

General Practice General Practice Inspection (Announced)

Ferndale Medical Centre
(Maerdy-Ferndale Medical Group
Practice), Cwm Taf University
Health Board

Inspection date: 31 January 2018

Publication date: 1 May 2018

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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 Ferndale Medical Centre at 56-58 High Street, Ferndale, CF43 4XX, within Cwm Taf University Health Board on the 31 January 2018.

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 the service provided safe and effective care. However, we found some 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 available
- A comprehensive set of equipment and drugs was available to use in the event of a patient emergency (collapse)
- 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
- How information is presented and informing patients of their right to a chaperone being present
- Implement systems to promote a consistent approach for making referrals and following up urgent referrals to secondary care (hospital) services
- Demonstrating that actions following significant events have been followed up and completed.

3. What we found

Background of the service

Maerdy-Ferndale Group Practice currently provides services to approximately 7,612 patients in the Maerdy, Ferndale, Blaenllechau, Tylorstown (including Penrhys), Stanleytown, Pontygwaith, Wattstown, Ynyshir, and (parts of) Porth areas.

Services are provided from two sites, one in Maerdy (Maerdy Surgery) and the other in Ferndale (Ferndale Medical Centre). 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 Ferndale Medical Centre 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 salaried GPs, an advanced nurse practitioner, three practice nurses, a healthcare support worker, 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
- Travel advice and immunisation
- Contraception advice
- Antenatal clinic
- Cervical smears
- Baby clinic

Quality of patient experience

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

Overall, we received positive feedback from patients. The main frustrations that patients reported were in relation to arranging and getting appointments.

Some comments also indicated that patients did not always feel respected and that improvements could be made around informing patients about changes 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. 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 32 questionnaires 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).

Overall, we received positive feedback from patients. The main frustrations that patients reported were in relation to difficulties in arranging and getting appointments and continuity of GPs. Some comments also indicated that improvements could be made around informing patients about changes at the practice.

Patient comments included the following:

"The surgery at this time is very good. The only problem is try(ing) to get through by phone"

"Variable experience dependant upon GP seen"

"Improved in the last few years since taken over by the health board"

"Let the public know of changes made by the practice before they are put in place"

Staying healthy

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

We saw that a range of written health promotion material, together with information on support groups was displayed within the waiting area. This meant patients had access to help and advice on health and wellbeing related issues.

Whilst information was available, the practice should consider how best to display posters and leaflets so that patients and their carers can find information that is relevant to them more easily.

We also saw a designated notice board that contained information specifically for carers. In addition to the information displayed, a comprehensive directory¹ 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 two staff members were nominated carers champions (who carers could access for advice). Staff we spoke to were aware of who the carers champions were and their roles in this regard.

Dignified care

Overall, we found 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.

We saw staff greeting patients in a welcoming manner and treating them with respect and kindness. The majority of the patients that completed a

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

questionnaire felt that they had been treated with respect when visiting the practice. Comments made by a small number of patients, however, indicated that they did not always feel respected. Arrangements must be made to explore the possible reasons for this and action taken as appropriate.

The reception area and desk were separate to the waiting area. Telephone calls were taken in a separate room located behind the reception. These arrangements promoted privacy when staff were speaking to 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, receptionists should be reminded to speak in soft tones, wherever possible, to reduce the likelihood of conversations being overheard by patients and other visitors waiting near the reception desk. A separate room was available for patients to have private conversations with practice staff should they express a wish to do so. A notice was displayed at reception informing patients of this.

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

The practice offered chaperones. The use of chaperones aims to protect patients and healthcare staff when intimate examinations of patients are performed. Senior staff confirmed that some staff had attended relevant training. Arrangements should be made to provide training to more staff to help ensure that a suitable chaperone is always available. Signs advising patients that they could request a chaperone to be present during their consultation were not displayed within the practice. Arrangements should, therefore, be made to address this.

Improvement needed

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

- ensure patients are treated with respect at all times
- make patients aware of their right to have a chaperone present.

Patient information

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

The practice had produced a practice information booklet. This provided useful information about the services offered by the practice, including details of the practice team, opening times and the arrangements for repeat prescriptions. Information was also available on the practice's website.

A television monitor screen was located in the waiting room and was being used to provide information to patients. This included an audio and visual call system to let patients know when the doctor or nurse was ready to see them.

Arrangements were described for obtaining valid patient consent. We reviewed a sample of patients' medical records and saw evidence to indicate that appropriate discussions had taken place during consultations between clinicians and patients around proposed treatments. For the sample we considered, formal consent had not been recorded but we identified this would not need to be documented given the nature of the consultations.

Senior staff confirmed that information was given to patients during consultations with healthcare staff to help them understand their health conditions, investigations and management. Entries made within the sample of patients' medical records we reviewed demonstrated this.

Communicating effectively

The practice gave consideration to the communication needs of patients

Staff confirmed that they could use a translation and interpreter service if this was required. Staff explained, however, that sometimes they encountered difficulties with British Sign Language (BSL) interpreters cancelling at short notice. Senior staff confirmed that should practice staff encounter a problem, feedback is provided to the translation service as part of the quality monitoring process. Comments from patients confirmed that they were able to speak to practice staff in their preferred language.

A working hearing loop system was available to assist those patients with hearing difficulties and who wear hearing aids to communicate with staff.

Some written information was routinely available in both Welsh and English. Most, however, was available in English only. We were told that there were no Welsh speaking staff available at the practice. Staff told us that not many of their patients requested to communicate in Welsh and this was reflected in

comments made by patients. Given that the practice operates in Wales, however, the practice should consider providing more written information for patients in both Welsh and English. Information was not generally available in other languages or formats such as braille, large print or easy read.

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. Arrangements were described for ensuring that incoming correspondence/communication to the practice had been read and acted upon.

Senior staff explained that practice staff would contact patients should they need to return to the practice for further or repeat tests.

We were told that all staff had access to email and this was used to communicate internal messages.

We looked at a sample of five discharge summaries received from local hospitals. The quality of discharge information that had been received was considered to be adequate by the inspection team.

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. There were some, however, who told us they were dissatisfied.

Appointments were available with GPs or the advanced nurse practitioner. 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.

Information on other primary healthcare services was available within the practice. This meant that patients had information on other services they could access for advice and treatment, for example, pharmacists and minor injuries units. The practice should consider making such information available on the practice's website as a means of making this available more widely.

Arrangements via the health board were in place to provide cover for urgent medical care out of hours. Most patients that completed a questionnaire told us that they knew how to access the out of hours GP service. Given that some patients did not know, however, the practice should make arrangements to further increase patients' awareness in this regard.

When asked to describe their overall experience of making an appointment, most patients described their experience as very good or good. Over a third of patients, however, described their experience as poor or very poor.

Just under half of patients that completed a questionnaire told us that they did not find it easy to get an appointment when they needed one. In addition, some patients told us 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 saw, however, evidence of the use of local guidance and senior staff confirmed that referrals were made within 48 hours of GPs seeing patients. Given that locum GPs work at the practice, a suitable local policy should be developed to promote a consistent approach for making referrals by all GPs working at the practice. We saw an example of an urgent referral which included relevant and important information.

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 formal 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' experience of making appointments
- improve patients' access to 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 front of the building with entry via automatic doors. Disabled parking spaces were available at the rear of the building and a passenger lift (accessed via the rear entrance to the building) provided access to where the practice was located in the building. These arrangements helped people with mobility difficulties to enter the building independently and safely.

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. This information would then alert practice staff so that suitable arrangements could be made as appropriate, for example, when arranging appointments.

Within the sample of patients' medical records we reviewed, we saw evidence of a patient centred approach to care planning that involved family and carers. We also found evidence of multidisciplinary team involvement when planning care.

People's rights

Our findings that are described throughout this section, Quality of Patient Experience, indicate that the practice was aware of its responsibilities around people's rights.

For example, we saw that patients were treated with respect and 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 near the reception desk. 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 confirmed that the practice had an active Patient Participation Group (PPG) (referred to as Patient Community Group) that met regularly. This provides a forum for patients to engage with the practice team and to provide feedback with a view to improving services. Information about the PPG was available on the practice's website.

The practice had a procedure in place for patients and their carers to raise concerns or complaints about the services they receive. The procedure was in keeping with the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales, known as Putting Things Right. Whilst, information for patients was prominently displayed in the waiting area we saw slight variations in the information provided. Arrangements should be made, therefore, to provide consistent information. Reference to the complaints procedure was also made within the practice information leaflet. That available on the practice's website was out of date and arrangements must be made to address this.

Approximately two thirds 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. The practice should explore what else could be done to help improve patients' awareness of the procedure.

We reviewed a sample of the complaints reported to the practice during 2017. We saw that these had been responded to within the timescales set out within Putting Things Right. The responses were clear and set out the action taken following investigations into individual complaints.

Improvement needed

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

- provide patients and their carers with consistent information on the practice's complaints procedure
- update the complaints procedure on the practice's website.

Delivery of safe and effective care

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

Whilst, we identified some improvements were needed, we found that the practice had systems in place for the delivery of safe and effective care to patients.

We identified improvements were needed to demonstrate that actions had been completed following serious incidents and to introduce a formal system to discuss new guidelines relevant to the practice. A GP should also be identified as the safeguarding lead within written policies and procedures.

Safe care

Managing risk and promoting health and safety

As described earlier, there was level access to, and automatic doors at, the front entrance of the practice. A passenger lift was also available. The reception desk, waiting area, consulting rooms, treatment rooms and patients' toilet were all located on one floor. This helped people with mobility difficulties and parents with pushchairs to enter the building and access the practice safely. The majority of patients that completed a questionnaire felt that it was easy to get into the building. Comments from two patients, however, indicated that they did not find it very easy. Arrangements should be made to explore the reasons for this so that further improvements can be made as appropriate.

During a tour of the building, we saw that areas used by staff and patients were clean, generally tidy and generally well maintained.

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 policies. Staff demonstrated that they were able to find policies should they need to refer to them.

We saw that display screen equipment (DSE) assessments for staff had been completed as required by health and safety legislation. Fire safety equipment

was located around the practice. Labels on fire extinguishers indicated that these had been serviced within the last year to check it was working.

Infection prevention and control

Arrangements were in place to protect people from preventable healthcare associated infections.

The treatment rooms and consulting rooms appeared visibly clean. Hand washing and drying facilities were available to help reduce cross infection. 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.

Comments from patients were mixed when asked their opinion of how clean they found the practice. Whilst most felt that the practice was very clean, a number felt that the practice was fairly clean and a small number felt it was not very clean.

Nursing staff had access to up to date local policies and procedures in relation to infection prevention and control. Policies and procedures that applied to clinical areas within the wider health board were also available. Training records showed that staff had completed training on infection prevention and control.

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.

A central record of the Hepatitis B status of relevant staff working at the practice was available for inspection. This demonstrated that clinical staff had been immunised to protect themselves and others against blood borne viruses.

Medicines management

Arrangements were in place for the safe management of medicines.

Pharmacist support was provided to the practice four days per week. This meant staff at the practice had access to advice and help on medicines related matters. Arrangements were described for removing medications no longer required from the repeat prescribing list. Senior staff explained that when medication was removed a reason for this had to be recorded. We saw that the reasons for prescribing and discontinuing medication were clearly recorded within the sample of patients' medical records we reviewed.

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

Senior staff confirmed that no specific practice formulary was used. Arrangements should be made to implement an agreed formulary. This would assist clinicians to prescribe medication from a preferred list of medicines taking into account local and national guidance.

Arrangements were described for reporting concerns (including medication related issues).

A comprehensive set of emergency equipment and drugs was available to respond to a patient emergency (collapse). We saw evidence that staff checked the equipment and drugs regularly to establish they were ready to use in the event of a patient emergency. Equipment and drugs were easily accessible. We checked the emergency drugs and found they were within their expiry dates.

Improvement needed

The practice is required to provide HIW with details of the action taken to use an agreed formulary at the practice.

Safeguarding children and adults at risk

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

Arrangements were described for recording and updating relevant child protection information on the electronic patient record system. Close working with health visitors attached to the practice was described. Senior staff confirmed that the lead 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. This GP was not identified, however, on the practice's written policies and procedures and arrangements must be made to address this. Staff we spoke to confirmed that, should they have concerns about patients, they would seek advice from senior staff.

A training matrix had been developed and this showed staff had completed (mandatory) safeguarding training. We reviewed a sample of training records for nursing staff and these showed staff had completed safeguarding training to an appropriate level.

Whilst senior staff confirmed that GPs would complete child safeguarding to level 2 or 3, national guidance² recommends that GPs complete level 3 training. Arrangements should be made to achieve this. Senior staff explained that they would contact the relevant agency supplying locum GPs to confirm that their training was up to date.

Improvement needed

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

- identify a lead GP for safeguarding issues within the practice's written policies and procedures
- ensure GPs completed Level 3 safeguarding training.

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) to promote patient safety.

Senior staff confirmed that significant incidents were discussed in clinical team meetings. This was with the aim of sharing information and identifying any learning. Whilst this system was described there was no formal system in place to demonstrate whether the actions identified as a result of significant incidents had been completed. Arrangements need to be made to implement a suitable system to demonstrate that identified actions have been followed up and completed.

² Safeguarding children and young people: roles and competences for health care staff. Intercollegiate Document, Third edition: March 2014
<http://www.apagbi.org.uk/news/2014/safeguarding-intercollegiate-document-2014-released>

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:

- demonstrate that identified actions following significant incidents have been followed up and completed
- 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 records. 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.

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

We found that patient records were clear, concise and generally of good quality.

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 a good level of detail about 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 of, and the

outcome of, the consultation. The records showed they had been completed in a timely manner.

Read³ codes were used and the records also included a good level of additional detail to provide context to the Read coding. The lead GP had identified that further training for GPs would be beneficial to promote a consistent approach and increased accuracy on using Read codes.

The records of patients that had significant and long term conditions 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. The electronic record system in use allows for clinicians to categorise and record information according to significance and importance. A summary can then be produced which provides clinicians with the most relevant information at consultations. We saw an inconsistent approach being used when categorising information. This meant that clinicians may not have all the relevant and important information readily available to them during home visits or telephone consultations. Arrangements must be made, therefore, to agree a consistent approach to categorising information according to its relevance and priority.

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 a consistent approach to categorising clinical information within patients' medical records according to its relevance and priority.

Attention needs to be given to the summary produced which provides clinicians with the most relevant information at consultations.

³ Read codes are a set of clinical computer generated codes designed for use in Primary Care to record the every day care of a patient. The codes also facilitate audit activity and reporting within primary care.

Quality of management and leadership

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

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. Arrangements were described for sharing relevant information and decision making relevant to the operation of the practice

Staff were able to explain their individual roles and responsibilities and how these contributed to the overall operation of the practice. We saw that staff had attended a range of training relevant to their roles.

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 support team.

Senior staff confirmed that formal practice team and clinical team meetings regularly take place as part of the governance system. In addition informal daily discussions were also described as taking place. Together these provided opportunities for sharing information and making decisions relevant to the day to day operation of the practice. We saw minutes demonstrating these formal meeting arrangements.

A range of policies and procedures were available to guide staff in their day to day jobs. Staff were aware of how they could access these via the health board's computer network and in the policy file kept at the practice. We saw that

some of these were overdue a review. Arrangements should be made to review and update these policies and to make it clear that this has been completed.

The practice was part of the local GP cluster⁴. We were told that senior practice staff attended cluster meetings. This helped promote cluster working and engagement.

The practice had a Practice Development Plan. This identified the practice's aims and objectives, together with actions and timescales for completion.

Improvement needed

The practice is required to provide HIW with details of the action taken to update policies relevant to the operation of 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 individual roles and responsibilities, which contributed to the overall operation of the practice.

Senior staff had developed a training matrix and this showed that most staff were up to date with mandatory training. Where there were gaps, senior staff had identified this and training was being arranged as necessary. Comments from staff we spoke to also confirmed they had attended a range of training.

Staff we spoke to confirmed that they had received 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.

⁴ 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. We reviewed a sample of staff files and saw evidence of pre employment checks that had been obtained as part of the recruitment process. These included references and Disclosure and Barring Service (DBS) checks to help show that potential staff were suitable to work at the practice.

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.

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 at this inspection.			

Appendix B – Immediate improvement plan

Service: Ferndale Medical Centre

Date of inspection: 31 January 2018

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

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

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Ferndale Medical Centre

Date of inspection: 31 January 2018

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				
<p>The practice is required to provide HIW with details of the action taken to:</p> <ul style="list-style-type: none"> ensure patients are treated with respect at all times make patients aware of their right to have a chaperone present. 	4.1 Dignified Care	<p>Patients will be informed of any changes that the practice are considering, the reasons why and a date for introducing the change. This will be done via practice notices, patient participation groups, web page and newsletter.</p>	Practice Manager	On going
		<p>To help inform this process a questionnaire will be devised to ask patients if they felt they were treated with respect, by who and what the positive and or negative experience was. We will then action the results appropriately.</p>	Practice Manager	Immediately

Improvement needed	Standard	Service action	Responsible officer	Timescale
		A message has been placed on the TV information screen and posters displayed in the waiting rooms and consulting rooms informing patients of their right to a chaperone. Patients will also be offered a chaperone routinely.	Practice Manager	Immediately
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	Leaflets are being sourced in a number of different languages paying particular attention to Welsh and these will be placed in the waiting areas.	Practice Manager	July 2018
<p>The practice is required to provide HIW with details of the action taken to:</p> <ul style="list-style-type: none"> • improve patients' experience of making appointments • improve patients' access to appointments • promote a consistent approach for making referrals to other healthcare 	5.1 Timely access	<p>Taking into account patient's comments from the recent patient questionnaire the appointment system will be reviewed and we will pilot an amended appointment system for 3 months.</p> <p>The appointment system will be reviewed to ascertain if patients' access to appointments has improved.</p> <p>Additional telephone lines to be installed at the branch surgery.</p>	Practice Manager	April 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>professionals</p> <ul style="list-style-type: none"> establish urgent suspected cancer referrals have been acted upon by secondary care services. 		<p>All referrals will be sent to NHS secondary care via the safe use of WCCG electronically. GPs and the practice secretary type the referrals.</p> <p>All suspected cancer referrals to be read coded and letter given to the patient asking them to inform the practice if they have not heard within 2 weeks.</p> <p>A process has been put in place whereby admin staff check urgent suspected cancer referrals to ensure they have been sent on a daily basis</p>	<p>Lead GP</p> <p>Lead GP</p> <p>Practice Manager</p>	<p>Immediately</p> <p>Immediately</p> <p>completed</p>
<p>The practice is required to provide HIW details of the action taken to:</p> <ul style="list-style-type: none"> provide patients and their carers with consistent information on the practice's complaints procedure update the complaints procedure on the practice's website. 	<p>6.3 Listening and Learning from feedback</p>	<p>Complaints procedure policy will be displayed on the notice board in a more prominent position. The 'Putting Things Right' process will be included in the practice leaflet.</p> <p>Website will be updated with the complaints procedure.</p>	<p>Practice Manager</p> <p>Practice Manager</p>	<p>Immediately</p> <p>Informed Website designer</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The practice is required to provide HIW with details of the action taken to use an agreed formulary at the practice.	2.6 Medicines Management	Clinical prescribing staff will follow UHB prescribing formulary both electronically and hardcopy updates.	Lead GP & Clinical Pharmacist	Immediately
The practice is required to provide HIW with details of the action taken to: <ul style="list-style-type: none"> identify a lead GP for safeguarding issues within the practice's written policies and procedures ensure GPs completed Level 3 safeguarding training. 	2.7 Safeguarding children and adults at risk	A GP has been identified as the practice safeguarding lead.	Lead GP	Immediately
		All GPs, salaried and locums have completed Level 3 safeguarding training and are up to date and certificates are kept at the practice.	Lead GP	Immediately
The practice is required to provide HIW with details of the action taken to: <ul style="list-style-type: none"> to demonstrate that identified actions following significant incidents have been followed up and completed implement a formal system for staff to 	3.1 Safe and Clinically Effective care	We will make sure that when a significant event has been discussed as part of a practice meeting, lessons learned and appropriate action taken to mitigate a repeat. Outcomes will be documented and recorded.	Lead GP/Practice Manager	Immediately

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>routinely discuss new guidelines relevant to the practice.</p>		<p>Guidelines are sent via email and a read receipt is for confirmation. Paper copies are distributed and discussed during clinical meetings.</p>	<p>Practice Manager</p>	<p>completed</p>
<p>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.</p>	<p>3.4 Information Governance and Communications Technology</p>	<p>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.</p>	<p>Practice Manager</p>	<p>July 2018</p>
<p>The practice is required to provide HIW with details of the action taken to ensure a consistent approach to categorising clinical information within patients' medical records according to its relevance and priority.</p> <p>Attention needs to be given to the summary produced which provides clinicians with the most relevant information at consultations.</p>	<p>3.5 Record keeping</p>	<p>Time will be allocated for the administrative team to ensure correct priorities and read codes are entered onto the patients' medical records and that the notes are relevant.</p>	<p>Practice Manager</p>	<p>Immediately</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The practice is required to provide HIW with details of the action taken to update policies relevant to the operation of the practice.	Governance, Leadership and Accountability	All policies have been updated with initial date and review dates and relevance to the practice.	Practice Manager	Immediately

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): Sarah Bradley

Job role: Head of Primary Care & Localities

Date: 7th March 2018