used to alert everyone to any new guidelines relevant to the day to day operation of the practice.

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to ensure

⁴ DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

that safety alerts and the nature/outcomes of significant events are shared with staff. This is in order to promote learning across the team and to prevent further occurrence.

Quality improvement, research and innovation

We were informed that individual clinicians took account of national guidelines such as those produced by the National Institute of Health and Care Excellence (NICE)⁵. However, there was no evidence of a practice based system to keep all clinical staff up to date.

When asked about any audit activity that had been completed in the past twelve months (and any resulting action plans), we were informed that such work had been minimal as a result of significant changes to the practice team.

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 reviewed the content of a sample of patient's records and considered the quality of record keeping, to be of an acceptable standard, in general. For example, we saw evidence of good communication with patients in terms of prolonged discussions with GPs about their healthcare conditions and treatment plans. There was also recorded evidence of how patients were being counselled in relation to their prescribed medication and the efforts made by clinical staff to care for their patients in a safe and effective manner.

Overall, patient records also showed a good awareness of issues concerning patient consent.

⁵ NICE stands for The National Institute for Health and Care Excellence. It is an independent organisation, set up by the UK Government in 1999, to decide which drugs and treatments should be available to the NHS in England. The All Wales Medicines Strategy Group makes decisions for the NHS in Wales.

However, we identified the need for improvement as follows:

- two patient's records failed to provide evidence of the offer of a chaperone for intimate patient examinations
- there was no record of written information being provided, to support verbal advice given to patients
- there were deficiencies in the application of Read⁶ coding of consultations. This had the potential to impact on the quality of information within the summary pages of patients' records and could result in confusion on the part of new/locum members of staff in terms of the ongoing plan of patient care
- the link between prescribed medication and long term patient conditions needed to be made clearer within patient records to assist with ongoing patient management.

We therefore advised the practice to undertake an annual audit of the content of a sample of patient records as this would assist with improving the quality of patient's records further.

Improvement needed

The practice is required to inform HIW of the action to be taken to improve the quality and standard of record keeping within patients' notes.

The practice is required to inform HIW of the action taken/to be taken to ensure that patients are provided with written information about their care which is understandable and clear. This is, to assist them to make informed decisions about their care, and reinforce verbal information provided during consultations.

⁶ Read codes are a coded thesaurus of clinical terms. They have been used in the BHS since 1985. There are two versions, both of which provide a standard vocabulary for clinicians to record patient findings and procedures in health and social care IT systems across primary and secondary care.

Quality of management and leadership

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

Despite the significant challenges faced by the service in the past eighteen months in terms of recruiting staff across the practice team, it was evident that there was an emphasis on sustaining safe services to its patients.

The team also expressed their willingness to improve the services provided.

Governance, leadership and accountability

There was a clear management structure at the practice; a senior GP and the full-time practice manager describing efforts made by the team to promote the delivery of good services to patients.

However, there was no clear vision or strategy associated with the practice at this time. This meant that it was difficult for the inspection team to obtain a clear view about the overarching governance arrangements necessary to monitor and improve the quality of the service. This situation was attributed to the reported unprecedented changes to all elements of the staff team in the past eighteen months which had created considerable challenges in the day to day operation of the service. In addition, the practice team were open and honest about the fact that there remained a six session GP deficit at this time. Unfortunately, this situation is not uncommon as many general practices across Wales are currently facing difficulties with recruiting GPs and nursing staff at the point when staff leave, or retire.

Practice policies were updated by a senior member of the practice team and held in a central location for ease of access by the staff team. However, a number of the policies considered at this inspection required revision as they

referred to issues that apply to staff working within the NHS England. As a result, they were not entirely relevant to the practice.

Clinical cases were stated as being discussed on a daily, informal basis between GPs. We were also told that lunch time meetings were sometimes held for this purpose; attendance from the local health board frailty nurse, palliative care staff being arranged, as and when required. However, nursing staff were not present at those meetings. The inspection team therefore advised that all relevant staff be involved for the purposes of learning and continuity of patient care.

Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. However, all those who spoke with us, indicated that they would welcome the opportunity to be more involved in practice meetings, to provide suggestions and ideas and to receive feedback from significant incidents.

The practice GPs were heavily burdened with tasks (such as summarising patients' notes and adopting the role of carer's champion), which could be undertaken by staff following appropriate training. Such an approach would then release valuable time of highly skilled clinical staff. We therefore discussed this matter with key members of the practice team.

We found there was a need to formalise process of feedback from significant events and provide staff with easy access to minutes from meetings held in this regard.

Improvement needed

The practice is required to inform HIW of the action taken to revise practice policies. This is to ensure that staff are provided with easy access to current and relevant information to assist them in their day to day work.

The practice is required to provide details of how it intends to promote the continuous improvement of services through better ways of working, robust governance arrangements and inclusion of all members of the team in day to day decisions. This is, particularly relevant in the light of our findings regarding the heavy administrative burden placed on GPs.

Staff and resources

Workforce

There was a formal induction programme in place to assist newly employed staff to understand what was expected of them in the workplace.

Staff who spoke with us indicated that training received, essentially took place during regular 'protected' education meetings. We also found that some staff had recently received some training from the health board with regard to prescribing. Discussions with a number of staff at the practice did however; reveal their wish to be provided with more training opportunities.

We did not ask to see recorded evidence of staff training at our one day inspection; focussing instead on other relevant areas of service provision.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect GP practices

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

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: The Penylan Surgery

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 assurance issues were identified during 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: The Penylan Surgery

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
Quality of the patient experience				
The practice is advised of the need to inform HIW of the action taken, to ensure that patients are aware of their right to request a chaperone during intimate examinations regardless of the gender of the GP/nurse conducting the consultation.	4.1 Dignified Care	Informed our web designers to put onto website and posters will be displayed within the surgery on completion of decoration. All existing staff to have in-house chaperone training and sign register of competency. In-house and external training.	Practice Manager	3 Months
The practice is required to inform HIW of the action taken to improve the information available to patients on its website. This is specifically in relation to accurate information about the age range for cervical cytology screening, childhood	4.2 Patient Information	Age change completed. Awaiting immunisation table to be removed. MHOL link already added.	Practice Manager	Immediately

Improvement needed	Standard	Service action	Responsible officer	Timescale
immunisations and the need for an appropriate link to My Health Online.				
The practice is required to inform HIW of the action to be taken to ensure that there is an agreed process in place to follow-up those patients who fail to attend their appointments.	3.2 Communicating effectively	Policy re-written to incorporate follow up missed appointment especially for children and vulnerable patients.	Practice Manager	Immediately
The practice is required to provide HIW with details of the action taken to ensure that patients and their families are made aware of how to raise concerns about their care. This is in accordance with the NHS Putting Things Right arrangements.	6.3 Listening and Learning from feedback	Await completion of notice board post decoration. Website updated.	Practice Manager	2 months
Delivery of safe and effective care				
The practice is required to provide HIW with details of the action taken/to be taken regarding	2.1 Managing risk and promoting	Risk assessments taking place now for all areas.	Practice Manager	Dec 17

Improvement needed	Standard	Service action	Responsible officer	Timescale
the requirement to completed risk assessments for all designated Display Screen Equipment users. This is in accordance with current Health and Safety legislation.	health and safety			
The practice is required to inform HIW of the revised arrangements to baby changing facilities. The practice is also required to describe the action taken to ensure that practice IPC checks are signed and dated by relevant persons.	2.4 Infection Prevention and Control (IPC) and Decontamination	Changing mats removed. Await quote of baby changing unit.	Practice Manager	2 months
The practice is required to provide HIW with details of how aspects of medicines management are to be improved in the future (as highlighted within page 21 of this inspection report.	2.6 Medicines Management	System to review all medication on repeat at least annually to be introduced. Administrative staff no longer reauthorize.	Dr Davies	Planning started. Annual reviews to start in Jan 18
The practice is required to inform HIW of the action taken/to be taken to ensure that nursing	2.7 Safeguarding children and	Nurses awaiting training dates.	Practice manager/ Nurses	2-3 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
staff complete level 3 child safeguarding training.	adults at risk			
The practice is required to inform HIW of the action taken/to be taken to ensure that safety alerts and the nature/outcomes of significant events are shared with staff. This is in order to promote learning across the team and to prevent further occurrence.	3.1 Safe and Clinically Effective care	Already had a complete staff meeting to discuss.	Practice Manager/ Dr Davies	Ongoing
<p>The practice is required to inform HIW of the action to be taken to improve the quality and standard of record keeping within patients' notes.</p> <p>The practice is required to inform HIW of the action taken/to be taken to ensure that patients are provided with written information about their care which is understandable and clear. The practice is required to inform HIW of the action taken/to be taken to ensure that patients are</p>	3.5 Record keeping	<p>Clinical staff to be trained on area of improvement required. Clinical staff to have extra training and leaflet printing from the web and DXS. Information to be entered onto patients notes.</p> <p>Peer review of prescribing and record keeping to encourage good practice.</p>	Dr Davies	Ongoing from Nov 17

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>provided with written information about their care which is understandable and clear. This is, to assist them to make informed decisions about their care, and reinforce verbal information provided during consultations.</p>				
Quality of management and leadership				
<p>The practice is required to inform HIW of the action taken to revise practice policies. This is to ensure that staff are provided with easy access to current and relevant information to assist them in their day to day work.</p> <p>The practice is required to provide details of how it intends to promote the continuous improvement of services through better ways of working, robust governance arrangements and inclusion of all members of the team in day to day decisions. This is, particularly relevant in the light of our findings regarding the heavy administrative burden placed on GPs.</p>	<p>Governance, Leadership and Accountability</p>	<p>In the process of appointing an assistant Practice Manager. Responsibilities to include revise all current and redundant policies.</p> <p>Complete staff meeting already held on 22nd Nov. Extremely helpful with all staff engaged.</p>	<p>Practice Manager</p>	<p>Ongoing</p>

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): Mr PR Yee

Job role: Practice Manager

Date: 30/11/2017