General Practice Inspection (Announced)

New Tynewydd Surgery / Cwm Taf University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- Patient-centred: we place patients, service users and public experience at the heart of what we do
- Integrity: we are open and honest in the way we operate
- Independent: we act and make objective judgements based on what we see
- Collaborative: we build effective partnerships internally and externally
- Professional: we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:	Provide an independent view on the quality of care.
Promote improvement:	Encourage improvement through reporting and sharing of good practice.
Influence policy and standards:	Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of New Tynewydd Surgery at William Street, Tynewydd, Treherbert, CF42 5LW within Cwm Taf University Health Board on the 6 December 2017.

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

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

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

2. Summary of our inspection

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

This is what we found the service did well:

- We saw staff treating patients with respect and kindness
- Information for carers was clearly displayed within the practice
- The practice was developing a robust and safe system for prescribing medication
- Staff were able to describe their roles and how they contributed to the overall operation of the practice.

This is what we recommend the service could improve:

- The appointment system and continuity of GPs
- Some aspects of record keeping within patients' medical records and related audit activity
- Compliance with staff mandatory training
- We required the practice to take immediate improvement action around an aspect of its internal communication system and checking drugs to be used in the event of a patient emergency.

3. What we found

Background of the service

New Tynewydd Surgery, together with its branch surgery in Treorchy, currently provides services to approximately 6500 patients in Blaenrhondda, Blaen-y-cwm, Tynewydd, Treherbert, Treorchy, Cwmparc, Pentre, Ystrad, Llwynypia and some areas of Ferndale and Penrhys. The practice forms part of GP services provided within the area served by Cwm Taf University Health Board and is directly managed by the health board. This means that all staff working at the service are directly employed and managed by the health board.

The service provision at New Tynewydd 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 three salaried GPs, three practice nurses, two health care support workers, a practice manager and a team of receptionists and administration staff. Locum GPs also work at the practice regularly.

The practice provides a range of services, including:

- General medical services
- Baby clinic
- Phlebotomy
- Chronic disease management
- Travel vaccinations
- Asthma 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.

Patients told us that the practice team at New Tynewydd Surgery treated them with respect. We also saw that patients were treated with respect and kindness by the staff team.

Comments from patients indicated that their main frustrations were around the length of time they had to wait to be seen (on the day of their appointment) and not being able to see the same GP. Other areas for improvement we identified were around increasing staff awareness of the Carers Champion role and patients' awareness of the practice's complaints procedure.

In addition, we required the practice to take immediate improvement action around an aspect of its internal communication system.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the services provided. We also spoke to a number of patients attending the practice on the day of our inspection and invited them to complete a questionnaire. A total of 31 were completed and returned. The majority of questionnaires were received from long term patients at the practice (those that had been a patient for more than two years).

Whilst, some patients told us they were happy with the service provided, other patients wanted to raise a few issues with us, notably around waiting times, and about the shortage of regular GP's at the practice. Patients' comments included:

> *"Can't think of any improvements, happy with service provided"*
>
> *"Employing less locum GP's and having permanent GP's here would be great. For a number of years I have been unable to have continuation of care with the same GP due to*

the lack of permanent ones - this is frustrating and not good practice!"

"Fine as it is"

Staying healthy

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

We saw that health promotion material, together with information on support groups were displayed within the waiting area. This meant patients had access to help and advice on health and wellbeing related issues. Whilst there was information available, the practice should explore what additional health promotion material would be useful to make available at the practice. This information should be relevant to the patient population that the practice serves.

We also saw a designated notice board that contained information specifically for carers. This was clearly identifiable for patients and their carers to see. In addition to the information displayed, a comprehensive directory[1] of support and information services, together with contact details was also readily available. We saw that patients with care responsibilities were encouraged to provide their details to the practice. This was so the practice was aware of patients who had care responsibilities and with a view to providing advice and support to carers and involving them in care planning for the person they looked after. We were told that a staff member had been recently been identified as a carers champion (a designated person who carers could access for advice). Staff we spoke to, however, were not aware of who this staff member was. Arrangements should therefore be made to increase staff awareness in this regard.

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[1] Cwm Taf Carers A-Z Guide https://www.merthyr.gov.uk/media/1657/carers-a-z-guide-cwmtaf.pdf

Improvement needed

The practice is required to provide HIW with details of the action taken to increase staff awareness of the role of the identified carers champion.

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.

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

The reception desk was located away from the main waiting area. A partition wall further separated the reception area and the waiting room. Telephone calls were taken in a separate room located behind the reception. These arrangements promoted privacy when staff were speaking to those patients visiting the practice and over the telephone. Computer screens were placed so that they were out of direct view of patients and visitors to the practice, again promoting privacy. Whilst these arrangements were in place, reception staff should be reminded to speak in soft tones, wherever possible, to reduce the likelihood of conversations being overheard by patients and other visitors to the practice.

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. Screens or curtains were also available in these rooms and could be used to provide a greater level of privacy to patients.

The practice offered chaperones. Senior staff confirmed that staff had attended relevant training. 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. Improvement was needed around the recording of information provided to patients during consultations.

The practice had produced a practice 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 repeat prescriptions. It also contained information about how patients could provide feedback and the arrangements for protecting patient information.

The practice did not have a website. Senior staff explained that a website may be introduced as part of the future development of the practice.

An electronic screen was located in the waiting room and was being used to provide information to patients.

The practice had a policy on obtaining valid patient consent. We reviewed a sample of patients' medical records. We saw evidence to indicate that valid patient consent had been obtained, where appropriate, during consultations between patients and GPs.

Senior staff confirmed that information was given to patients during consultations with healthcare staff to help them understand their health conditions, investigations and management. Notes made by GPs (in the sample of records we reviewed) sometimes supported this but, overall, we identified that improvement was needed in this regard.

Communicating effectively

The practice gave consideration to the communication needs of patients. We identified some improvement was needed around the management of correspondence received at the practice.

Staff confirmed that they could use a translation service if this was required. A working hearing loop system was available to assist those patients with hearing difficulties and who wear hearing aids to communicate with staff.

Some patient information leaflets were routinely available in both Welsh and English. Most, however, were available in English only. We were told that Welsh speaking staff were available at the practice so that patients could communicate in Welsh if they expressed a wish to do so. Staff told us that not many of their patients requested to communicate in Welsh. Given that the practice operates in Wales, however, the practice should consider providing

more written information for patients in both Welsh and English. Written information was not available in other languages or formats such as braille, large print or easy read.

Most patients that completed a questionnaire told us that they were able to speak to staff in their preferred language.

The practice had systems in place for the management of external and internal communications. These included arrangements for recording and relaying incoming messages, clinical information, test results and requests for home visits to GPs, nurses and other healthcare professionals attached to the practice. Senior staff explained that practice staff would contact patients should they need to return to the practice for repeat test.

We were told that all staff had access to email and this was used to communicate internal messages. Arrangements were described for ensuring that incoming correspondence/communication had been read. We found, however that some improvement was needed in this regard. During the course of the inspection we identified official correspondence had been received at the practice. The correspondence concerned had been allocated to a GP on 14 November 2017 so that appropriate action could be taken. At the time of our inspection on 6 December, the correspondence had not been acted upon. We could not be assured that this would have been identified if it were not for the HIW inspection. This meant that we could also not be assured that there was a robust system in place to check that correspondence received into the practice was dealt with in a timely manner by GPs. Our concerns regarding this issue were dealt with via our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvement needed we identified, are provided in Appendix B.

We looked at a sample of five discharge summaries received from local hospitals. The quality of discharge information that had been received varied. This is an issue for the health board to address with hospital departments.

Improvement needed

The practice is required to provide HIW with details of the action taken to make information available in Welsh and other languages and formats to meet the communication needs of the population that it serves.

Timely care

The practice made efforts to provide patients with timely care. Comments from patients, however, indicated that improvement needed to be made in this regard.

The practice opened between 8:00am to 6:30pm Monday to Friday. A mixture of pre-bookable and on the day appointments were offered. These could be made over the telephone or in person by visiting the practice. The majority of patients that completed the questionnaire told us that they were satisfied with the hours that the practice was open. One patient did tell us that it would be more helpful for working people if the practice was open for longer on weekdays.

An advanced nurse practitioner was available who could provide advice to patients on a range of minor illnesses. In addition practice nurses ran a number of chronic disease management clinics where patients were monitored and given advice on managing their conditions. Patients could also request to speak with a GP or nurse over the telephone. The practice offered home visits to patients who were too ill to attend the practice and those who were housebound. The practice also provided information about other primary care services that patients could access for advice and treatment, for example, pharmacists, opticians and dentists.

Arrangements via the health board were in place to provide cover for urgent medical care out of hours. About a third of the patients that completed a questionnaire told us that they wouldn't know how to access the out of hours GP service. The practice should make arrangements to increase patients' awareness in this regard.

When asked to describe their overall experience of making an appointment, the majority of patients described their experience as very good or good. This was despite some patients telling us in the questionnaires that they often found it difficult to get through to the practice on the phone when trying to make an appointment.

Over a quarter of patients that completed a questionnaire told us that they did not find it easy to get an appointment when they needed one. Patients told us in the questionnaires that they often have to wait a week to get an appointment, and that they also have trouble getting appointments at the branch practice in Treorchy

On the day of the inspection, we saw some patients that had been waiting almost an hour to be seen by the GP. One patient suggested in the questionnaires that this was not usually the case, but that on average the waiting time to be seen by a GP is around 15 to 20 minutes. Comments from

patients we spoke to on the day of our inspection indicated that the time they waited to be seen on the day of their appointment was a source of frustration for them. In addition, some patients who we spoke to and those who completed a questionnaire, indicated that they did not feel they received continuity of care as a result of locum GPs working at the practice.

Senior staff were not aware of a formal policy around completing referrals to other healthcare professionals. We were told, however, that the health board had issued guidelines on the timescales for making urgent referrals. Given that locum GPs work at the practice, the practice should develop a suitable local policy to promote a consistent approach for making urgent referrals by all GPs working at the practice.

Practice staff confirmed that no peer review of the outcomes of patient referrals took place. This would be a useful element of the practice's governance arrangements. In addition, there was no peer review of individual doctors' patient referral patterns/rates, which is regarded as good practice within primary care.

We were told that there was no system in place to ensure patient referrals had been received and acted upon by secondary care (hospital) services. The practice should consider making arrangements to follow up such referrals, especially urgent suspected cancer referrals, to ensure patients have been seen and if not, take appropriate action.

Improvement needed

The practice is required to provide HIW with details of the action taken to:

- improve patients' access to, and the timeliness of, appointments
- promote a consistent approach for making referrals to other healthcare professionals
- establish urgent suspected cancer referrals have been acted upon by secondary care services.

Individual care

Planning care to promote independence

There was level access to the building which helped people with mobility difficulties to access the practice safely. Patients could access the services offered at the practice through an appointment system. Practice staff also provided advice over the telephone.

Senior staff explained that home visits were available to those patients who were unable to attend the practice to see a GP. The practice was also a designated practice to provide general medical services to people in a nearby care home. This meant that care home staff only needed to deal with one practice. This aimed to improve the coordination of general medical services provided to patients living at the care home.

Practice staff explained that patients' records could include a flag to identify those individuals with additional needs. This information would be added when the practice was informed of any changes or when patients first registered with the practice. This information would then alert practice staff so that suitable arrangements could be made as appropriate, for example, when arranging appointments.

Senior staff explained that family members, carers and other members of the multidisciplinary team were involved, where appropriate, when planning a patient's care. The practice also provided information that described effective partnership working with other agencies that could provide help and support to patients.

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 efforts made to protect their privacy. We also found that efforts were made to provide services to patients, taking into account their individual needs.

Listening and learning from feedback

Arrangements were in place for patients to provide feedback and raise concerns about their care.

We saw that a suggestion box was available within the reception area. This could be used by patients to provide ad hoc feedback about their experiences. Whilst a suggestion box was available, there were no feedback forms or pens

nearby for patients to use. The practice should make arrangements to make these readily available so that patients can provide feedback more easily.

Senior staff also provided a summary of the results from a patient satisfaction survey conducted in September 2017. We saw that the results had been analysed with a view to identifying areas for improvement where appropriate.

Senior staff confirmed that the practice had an active Patient Participation Group (PPG). This provides a forum for patients to engage with the practice team and to provide feedback with a view to improving services. Senior staff confirmed that plans were being made to further increase the contribution made by the PPG.

The practice had a procedure in place for patients and their carers to raise concerns or complaints about the services they receive. Information on this was displayed in the waiting area and within the practice information leaflet. Whilst, information was displayed arrangements should be made to make this, together with the contact details of the local Community Health Council, more prominent. The practice procedure was in keeping with the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales, also known as Putting Things Right.

Just over a half of the patients that completed a questionnaire said that they would know how to raise a concern or complaint about the services they receive at the practice.

Improvement needed

The practice is required to provide HIW with details of the action taken to increase patients' and their carers' awareness of the practice's complaints procedure and advocacy 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 had systems in place for the delivery of safe and effective care to patients.

We found that improvements were needed, however, around completing health and safety risk assessments and aspects of record keeping.

In addition, we required the practice to take immediate improvement action around the system for checking drugs to be used in the event of a patient emergency (collapse).

Safe care

Managing risk and promoting health and safety

There was level access to the entrance of the practice. The reception desk, waiting area, consulting rooms, treatment room and patients' toilet were all located on the ground floor. This meant that people with mobility difficulties and parents with pushchairs could enter the building and access the practice safely. Access could be made easier for such patients by installing automatic doors to the entrance and internally. Staff confirmed, however, that they would assist patients if they were not accompanied by a family member or a carer. The majority of patients that completed a questionnaire felt that it was easy to get into the building.

Additional chairs had been placed in the corridor where the consulting and treatment rooms were located. This made the corridor narrow and difficult to walk through. In addition, chairs made accessing the toilet difficult. The practice needs to review this arrangement.

During a tour of the building, we saw that areas used by staff and patients were clean, generally tidy and generally well maintained. We did identify that the carpet in the waiting area was slightly worn and could be a trip hazard. Also, a

small table used to display leaflets was damaged and could present a hazard to patients and staff. Arrangements should be made to conduct a further risk assessment of these areas and action taken as appropriate to promote patient and staff safety.

We spoke to a number of staff during the inspection. They confirmed that they were required to sign a form to show they had read and understood the practice's health and safety policies. During our conversations with staff, it became apparent that display screen equipment (DSE) assessments were not routinely performed as required by health and safety legislation. Arrangements must be made to address this.

Improvement needed

The practice is required to provide HIW with details of the action taken to:

- conduct DSE assessments for those staff who regularly use such equipment
- address the potential environmental hazards identified in the waiting room.

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.

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. Some tiles were missing from the sink area in the treatment room. In addition, a chair in the treatment room was covered in material. Arrangements should be made to replace the tiles and the chair (with a type that can be thoroughly cleaned) to promote effective infection prevention and control.

There were no concerns raised by patients in the questionnaires over the cleanliness of the practice.

Nursing staff could access up to date policies and procedures in relation to infection prevention and control. These applied to all clinical areas within the

wider health board. Arrangements should be made to make them more relevant to the practice and to reflect local arrangements.

We saw that waste had been segregated into different coloured bags/containers to ensure it was disposed of correctly. Clinical waste awaiting collection was stored in a lockable container to prevent unauthorised access.

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.

A central record of the Hepatitis B status of relevant staff working at the practice was not available for inspection. Senior staff explained that this information would be held centrally within the health board's Occupational Health Department. We explained that the practice must assure itself that there is an effective staff immunisation programme in place and that confirm this to HIW

Improvement needed

The practice is required to provide HIW with details of the action taken to:

- replace the tiles and cloth covered chair or other action to promote effective infection prevention and control
- assure itself that that there is an effective staff immunisation programme.

Medicines management

We saw that the practice was developing a robust and safe system for prescribing medication.

Pharmacist support was provided to the practice five days per week by visiting pharmacists. This was via arrangements with the GP cluster and the health board. This meant staff at the practice had access to advice and help on medicines related matters.

We were told that the pharmacists were reviewing the repeat prescribing system to make improvements to the service offered to patients. This included providing timely advice and information to patients taking medication which required monitoring, for example, anticoagulant medication. It also aimed to strengthen the existing system to promote the safe re-authorising of repeat

medication prescriptions. Arrangements were described for removing items no longer required from the repeat prescribing list.

There were a number of ways by which patients could obtain their repeat prescriptions and these were described in the practice information leaflet.

Within the sample of patient records we looked at, we saw that reasons for prescribing medication were not always recorded. Recording this information would help inform decision making when reviewing treatment at future consultations.

The practice was using the local health board's formulary. This meant that clinicians would prescribe medication from a preferred list of medicines approved by the health board. Again, we were told that the visiting pharmacists provided advice on prescribing.

We were told that the practice used the Yellow Card Scheme[2] to report concerns about adverse reactions to medication. This helped to monitor the safety and use of prescribed medicines. Arrangements were described for reporting concerns (including medication related issues).

We considered the equipment and drugs available for use in the event of a patient emergency (collapse) at the practice. We identified that some of the equipment and drugs had passed their expiry date (as printed on the packaging). Specifically, the pads for use with the defibrillator, some of the hypodermic needles and lignocaine for injection had expired. In addition, the nebuliser[3] was overdue a routine service. This meant that we could not be assured that the equipment and drugs to be used in the event of a patient emergency were safe to use.

Our concerns regarding the emergency equipment were dealt with via our immediate assurance process. Details of the immediate improvement needed we identified are provided in Appendix B.

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[2] 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.

[3] A nebuliser is a device that changes liquid medicine into a fine mist. Patients can then breathe in the mist through a mouthpiece or a mask.

Safeguarding children and adults at risk

Written procedures in relation to safeguarding children and adults at risk were available.

Arrangements were described 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 and adult protection lead. This meant that staff had a local contact person to report, and discuss, concerns in relation to safeguarding issues. Senior staff described multidisciplinary working took place around safeguarding concerns but had identified improvement could be made to further promote effective communication and recording. Action was described to make this improvement.

Senior staff confirmed arrangements were in place for staff to complete safeguarding training. A training matrix had been developed and this showed that some staff needed to attend such training. Not all staff working at the practice were included. Arrangements need to be made to maintain a record of all staff. Senior staff explained that they would contact the relevant agency supplying locum GPs to confirm that training was up to date.

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

Effective care

Safe and clinically effective care

Senior staff confirmed that patient safety incidents were reported via the health board for inclusion on a national database (National Reporting and Learning System)[4] to promote patient safety. We found significant incidents were discussed in administrative team and clinical team meetings. This was with the aim of sharing information and identifying any learning. Senior staff gave

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[4] 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.

examples of significant incidents that had occurred. These tended to be related to administrative issues. The number of clinical related incidents appeared low given the size of the practice. The health board should, therefore, satisfy itself that staff working at the practice, are aware of the significant incident reporting criteria to ensure that all relevant incidents are reported and appropriate follow up action has been taken.

Senior staff confirmed that relevant safety alerts were circulated to the practice team as necessary. Arrangements were also described for keeping staff up to date of best practice and professional guidance. We were told, however, that there was no formal system in place for the practice team to routinely discuss new guidelines and how these may be implemented. Arrangements, therefore, need to be made to address this.

Improvement needed

The practice is required to provide HIW with details of the action taken to:

- satisfy itself that staff working at the practice are aware of the significant incident reporting criteria to ensure that all relevant incidents are reported and appropriate follow up action has been taken

- implement a formal system for staff to routinely discuss new guidelines relevant to the practice.

Information governance and communications technology

The practice used a mixture of paper and electronic recording system. Access to sensitive electronic information was password protected to prevent unauthorised access.

We did see that paper records were being stored on open shelving units. This may increase the risk of information becoming lost or destroyed. It may also increase the risk of fire. Arrangements need to be made, therefore, to ensure that appropriate arrangements are in place to mitigate these risks as far as possible. Security arrangements were described to secure the building against unauthorised access out of hours.

Improvement needed

The practice is required to provide HIW with details of the action taken to mitigate against the risks associated with the storage of paper records at the practice.

Record keeping

Overall, we found that patient records were of an acceptable standard.

We reviewed a sample of electronic patient medical records. These were secure against unauthorised access and easy to navigate. All the records we saw included sufficient details of the care/treatment given, together with the clinical findings. We saw that all the records included key information, such as the identity of the clinician recording the notes, the date, and the outcome of, the consultation. The records showed they had been completed in a timely manner.

Whilst, Read codes[5] were used, the records we reviewed did not include additional free text. This would have helped to provide context to the coding and additional information about patients' conditions. As described earlier in this report, the sample of records we reviewed showed that valid patient consent had been obtained where appropriate. We identified improvement was needed around the level of detail recorded in relation to the information/advice given to patients during consultations.

The records we reviewed of patients that had significant and long term conditions included an appropriate summary. This included a summary of past and continuing problems, medication taken and allergies/adverse reactions. This helps the clinical team to make decisions about on-going care.

[5] 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.

Senior staff confirmed that audits of patients' records were not routinely done. The practice should consider implementing such audits as part of quality assurance activity at the practice.

Improvement needed

The practice is required to provide HIW with details of the action taken to:

- ensure clinicians clearly note within patients' records the indications for all medication
- ensure clinicians clearly record the information given to patients during consultations
- audit patients' records.

Quality of management and leadership

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

The practice was directly managed by the Cwm Taf University Health Board.

A practice manager was responsible for the day to day running of the practice. Staff were able to explain their individual roles and responsibilities and how these contributed to the overall operation of the practice.

Information was available to demonstrate that staff had attended training relevant to their role. This showed however, that not all staff were up to date with mandatory training and arrangements must be made to address this.

Governance, leadership and accountability

The practice was directly managed by the Cwm Taf University Health Board and practice staff were employed by the health board. A practice manager was in post and responsible for the day to day management of the practice. Senior management support was provided by members of the health board's primary care team.

A system of separate meetings was described for GPs, the nursing team and the administration team. The practice should explore arranging regular practice team meetings (where all teams are represented) to help facilitate communication between the different teams working at the practice. Staff we spoke to, however, felt that communication within the practice was good. Staff confirmed that they felt able to raise any work related concerns with their manager or other senior staff. They also felt that their concerns would be dealt with fairly and appropriately.

A range of policies and procedures were available to guide staff in their day to day jobs. Staff could access these via the health board's intranet system.

The practice was part of the local GP cluster group[6] and we were told that senior practice staff attended cluster meetings. This helped promote cluster working and engagement. Effective cluster working arrangements were described and demonstrated.

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. It was evident from discussions with senior staff that work was ongoing in relation to the development of future services to be provided by the practice.

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. They confirmed that this was mainly via an online training system. Some face to face training was delivered at team meetings. Senior staff had developed a training matrix and this showed that staff had attended a range of training. Not all staff, however, were up to date with mandatory training and not all staff were included on the matrix. Arrangements must be made to address this.

Staff we spoke to confirmed that they had received/were shortly due to receive an annual appraisal of their work. This helps to identify training and development needs and provide an opportunity for managers to provide staff with feedback about their work.

[6] 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.

Senior staff confirmed that staff recruitment was handled centrally by the health board's HR team. A fair recruitment process was described. Senior staff described the electronic system that showed pre employment checks were obtained prior to staff taking up post. These included references and Disclosure and Barring Service (DBS) checks to help show that potential staff were suitable to work at the practice.

Improvement needed

The practice is required to provide HIW with details of the action taken to support staff to attend mandatory training and demonstrate that all staff working at the practice have attended training.

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
Our immediate concerns were dealt with via HIW's immediate assurance process (see Appendix B).			

Appendix B – Immediate improvement plan

Service: New Tynewydd Surgery

Date of inspection: 6 December 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
The health board is required to provide HIW with details of the action taken to ensure that emergency equipment and drugs are always available and safe to use in the event of a patient emergency at the practice. Consideration must be given to the Resuscitation Council (UK) Quality standards for cardiopulmonary resuscitation practice and training: Primary care – Quality standards and Primary care - minimum equipment and drug lists for cardiopulmonary resuscitation.	Standard 2.1, 2.6 and 2.9	• New Defibrillator pads had been ordered before the inspection for both the main and branch surgeries. These have since been received and replaced on both sites. • Posters will be displayed where the defibrillator is kept for ease of locating the equipment. • Consideration has been given to the minimum equipment and drug list for cardiopulmonary resuscitation and we confirm that we have all required equipment and	A. Davies, PM A Davies, PM B Spear, PCSU Support Manager	Completed Completed Completed

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		drugs. • Nursing staff at the surgery will undertake daily checks of the resuscitation and emergency drugs. • All nursing staff have been emailed a reminder of the system to rotate stock. • All staff have an annual update for CPR and anaphylaxis. We commission the grab bags and emergency equipment from the Resus Department at Cwm Taff who also provide the training.	A Davies, PM C Poole, Team Leader, PCNS A Davies, PM	1 month Completed
The health board is required to provide HIW with details of the action taken to ensure that correspondence received at the practice is suitably dealt with by an appropriate person and in a timely manner.	Standard 3.4	• All electronic mailboxes have been checked to ensure there are is no outstanding mail • Unused mailboxes have been deleted from the system • Protocol put in place to deal with current mail which will be emailed to all admin staff members and will be discussed at the next	A Davies, PM A Davies, PM A Davies, PM	Completed Completed 2 months

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		admin team meeting		
		• Administration staff will check daily that all letters have been allocated to a PCSU GP and acted upon – they will update the Practice/Office Manager accordingly.	A Davies, PM	In place

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: New Tynewydd Surgery

Date of inspection: 6 December 2017

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice is required to provide HIW with details of the action taken to increase staff awareness of the role of the identified carers champion.	1.1 Health promotion, protection and improvement	The Practice Manager has met with the Carers Champion lead. An email has been sent inviting her replacement to the next admin team meeting scheduled for 15.03.18 to discuss the role of the Carers Champion. Two staff members have expressed an interest in completing the next available Agored Training to become Carers Champions. All staff are required to undertake the Carers Measures e-learning mandatory training and staff have been reminded to	Practice Manager	15.03.18

Improvement needed	Standard	Service action	Responsible officer	Timescale
		complete all e-learning training.		completed
The practice is required to provide HIW with details of the action taken to make information available in Welsh and other languages and formats to meet the communication needs of the population that it serves.	3.2 Communicating effectively	The Jayex system will be updated with additional languages. All correspondence will be sent to the corporate Welsh Language Team for bilingual translation prior to being distributed. Big Word is being utilised for interpreters for patients with other languages	Practice Manager	End of March 2018
The practice is required to provide HIW with details of the action taken to: improve patients' access to and the timeliness of appointments. promote a consistent approach for making referrals to other healthcare professionals establish urgent suspected cancer referrals have been acted upon by secondary care services	5.1 Timely access	Demand and Capacity Assessment has been undertaken by the Primary Care Foundation (Dr David Carson). There are recommendations around how the access can be achieved. This will be discussed with the Primary Care and Localities Team. Reception staff have been reminded to relay information to patients in a timely and frequent fashion as to any delay to the appointment times. All locums will be provided with a	Practice Manager Practice Manager	Completed completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		'Locum Induction Pack'. Locums are encouraged to complete their own referrals via WCCG. The locum will be asked if they are familiar with the process and should a locum not be familiar they will be reminded to ask the admin staff to complete referral forms. This is done via the Daybook where a message is sent to the administrative staff. This also provides an audit trail. Process is being developed whereby admin staff will check urgent suspected cancer referrals has been sent, opened by secondary care and actioned.	Practice Manager	Immediate
The practice is required to provide HIW with details of the action taken to increase patients' and their carers' awareness of the practice's complaints procedure and advocacy arrangements.	6.3 Listening and Learning from feedback	Despite posters being on display they have been positioned in a more prominent frame which allows the posters to be more visible to patients. The 'Putting Things Right' process is already part already included in the practice leaflet.	Practice Manager	completed
Delivery of safe and effective care				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice is required to provide HIW with details of the action taken to: conduct DSE assessments for those staff who regularly use such equipment address the potential environmental hazards identified in the waiting room Advice is to be sought from the Health and Safety Executive as appropriate.	2.1 Managing risk and promoting health and safety	DSE assessments have been undertaken by Practice Manager for all staff. The table which was identified as a hazard has been removed from the practice. The Practice Manager will obtain quotes in order to replace the worn carpet in the waiting room in order to minimise the risk of trips/falls.	Practice Manager Practice Manager Practice Manager	Completed Completed 1 month
The practice is required to provide HIW with details of the action taken to: replace the tiles and cloth covered chair or other action to promote effective infection prevention and control assure itself that that there is an effective staff immunisation programme	2.4 Infection Prevention and Control (IPC) and Decontamination	Cloth covered chair has been removed from the practice and replaced with a vinyl chair. Health Board Estates Department have been notified and practice awaiting a visit to replace tiles in the treatment room A proforma been devised which will log	Practice manager Practice Manager Practice Manager	Completed Awaiting Estates Dept

Improvement needed	Standard	Service action	Responsible officer	Timescale
		the immunisation status of all staff. Staff have been asked to provide evidence of their status.		2 months
The practice is required to provide HIW with details of the action taken to: satisfy itself that staff working at the practice are aware of the significant incident reporting criteria to ensure that all relevant incidents are reported and appropriate follow up action has been taken implement a formal system for staff to routinely discuss new guidelines relevant to the practice	3.1 Safe and Clinically Effective care	An email has been sent to all staff reminding them of the significant incident reporting procedure. Significant incidents will be added as a standing agenda item for discussion at team meetings. Will be added to the formal agenda of next clinical meeting.	Practice Manager Practice manager	Completed Mid-March
The practice is required to provide HIW with details of the action taken to mitigate against the risks associated with the storage of paper records at the practice.	3.4 Information Governance and Communications Technology	A risk assessment will be undertaken and sourcing costs of metal cabinets/ alternative security for paper records. Exploring the option of 'off site' storage of records, which is a service offered by Shared Services Partnership. It has a robust store and retrieval process.	Practice Manager/Office manager	End of March

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice is required to provide HIW with details of the action taken to: ensure clinicians clearly note within patients' records the indications for all medication ensure clinicians clearly record the information given to patients during consultations audit patients' records.	3.5 Record keeping	An email has been sent to all GPs and regular locums to ensure they note the indications for all medication in patient's records. They will be reminded of their duty under the GMC requirements and the 'Good Doctor Guide' Will be discussed at next clinical meeting An audit will be undertaken bi-monthly and shared between the PCSU GPs. Programme is being devised to commence in March.	Practice Manager Practice Manager Practice Manager/GPs	Completed Mid-March March
Quality of management and leadership				
The practice is required to provide HIW with details of the action taken to support staff to attend mandatory training and demonstrate that	7.1 Workforce	All staff are required to undertake mandatory training and the majority of this is available via e-learning. Where e-	Practice Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
all staff working at the practice have attended training.		learning is not appropriate, time will be given to staff to attend training off site. CPR training is organised at the surgery for all staff as well as departmental fire training. Staff are given time to commence their e-learning during the working day.	Practice Manager	Completed
		All training is recorded on the UHB ESR system. The Practice Manager and staff are alerted when staff training is due for renewal 4 months prior to the renewal date and 1 month prior to the renewal date. Practice Manager will also email staff to remind them that they have competencies to complete.	Practice Manager	Completed

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): Alison Davies

Job role: Practice Manager

Date: 22 February 2018