



General Practice Inspection (Announced)

Brookside Surgery/Cwm Taf
University Health Board

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2017

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

Our purpose

To check that people in Wales are receiving good care.

Our values

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Brookside Surgery at Troedyrhiw, which forms part of Cwm Taf University Health Board services, on 12 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 (who was a HIW employee in this instance).

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.

The leadership, culture, level of openness and transparency demonstrated by senior health board staff and the newly appointed practice manager was reflected across the practice team. There was also a clear understanding about what needed to be improved within the service and a willingness to address those matters.

This is what we found the service did well:

- Patients who completed a HIW questionnaire, and those who spoke with us during the inspection, were very happy with the care they had received at the practice
- Patient medication reviews were detailed and clearly recorded
- There was very good engagement between health board staff who continued to provide management support to the service, and the practice team

This is what we recommend the service could improve:

- There is a need to display full and clear information for patients in relation to their right to raise any concerns about their care, with the practice
- Aspects of recording patients' care and health related problems requires improvement
- The health board is required to ensure that information about the Hepatitis B immunisation status of staff is clear, readily available and up to date

3. What we found

Background of the service

Brookside Surgery currently provides services to approximately 3,125 patients in the Troedyrhiw area of Merthyr Tydfil.

The practice has been directly managed by Cwm Taf University Health Board since July 2009. This means that all staff working at the service are directly employed and managed by the health board.

The health board also directly manages a second site (branch surgery) which is known as Pantglas Surgery. Services at this facility were not inspected during the course of our one day visit.

The staff team was made up of three GPs, a health care support worker and one part-time practice nurse. They were supported by a full-time practice manager, a small team of receptionist/administrative staff and a GP support officer¹ (together with staff employed within the health board's primary care support unit).

The health board also commissions the services of two locum GPs who have worked at the practice on a regular basis for some time.

Health visitors, district nurses, and a midwife (who are also employed by the health board), work closely with the practice team.

The practice provides a range of clinics and services, including:

- Long term conditions management
- Ante natal care

¹ GP support officers generally have a background in the provision of social care services. They provide patients with advice and support and are involved with social prescribing. Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services to promote their health and well-being.

- Contraceptive services and cervical cytology
- Travel advice and immunisation
- Childhood immunisations and child health surveillance
- Physiotherapy-self referral arrangements for patients who are seen at the branch surgery

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.

Feedback from patients about their care was positive, according to the analysis of the annual survey completed by the practice during July 2017.

When things went wrong, patients received an acknowledgement letter, truthful information and an apology. They also received information about what action had been taken by the practice in response to their concern.

Some improvement was needed to the way which information was displayed for patients via its website and with regard to how they could make a complaint about NHS services received at the practice.

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 12 were completed, the majority relating to people who had been registered with the practice for more than two years. We also spoke with a number of patients during our visit.

Overall, patient feedback was positive. Patients were asked within the HIW questionnaire how the practice could improve the service it provided. One patient suggested the practice needed more GP's. Another indicated that they would like to see the same GP on each occasion for consistency; an issue which was also raised by a number of patients on the day of our inspection. Other comments from patients on the same issue included:

"Nothing, always helpful, courteous and friendly"

"Weekend opening"

"More GP appointments"

Staying healthy

Patients had access to a range of health assessments. These included new patient health checks. 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 the practice had fulfilled its annual influenza vaccination targets to assist patients and staff to remain healthy.

We spoke with the nominated Carer's Champion who was available to assist people in their role as carers and saw the information available to people on the Carer's Board alongside the waiting area. The carer's champion confirmed that they attended meetings organised by the health board to ensure that the practice had the most up to date information about the services available to carers in their local community. We were also informed that the practice was able to identify carers through the use of an appropriate code within their clinical records. This was, as a means of being alert to those people who may need support.

We saw a range of current and relevant leaflets available to patients and their families to take away from the entrance and waiting areas of the practice. Some of those were available in English and Welsh. There were also two patient noticeboards at the premises which provided people with current and relevant information.

Dignified care

All patients who completed a HIW questionnaire, and those who spoke with us, said they were treated with compassion, dignity and respect. We also saw staff treating patients with kindness and taking time to listen to them when they approached reception.

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, or via the telephone. However, we heard staff speaking in soft tones to avoid others in the waiting area overhearing conversations as far as possible.

Clinical rooms were located a short distance away from the main waiting area. This reduced the likelihood of patients' consultations being overheard. However, there were occasions during our inspection, when doors to clinical rooms were not fully closed when practice staff were seeing patients.

The converted practice premises provided limited accommodation. As a result, there wasn't a dedicated room where patients could speak with staff privately. We were though, verbally assured that the treatment room or one of the consulting rooms, would be made available for that purpose, on request.

We observed that staff did not have identity badges. On the basis that it would be helpful for patients to know who they are speaking with, we advised that staff wear badges in the future, showing their first name.

The practice had a chaperone policy in place; nursing and administrative staff having performed that role to date. We were able to confirm that staff had received suitable training as chaperones to help them to understand what is expected of them at those times; one new member of staff awaiting such training at the time of our inspection. The use of chaperones aims to protect patients and healthcare staff when intimate examinations are performed. We also saw clear signs in the waiting area and consulting rooms to alert patients to their right to request a chaperone.

Examination of the content of a sample of records showed a very good example of a discussion with a family member, whose relative had a diagnosis of dementia. This showed that the practice placed an emphasis on advising the family and patient to understand their illness and the support available to them.

Improvement needed

The health board is required to provide details of how it will ensure that patients' privacy is protected when they visit the practice.

The health board is required to inform HIW of the action taken to ensure that patients are assisted to know who they are speaking with, when they visit the practice.

Patient information

There was an information screen at reception for the benefit of patients.

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. Conversations held with members of the practice team also revealed that some registered patients would benefit from the addition of check-in information in other languages. Senior managers were receptive to our suggestion to link with the relevant contractor, to make changes to this facility to

assist patients. In instances where patients preferred not to use the self check in facility, or found it difficult to use, reception staff were very willing to provide assistance.

Information for patients about the services available was easy to understand and accessible. Information was provided via the practice's website and also contained in a newsletter, copies of which were available at reception. The newsletter had been developed to assist those patients who either did not have access to a computer, or who did not wish to receive information via that means. The practice was commended for this.

We saw however, that the practice website needed to be updated to reflect changes to the practice team. Senior managers were receptive to our advice about this, and stated that the health board were in the process of addressing the issue.

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.

About a third of the patients who completed a questionnaire, told us that they wouldn't know how to access the out of hours GP service. We were though, able to confirm that such details were contained within the practice's telephone answer message.

Notes that had been made in patient records by clinicians showed that verbal and written information had been given to patients and/or their carers about their health conditions and ongoing management.

There was a consent policy in place and we were also provided with a demonstration of how patient consent had been recorded within a small sample of records. However, the consent policy did not make any reference to the Montgomery judgement². This was brought to the attention of senior health

² The law on informed consent has changed following a Supreme Court judgment (2015). Doctors must now ensure that patients are aware of any "material risks" involved in a proposed

board representatives, as it is important that staff understand the law in respect of informed consent.

The practice team was receptive to our suggestion that consideration be given to displaying information about the doctors and nurses at the practice to help them become familiar with the clinical staff.

Improvement needed

The health board is required to provide HIW with a description of the action taken, to ensure that the practice website provides patients with accurate information about its services.

The health board is required to inform HIW of the action taken to ensure that the practice's consent policy makes suitable reference to the Montgomery judgement. In addition, HIW requires a description of the action taken to ensure that all relevant staff are familiar with the law in respect of informed consent.

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 provided with a double appointment (20 minutes). Additionally, we saw that a hearing loop system was available at reception, although we found that staff had not received training in its use. Staff did, however, indicate that they had not received any requests from patients with hearing difficulties, to use the equipment, to date.

None of the patients who completed a HIW questionnaire considered themselves to be a Welsh speaker. Additionally, 11 patients who completed a

treatment, and of reasonable alternatives, following the judgment in the case *Montgomery v Lanarkshire Health Board*.

questionnaire told us that they were always able to speak to staff in their preferred language.

We saw that clinical staff personally called patients to consulting rooms.

We found that all requests for home visits were considered by a GP and then added to a daily triage³ 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.

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. Staff also described how GPs made clear what action was required following the receipt of patient test results. This included arrangements to keep test results in a prominent position on the electronic system until patients had been informed and required action taken. This meant that there were suitable processes in place to ensure that there was no delay in on-going patient care and management.

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.

Staff told us that they would shortly have access to a noticeboard that they could use to record patients' hospital admissions and deaths. This was to ensure that the practice had key, up to date information, about their practice population.

³ Triage is the process of determining the priority of patients' treatments based on the severity of their condition.

We did, however, advise that consideration should be given to the display of bilingual signs within the practice in recognition of the Welsh Language Measure⁴ (Wales) 2011.

Discussions with a GP revealed that the quality of discharge information from the local hospital was better than it used to be. This assisted with the ongoing management of patients registered with the practice.

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.

The majority of patients who completed a questionnaire told us that they were satisfied with the hours that the practice was open. However, a quarter of patients who completed a questionnaire told us that they did not find it easy to get an appointment when they needed one.

When asked within the HIW questionnaire to describe their overall experience of making an appointment, all but one patient, described their experience as good or very good.

In addition, the practice had recently employed a person in the role of health care assistant. This was, with a view to providing patients with an improved service.

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. We were also told that patient could book appointments up to four weeks in advance.

⁴ The Welsh Language (Wales) Measure was passed by the National Assembly for Wales and was given royal assent on 9 February 2011. The Welsh language's official status has a legal effect, which means that Welsh should be treated no less favourably than the English language in Wales.

Discussions with a member of the administrative staff indicated that they would inform patients verbally, if there was going to be a delay in them being seen by the doctor or nurse.

The practice was planning to operate an online appointment booking system via the My Health Online⁵ (MHOL) portal, no later than March 2018, as stated. We were also told that patients received text messages to remind them of their appointment dates and times.

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.

Staff provided us with details of a recently completed audit. Specifically, district nurses visited a number of patients with a particular long term condition who were unable to attend the surgery. The audit was put in place to ensure that the practice kept in contact with those patients and to ensure that their needs were being met in a timely way. We were also able to confirm that the practice team placed an emphasis on getting to know their patients.

Referrals to secondary care were all made via the Welsh Clinical Communications Gateway (WCCG)⁶. Referrals were checked by a nominated member of the administrative staff to ensure that they had reached the relevant hospital destination.

⁵My Health Online (MHOL) offers patients the facility to book appointments, order repeat prescriptions, update address and telephone details via the internet. <http://www.myhealthonline-inps.wales.nhs.uk/>

⁶ The Welsh Clinical Communications Gateway (WCCG) is a national system in Wales for the electronic exchange of clinical information such as referral letters.

Individual care

Planning care to promote independence

There were suitable systems in place to identify patients with additional needs, as described in detail by staff. This was in order to ensure that their individual needs were met at times when they visited the practice.

We were also informed that annual health care reviews and new patient health checks were used to obtain as much information as possible about peoples' needs. This was, in order to promote their level of independence and enable staff to provide safe and effective services. We were also informed that recent discussions had taken place within the GP cluster about how to make improvements to services for those patients with long term conditions (diabetes and respiratory conditions). This was, with a view to planning services to promote their independence as far as possible.

Senior managers described the arrangements in place to enable patients to initiate a self referral for physiotherapy advice and treatment. This service was available at the branch surgery every Friday morning; the overall emphasis being on the promotion of people's independence.

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.

We were informed that the staff team distributed questionnaires to patients who attended Brookside Surgery (and Pantglas Surgery), during July 2017 to see a GP or a nurse. Sixty questionnaires had been completed in total at Brookside Surgery.

Without exception, patients who completed that annual survey said that the helpfulness and information provided by reception staff ranged from good/very good to excellent. All respondents scored the practice overall, in the same way. Patients had also provided the practice with a number of written compliments about services received.

Points of improvement noted by the health board as a result of the survey, essentially related to patient access issues (telephone answering, appointments, timeliness of obtaining repeat prescriptions and test results). The survey analysis also described the action taken by the health board in response to people's comments.

Information about how to complain was on display in the patient's waiting room in standard sized print. However, five of the 12 patients who completed a HIW questionnaire said that they would 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 specific reference to Putting Things Right⁷ arrangements, Healthcare Inspectorate Wales, or patients' rights to seek assistance from the Public Services Ombudsman for Wales. We therefore brought this to the attention of the practice team who responded positively to our suggestion to display NHS concerns/complaint information in full.

We saw details of the complaints brought to the attention of the practice during 2017 and found that the staff team had, overall, responded to people within the timescales set out within Putting Things Right. In instances where a two day complaint acknowledgement had not been possible, the practice had contacted the persons concerned to explain why. We also saw that complaints correspondence was clear, truthful and described the action taken on completion of investigation.

Improvement needed

The health board is required to inform HIW of the action taken to ensure that patients are provided with full and prominently displayed information about how to raise a concern/complaint about their NHS care.

⁷ Putting Things Right relates to the current arrangements in Wales for raising concerns about NHS treatment.

Delivery of safe and effective care

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

We were able to confirm that the staff team at the practice placed an emphasis on ensuring the provision of high quality and safe services to patients.

All staff understood and fulfilled their roles and responsibilities to raise concerns and report incidents or near misses. The practice had robust internal communication systems in operation, which ensured no unnecessary delays in processing referrals, correspondence and test results.

We did however; identify the need for improvement in relation to aspects of infection prevention and control and records management.

Safe care

Managing risk and promoting health and safety

The practice operated from an adapted two storey building. All areas of the premises were found to be visibly clean and free from tripping hazards.

There were no automatic doors at the entrance of the premises; however, we were informed that a portable ramp would be put in place at the entrance at such times when patients with mobility difficulties needed to access the premises. We were able to confirm those arrangements. This meant that staff took time to know their patients well, as a means of providing additional support when required.

All patients who completed a HIW questionnaire said that they found it easy to get into the practice premises.

Given that Brookside Surgery is directly managed, systems and processes for managing and reporting new and existing practical risks were addressed by the

local health board. In addition, the health board was responsible for ensuring business continuity (that is, for taking prompt action in the event of power loss, computer malfunction, fire safety). The business continuity plan also took account of the need for the local health board to provide the practice with additional staff at times of unforeseen sickness and annual leave.

We were able to confirm that relevant members of the practice team, who used computer equipment for many hours each day, had been subject to a risk assessment as required by health and safety legislation. Conversations with senior managers confirmed that subsequent action was being taken, such as the ordering of new seating and other desk top equipment, to assist staff.

All sharps bins viewed in consultation rooms were not overfilled and were stored appropriately.

We were informed that risk assessments regarding the control of substances hazardous to health (CoSHH), had been completed by the cleaning company who held the contract for work at the practice. This meant that there was an appropriate emphasis on ensuring the health, safety and welfare of staff and members of the public.

Infection prevention and control

Patients, who spoke with us during the inspection, and those who completed a HIW questionnaire, were satisfied with the cleanliness and presentation of the practice premises.

Discussions with staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce the likelihood of cross infection. All clinical treatment areas viewed as part of the inspection were clean, neat and tidy. Clinical waste was stored outside in locked, appropriate containers whilst awaiting collection by an approved contractor. The only exception to this was the storage of used/sealed sharps containers which were stored safely within a room at the practice.

Curtains used in one of the consultation rooms were of a disposable material which was in-keeping with current infection prevention and control (IPC) practice. However, mobile fabric screens were present in the remaining two consulting rooms which would be difficult to keep clean. Discussions with staff and observations of the areas however, highlighted that the layout of environment prevented the fitting of disposable curtains in the two rooms mentioned.

We saw that toilets were clean and contained appropriate hand washing and drying facilities.

We found that relevant staff had received some training on the topic of IPC, although further training was required for some members of the clinical team.

We were shown a blank IPC audit document that the practice was about to use to check whether any improvement was needed to clinical processes or day to day procedures.

We were shown some occupational health information at our inspection which indicated that staff were appropriately screened in relation to Hepatitis B (a blood borne virus), prior to taking up employment. However, it was not possible to view such details for all permanent members of the clinical team, or GP locum staff. Whilst we were verbally assured that the correct process had been followed to protect staff and the public, we advised health board representatives of the need to maintain a clear register at the practice in respect of hepatitis B status in the future for ease of reference and for the purpose of inspection.

We saw that practice staff had access to a spillage kit which could be used to clean areas contaminated with bodily fluids. This was as a means of preventing cross infection.

Improvement needed

The health board is required to provide details of how it will ensure that all relevant staff complete training on the topic of infection prevention and control to a level that enables them to fulfil their responsibilities.

The health board is required to inform HIW of the action taken/to be taken to ensure that the hepatitis B status of practice staff is readily available for ease of reference and to ensure that patients and staff are protected from this blood borne virus.

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.

The practice received a once weekly visit from a pharmacist as a means of support.

We saw that there was a record of regular checks of the emergency equipment and drugs; entries being dated and signed appropriately by staff. This meant that all such equipment was ready for use in the event of a patient collapse.

Exploration of a sample of patients' records clearly showed the reasons for discontinuing, or altering patients' prescribed medication.

Safeguarding children and adults at risk

Patients who spoke with us during the inspection said that they felt safe when visiting the practice. They also told us that they were able to discuss any issues or worries they had, with members of the practice team.

There was a GP lead for the practice in relation to safeguarding. Clinical staff had either received level three training, or were working toward this qualification. Administrative and reception staff were also trained to an appropriate level of safeguarding.

There were systems in place to identify and follow-up children living in disadvantaged circumstances and who were at risk. In addition good working arrangements were described between the practice and health visitors.

There were policies in place with regard to adult and child safeguarding matters. Whilst the policies needed to be revised to reflect local safeguarding arrangements, they were supported by more detailed information (within the staff policies file) in terms of staff responsibilities and how to contact relevant agencies in normal working hours and out of hours.

A member of staff also described a safeguarding incident that was recently identified and dealt with, in accordance with all Wales safeguarding guidelines.

Medical devices, equipment and diagnostic system

We saw that patient couches in consulting rooms were adjustable. This meant that they could be used safely by people with mobility difficulties.

Effective care

Safe and clinically effective care

We held conversations with a GP and found that safety alerts were received electronically by all relevant members of the practice team. This meant that staff were provided with opportunities for learning and making improvements to the service.

We were also informed that meetings were held within the practice to analyse and discuss significant events.

Quality improvement, research and innovation

We were informed that GPs discussed the relevance of new clinical guidelines (such as those produced by The National Institute for Health and Care Guidance (NICE)⁸.

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 held conversations with practice staff and found that they had received training about how to summarise patients' records; this being a key basis for ongoing patient care and management. However, we found that there was a backlog of patients' records which needed to be summarised at the time of this inspection. Additionally, there was no planned audit activity to check the accuracy of record summaries. This was discussed with senior managers during the HIW feedback session.

We reviewed the content of a sample of patients' records and considered the quality of record keeping, to be of a good standard, in general. For example, we saw evidence of positive communication between GPs and patients about healthcare conditions and treatment plans. There was also detailed evidence of home visits, 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.

However, we identified the need for improvement as follows:

⁸ The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care

- a number of patient consultations were attributed to one particular GP. This was despite the fact that the consultations had not been undertaken by that healthcare professional. This needed to be corrected with immediate effect, for clarity and medico-legal purposes
- there were deficiencies in the application of Read⁹ coding for one particular consultation/patient. Specifically, a key area of a patient's medical history had not been properly recorded in their notes. This had the potential to impact negatively on the ongoing management of the patient concerned 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 regular audits of the content of a sample of patient records as this would assist with checking and improving the quality and accuracy of patient's records.

Improvement needed

The health board is required to inform HIW of the action to be taken to audit a sample of patient records specifically to check the accuracy of summarised health care information.

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.

⁹ Read codes are a coded thesaurus of clinical terms. They have been used in the NHS 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.

The practice had strong and visible managerial, leadership and governance arrangements in place.

We identified that staff were fully aware and informed of their roles and responsibilities within the practice. We were also informed that they felt supported in their work and that the newly appointed practice manager and health board senior staff operated an inclusive managerial approach.

We were able to confirm that members of the team were provided with the opportunity to undertake training, relevant to their work and development.

Governance, leadership and accountability

The practice has been directly managed by Cwm Taf University Health Board since July 2009. This means that all staff working at the service are directly employed and managed by the health board.

The leadership, culture, openness and transparency demonstrated by senior health board staff and the newly appointed practice manager was reflected across the practice team employed by the health board.

We were able to confirm that there were suitable arrangements in place for reporting, and responding to, patient safety incidents. We were also told that learning from such incidents was promoted at clinical/business meetings which were held on a regular basis (approximately every three months).

We were provided with the notes of meetings held during March, August and October 2017. The notes showed that a wide range of relevant operational issues were discussed including patient safety incidents, fire safety, carer's referrals, blood tests for children and online staff training. Staff also told us that they had the opportunity to contribute to meeting agendas.

We found the practice had completed a number of in-house audits. This included, prescribing practices (completed by the cluster pharmacist, complaints audits and one which focused on the care received by patients who were prescribed Warfarin therapy. We were also informed that the health board intended to broaden the programme of audit in the future as a means of identifying service areas for improvement.

There was a current practice development plan in place which highlighted the health board's intentions to improve patient services.

The acting practice manager, newly appointed practice manager and GP attend GP cluster meetings every month. We were also told that the cluster had developed good networking and collaborative arrangements, with a view to improving patient care and treatment across their defined geographical area.

Conversations with health board representatives revealed that there were plans for the primary care support team to introduce meetings for doctors across the GP cluster to share good practice and points for learning.

Staff and resources

Workforce

We found there was a very good level of engagement between senior health board staff and the practice team. Staff informed us they enjoyed working at the practice and felt well supported.

Some of the staff team had worked at the practice for a number of years, although since 2009, all but one of the GP partners had left the practice. As a result, the team had experienced a significant period of instability; with significant intervention and direct management provided by the local health board. It was evident however that the new practice manager was very motivated about the service and staff had worked tirelessly for a long period of time to ensure that patients received good quality services.

The health board continued to provide support and assistance to the practice manager and staff.

During the past six months, the health board had been able to recruit two new salaried GPs. There were therefore three permanent clinicians at the practice; with two regular locum GPs providing support to Brookside and its branch surgery. We were also informed that the practice had also been awarded 25 extra administrative hours per week from the end of September 2017 which had already had a positive impact on day to day responsibilities, as stated. We were also informed that the increase in administrative hours would assist with fulfilling its practice development plan in the near future.

Patients attending the practice had the opportunity to speak with a GP support officer who was present at the branch surgery twice weekly. The support officer was able to provide advice on, and arrange patient access to, a range of local, non-clinical services to promote their health and well-being.

Discussions with staff identified they had opportunities to attend relevant training. We were able to confirm this, via a demonstration of electronically held staff records. Discussions with a nurse confirmed that there were no concerns regarding their ability to complete training required to undertake revalidation¹⁰ of their professional registration with the Nursing and Midwifery Council (NMC).

Senior managers described the proposal to train reception staff as Navigators, with specific responsibility for signposting patients to relevant services, as required. This was, to ensure that patients received care and support from the most appropriate local source.

There was a system in place to provide staff with an annual appraisal of their work.

¹⁰ Revalidation is the new process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC.

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: Brookside Surgery

Date of inspection: 12 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
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: Brookside Surgery

Date of inspection: 12 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 health board is required to provide details of how it will ensure that patients' privacy is protected when they visit the practice.	4.1 Dignified Care	Practice staff have been asked to be vigilant and to make sure all clinical room doors are closed during all patient consultations. Staff are aware that they must comply with this request. Discussed and documented following staff meeting(s).	Practice Manager	Completed
The health board is required to inform HIW of the action taken to ensure that patients are assisted to know who they are speaking with,		'My name is' badges have been ordered for all staff working at the practice. Awaiting receipt.	Practice Manager	Badges on order

Improvement needed	Standard	Service action	Responsible officer	Timescale
when they visit the practice.				
<p>The health board is required to provide HIW with a description of the action taken, to ensure that the practice website provides patients with accurate information about its services.</p> <p>The health board is required to inform HIW of the action taken to ensure that the practice's consent policy makes suitable reference to the Montgomery judgement. In addition, HIW requires a description of the action taken to ensure that all relevant staff are familiar with the law in respect of informed consent.</p>	4.2 Patient Information	<p>Practice manager has been in contact with the website administration team and is in the process of updating the website to provide complain/concerns policy and to update staff changes.</p> <p>Consent form updated with reference to the 'Montgomery Judgement'. Consent form on practice 'G' drive and protocol folder updated.</p> <p>Email sent to all staff asking them to read the judgement, read receipt returned for all staff</p>	<p>Practice Manager</p> <p>Practice Manager</p>	<p>2 months</p> <p>Completed</p>
The health board is required to inform HIW of the action taken to ensure that patients are	6.3 Listening and Learning from	Information was already on practice notice board.		

Improvement needed	Standard	Service action	Responsible officer	Timescale
provided with full and prominently displayed information about how to raise a concern/complaint about their NHS care.	feedback	Practice has now framed procedure in a prominent place, so patients are aware of how they can raise a complaint/concern if they wish.	Practice Manager	Completed
Delivery of safe and effective care				
<p>The health board is required to provide details of how it will ensure that all relevant staff complete training on the topic of infection prevention and control to a level that enables them to fulfil their responsibilities.</p> <p>The health board is required to inform HIW of the action taken/to be taken to ensure that the hepatitis B status of practice staff is readily available for ease of reference and to ensure that patients and staff are protected from this blood borne virus.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>All administration staff are up to date with IPC training.</p> <p>The PCSU GPs are due to complete the training via ESR e:learning. Training to be completed by the end of May 2018.</p> <p>A log has been devised so show the Hepatitis B status for all staff.</p> <p>Nursing staff Hepatitis B status has been recorded.</p> <p>GPs have been asked to obtain their status from the occupational health department.</p>	<p>Practice Manager/PCSU Support Manager</p> <p>Practice Manager</p>	<p>To be completed by end of May 2018</p> <p>Hep B status to be received from Doctors by the end of May 2018</p>

<p>The health board is required to inform HIW of the action to be taken to audit a sample of patient records specifically to check the accuracy of summarised health care information.</p>	<p>3.5 Record keeping</p>	<p>Following clinical staff meeting on 18/1/18 it has been agreed that the doctors will check summarising as part of their admin role. It is to be carried out on a rotational basis.</p>	<p>Practice Manager</p>	<p>Completed</p>
<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>All staff have been sent an email stating that they are to open all consultations under 'New' not 'Existing'. Read receipts have been received.</p> <p>Staff updating patients file must ensure that they 'unclick the in practice box' to ensure Dr Nic Lewis is not recorded as the person making the entry.</p>	<p>Practice Manager</p>	<p>Completed</p>

Quality of management and leadership

There were no areas for improvement identified in relation to this aspect of our 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): Paula Morgan

Job role: Practice Manager

Date: 22nd January 2018