



General Practice Inspection (Announced)

Wye Dean Practice / Aneurin
Bevan University Health Board

Inspection date: 1 May 2018

Publication date: 2 August 2018

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

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

In writing:

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

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	15
	Quality of management and leadership	21
4.	What next?	24
5.	How we inspect GP practices.....	25
	Appendix A – Summary of concerns resolved during the inspection	26
	Appendix B – Immediate improvement plan	27
	Appendix C – Improvement plan	28

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 Wye Dean Practice at The Old Police Station, Tintern, Chepstow, Gwent, NP1 6SE within Aneurin Bevan University Health Board on the 1 May 2018.

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

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

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

2. Summary of our inspection

We found evidence that Wye Dean Practice 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:

- Patients made extremely positive comments about the service they had received from the practice
- We saw staff were polite and courteous to patients and visitors to the practice
- The practice provided timely care for patients
- Staff confirmed that communication within the practice was good.

This is what we recommend the service could improve:

- Review written policies and procedures to ensure they all accurately reflect current arrangements at the practice
- Demonstrate that suitable staff recruitment checks have been conducted.

3. What we found

Background of the service

Wye Dean Practice currently provides services to approximately 1,900 patients within the Monmouthshire area. The practice forms part of GP services provided within the area served by Aneurin Bevan University Health Board.

The practice is owned by one GP who employs a staff team which includes two practice nurses, two healthcare support workers, a practice manager and a team of receptionists, dispensers and administration staff. Most staff have dual roles. Locum GPs work regularly at the practice (usually two days per week).

The practice provides a range of services, including:

- General medical services
- Child/baby clinic
- Chronic disease clinics
- Contraception advice
- Minor surgery
- Phlebotomy
- Travel vaccinations (including Yellow Fever)
- Non NHS services (for example completing insurance claim forms).

Wye Dean Practice is also a dispensing practice. This means that most patients can collect their medicines directly from the practice.

Quality of patient experience

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

Patients provided extremely positive comments about the approach of the staff team and the service provided at the practice.

We saw that efforts were made to protect patients' privacy and make the services offered by the practice accessible to patients.

We found that arrangements were in place to provide timely care to patients.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 20 were completed.

Patient comments included the following:

"I am perfectly satisfied with the service provided. In fact the service given by this practice is excellent. Staff are very friendly and competent at all times."

"Extremely helpful and friendly reception staff who seem to know all their patients by name and voice recognition on telephone. Medical and nursing staff superb. Everyone I know considers this to be an exceptional practice. It is a local treasure. We consider ourselves very fortunate to have it."

"Always excellent. The regular GP's are amazingly good at questioning and listening carefully. They checkout understanding and available resources. All of the nurses, reception and dispensing staff are courteous and careful. The Manager is excellent. The Practice knows us as a family, which is brilliant. A personal Practice. The locums are all well briefed and helpful."

All of the patients that completed a questionnaire were from long term patients at the practice (those that had been a patient for more than two years).

Patients were asked in the questionnaires how the practice could improve the service it provides. All of the patients felt that the service could not be improved. Comments made by patients were complimentary and included:

“Only thing I thought of was online meds ordering, but this has now been implemented.”

“100% satisfied with all aspects of practice. I have been with 5/6 surgeries in my lifetime. Without doubt this is the most helpful.”

Staying healthy

Written information to help patients and their carers to take responsibility for their own health and well being was available in the waiting room at the practice. This was in the form of leaflets and posters. Information was also displayed on a large screen television monitor.

Advice and information specifically for carers was displayed on a designated noticeboard in the waiting room. The practice had identified a Carers Champion who carers could contact for advice and support in respect of their day to day caring responsibilities.

The practice offered a range of general medical services that aims to promote patients' health and wellbeing. These included providing guidance on fitness to work, advice on long term medical conditions e.g. diabetes, safe travel advice, smoking cessation advice, immunisations and monitoring the effectiveness of certain medication e.g. Warfarin¹.

¹ Warfarin is a medicine that stops blood clotting. Warfarin is often prescribed for people who have a condition caused by a blood clot such as a pulmonary embolism (a blood clot in the lungs). People taking warfarin need to have regular blood tests to make sure the dose they are taking is correct.

Dignified care

All of the patients that completed and returned a HIW questionnaire felt that they had been treated with respect when visiting the practice. We also observed staff treating patients with courtesy and respect.

The reception desk was located in the waiting room. This presented challenges to maintaining privacy when reception staff needed to talk to patients attending the practice or over the telephone. The practice had, however, considered ways to protect patients' privacy. A sign was prominently displayed advising patients to inform reception staff if they wanted to speak to staff in private. In addition, low level music was played which helped prevent conversations from being overheard. A glass screen was between the waiting room and the reception desk which helped prevent telephone conversations from being overheard by people in the waiting room.

Consulting rooms and treatment rooms were located away from the waiting room. We saw that doors to these were closed during consultations. This helped protect patients' privacy when they were being seen by the GP or nurse.

Senior staff confirmed that patients could have a chaperone present during their consultations. The use of chaperones aims to protect patients and healthcare staff when intimate examinations of patients are performed. We were told that it was expected that the GPs would offer chaperones in appropriate circumstances. There was information displayed within the main waiting area advising patients that they could request a chaperone to be present at their consultations.

Patient information

The practice had produced an information leaflet for patients. This contained relevant information about the practice and the services offered. This information was also available on the practice's website.

We reviewed the medical records for nine patients. These clearly showed that verbal and written information had been given to patients to help them understand their medical conditions, associated investigations and management.

The practice had a written consent policy. The notes made within the medical records for a patient having minor surgery showed that a process for obtaining valid patient consent had been followed. This demonstrated that the patient had been given information about what the GP was intending to do, the reason why and the expected benefits and possible risks.

Communicating effectively

Patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language; this was true for all but one patient, who said that they could never speak to staff in their preferred language.

Reception staff confirmed that a working hearing loop was available. This helps patients who are hard of hearing (and who wear hearing aids) to communicate with staff. We also saw a booklet with a range of useful phrases (relevant for General Practices) in a number of different languages was available. This could be used to help communicate with patients whose first language is not English. Reception staff also confirmed they could access a translation service to help patients (who did not speak English) to understand what was being said during their consultations with the GP or nurse.

Some written health promotion material was routinely available in both Welsh and English. Most, however, was available in English only. We were told that one of the practice staff spoke some Welsh. Staff told us that no patients had requested to communicate in Welsh and this was reflected in the comments made by patients. Given that the practice operates in Wales, however, the practice needed to consider providing more written information routinely available in both Welsh and English. The practice's website was able to be presented in a number of different languages.

The practice had systems in place for the management of external and internal communications. These involved a mixture of paper and electronic recording systems which created some unnecessary duplication. The practice may wish to explore how the functionality of the electronic system could be used further to reduce duplication.

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 make considerable efforts to contact those patients who needed to return to the practice for further or repeat tests. This helped to ensure that patients received a follow up appointment with the GP as deemed necessary.

We looked at a sample of five discharge summaries received from local hospitals. Our discussions with senior staff indicated that quality of discharge information could be improved. This is a matter for the health board to address with the relevant hospitals.

Improvement needed

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

Timely care

The practice opened between 8:30am to 6:30pm Monday to Thursday and 8:30am to 6:00pm on Friday. A mixture of pre-bookable (routine) and on the day (urgent) appointments was offered.

All of the patients that completed and returned a HIW questionnaire told us that they were satisfied with the hours that the practice was open. They also told us that they find it easy to get an appointment when they needed one.

When asked to describe their overall experience of making an appointment, all of the patients who completed and returned a questionnaire described their experience as 'very good' or 'good'.

The practice nurses confirmed they run a number of chronic disease management clinics where patients were monitored and given advice on managing their conditions. This service aimed to reduce demand for appointments with GPs whilst ensuring that patients were seen by an appropriate healthcare professional. This would allow more time for GPs to see those patients with more complex health conditions.

The practice offered home visits to patients who were too ill to attend the practice and those who were housebound.

Arrangements via the health board were in place to provide cover for urgent medical care out of hours. All but one of the patients that completed a questionnaire told us that they would know how to access the out of hours GP service.

Senior staff confirmed that whilst in house second opinions were used, the process for this was generally informal. These aim to ensure that patients receive the most appropriate ongoing care from the most appropriate healthcare professional.

We were informed that non urgent referrals were made within 72 hours after this had been agreed with the patient. Urgent referrals were completed sooner.

Senior staff confirmed that a system was in place to check that referrals had been received and acted upon by secondary care (hospital) services.

Individual care

Planning care to promote independence

All of the patients that completed a questionnaire felt that it was 'very easy' to get into the building.

The practice building is a converted police station. There was level access to the entrance of practice. The reception desk, waiting room, treatment room and one of the consulting rooms were all located on the ground floor. Entry was via a wide doorway and internal doors were also wide enough for wheelchairs to pass through. This helped make the practice facilities accessible to patients who use wheelchairs and those with mobility difficulties. Staff confirmed that they would offer help to patients who use wheelchairs and those with mobility difficulties should this be required. The other consulting rooms were located on the first floor. A stair lift had been installed to help patients who find stairs difficult to use to access the first floor.

Practice staff confirmed that they knew their patient population very well and would make suitable arrangements to meet the needs of those with specific needs. A marker could also be placed on patients' records to highlight any individual needs that would need to be taken into consideration when arranging appointments. It was evident during the course of the inspection that the reception staff knew patients very well.

Practice staff also confirmed that when people first registered as patients with the practice they would be asked to complete a questionnaire. This was with the aim of identifying patients' individual needs so that arrangements could be made to support patients as appropriate.

Chronic disease management clinics were run by the practice nurses. These clinics allow patients to be monitored and provide opportunities to provide patients with advice and self management of chronic medical conditions e.g. diabetes, asthma and high blood pressure.

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

The majority of 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 had a procedure for dealing with complaints. Information for patients on how they may raise a concern (complaint) was displayed within waiting room. The practice's procedure was in keeping with Putting Things Right, the process for managing concerns in NHS Wales.

Whilst patients could provide comments and suggestions, the practice did not have a formal system for regularly and actively seeking patients' views. Our discussions with senior staff demonstrated, however, that where patients make suggestions for improvement, these are acted upon.

On the day of our inspection, two patients attended the practice specifically to provide us with their views. It was pleasing to hear that both were extremely happy with the attitude and approach of the staff and the overall service provided by the practice.

Improvement needed

The practice is required to provide HIW with details of the action taken to regularly and actively seek patients' feedback on the service provided by the practice.

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 found that the practice had arrangements in place for the delivery of safe and effective care to patients.

Notes made within patients' medical records were clear and concise. We did identify some improvement could be made in relation to the notes made in relation to medicines.

Safe care

Managing risk and promoting health and safety

We saw that the practice was generally clean and tidy. The treatment room was visibly clean and designed to make effective cleaning easy. No obvious environmental risks to patient or staff safety were identified. The practice had written policies in relation to health and safety.

Senior staff confirmed that there was capacity within the practice team to cover their colleagues' roles. This provided some contingency to ensure that services were maintained in the event of long term staff absence.

Senior staff confirmed that arrangements were in place with another practice (within the same GP cluster²) should the practice not be able to operate out of the existing building, for example as a result of fire or other extreme event.

² 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

Infection prevention and control

There were no concerns raised by patients over the cleanliness of the practice; all of the patients that completed a questionnaire felt that, in their opinion, the GP practice was 'very clean'.

Hand washing and drying facilities were available in key areas of the practice. Effective hand washing helps to reduce cross infection.

The treatment room and consulting rooms appeared visibly clean. We saw that personal protective equipment (PPE) such as gloves and disposable aprons were available for use by clinical staff to reduce cross infection. Nursing staff confirmed that PPE was always readily available.

The treatment room had washable flooring, worktop and cabinets to facilitate effective and easy cleaning. The other rooms were carpeted. Where frequent spillages are anticipated, the practice should consider replacing carpets in rooms, to help promote effective infection prevention and control. This decision should be informed by a local risk assessment that takes into account the intended use of the rooms.

We saw that domestic (household) waste and clinical waste (including medical sharps) had been segregated into different coloured bags/containers to ensure it was disposed of safely and correctly. Clinical waste awaiting collection was securely stored to prevent unauthorised access. Nursing staff also confirmed that only sterile single use instruments were used when performing minor surgery procedures. The use of these helps prevent cross infection.

Nursing staff had access to a policy in relation to infection prevention and control. This was in need of reviewing so that it accurately reflected the current arrangements in relation to infection control audit activity and cleaning schedules. Whilst the policy referred to relevant procedures in relation to infection prevention and control, further details and guidance for staff on such procedures could have been included.

Training records showed that not all clinical staff had completed training on infection prevention and control.

Senior staff confirmed that the Hepatitis B immunisation status of clinical staff was checked as part of the employment process. We saw that individual records had been kept. From the records available, it was unclear whether some staff needed a booster dose in addition to their initial course of vaccination injections.

Improvement needed

The practice is required to provide HIW with details of the action taken to review the infection control policy and for it to include reference to relevant procedures.

The practice is required to provide HIW with details of the action taken to confirm whether staff require a booster dose of Hepatitis B vaccine and take action as appropriate.

Medicines management

Senior staff described arrangements for identifying training required by GPs relating to prescribing medicines. The practice used a formulary and arrangements were described for updating this regularly in accordance with local and national guidance. This meant that GPs prescribed medication from a preferred list of approved medicines.

A pharmacist visited the practice every other week. This was via arrangements with the GP cluster that the practice belonged to. Whilst a valuable service was provided, comments from senior staff confirmed they felt that weekly visits would enable the pharmacist to support the practice in a more meaningful way.

Within the sample of patients' medical records we reviewed, we saw the reasons for prescribing medication had been recorded. Recording this information helps inform decision making when reviewing treatment at future consultations. Whilst this information was recorded, we saw an inconsistent approach was being used. Using an agreed approach may help GPs find this information more easily. In addition, the records we reviewed did not always include the reasons why a patient may have stopped their medication. Similarly, recording such reasons would help to inform future consultations.

Senior staff confirmed that annual reviews of patients' repeat medication were done. Where it was identified that patients were no longer taking medicines, we were told these medicines were removed from the repeat prescribing list.

The practice was a dispensing practice. This meant that most patients could collect their medicines directly from the practice. There were a number of ways by which patients could obtain their repeat prescriptions and these were

described in the practice information leaflet. Arrangements were in place for the secure storage and disposal of controlled drugs³.

The practice had equipment and drugs available for use in the event of a patient emergency (collapse) at the practice. We saw records had been kept that showed the equipment and drugs had been checked monthly. This was to check that they are always available and ready to use. A system for obtaining replacement equipment and drugs was described. Whilst checks had been completed monthly, the practice should consider increasing the frequency of such checks to weekly as recommended by guidance⁴ produced by the Resuscitation Council (UK).

Training records showed that all staff had recently attended resuscitation training.

Improvement needed

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

- promote a consistent approach by clinicians to recording reasons for prescribing medication within patients' medical records
- ensure clinicians record within patients' medical records the reasons why a patient has stopped their medication.

Safeguarding children and adults at risk

Written procedures in relation to safeguarding children and adults at risk were available. Such procedures aim to promote and protect the welfare and safety of children and adults who become vulnerable or at risk.

³ Controlled drugs are drugs which have strict and well defined management arrangements

⁴ Resuscitation Council (UK) Quality standards for cardiopulmonary resuscitation practice and training. Primary care - minimum equipment and drug lists for cardiopulmonary resuscitation (Section 2, paragraph 8) <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/#equipment>

Arrangements were described for recording and updating relevant child protection information on the electronic patient record system. Senior staff confirmed that an identified GP at the practice acted as a child and adult protection lead. This meant that staff had a local contact person to report, and discuss, concerns in relation to safeguarding issues. Health visitors were attached to the practice and arrangements for multi-professional working were described to promote the welfare and safety of children.

Training records showed that not all staff had attended safeguarding training.

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

Effective care

Safe and clinically effective care

Senior staff confirmed that patient safety incidents were reported directly via an electronic reporting system for inclusion on a national database (National Reporting and Learning System) to promote patient safety.

We were told that any significant patient safety incidents were discussed during weekly clinical meetings and shared with the wider team during practice meetings. This was with the aim of sharing relevant information and identifying any learning.

Senior staff confirmed that relevant safety alerts were circulated to the practice team as necessary. Arrangements were also described for discussing and keeping staff up to date with best practice and professional guidance.

Record keeping

As previously described, we reviewed the medical records of nine patients. These were in an electronic format, secure against unauthorised access and easy to navigate.

Entries made in the medical records were clear and concise. The notes made were sufficiently detailed to help inform decision making at subsequent consultations and so plan patients' ongoing care and treatment. We saw that all

the records included key information, such as the identity of the clinician recording the notes, the date, and the outcome of, the consultation. The records showed that entries had been made in a timely manner following each consultation. We saw that Read⁵ codes were used effectively within the sample of medical records we reviewed.

Arrangements were described for summarising information in patients' electronic medical records. We were told that only clinical staff summarised records. Summarising information helps ensure that GPs and nurses have easy access to a patient's relevant past medical history to help inform care and treatment decisions effectively and efficiently.

Senior staff confirmed that audits of patients' records were not routinely done.

Improvement needed

The practice is required to provide HIW with details of the action taken to regularly audit patients' medical records as part of quality assurance activity.

⁵ Read codes are a set of clinical computer generated codes designed for use in Primary Care to record the every day care of a patient. The codes also facilitate audit activity and reporting within primary care.

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.

We found that the practice was well run and the staff team had a patient centred approach.

We identified that some written policies and procedures would benefit from being reviewed to ensure they reflect current arrangements at the practice.

We also identified that improvement was needed around demonstrating that suitable recruitment checks are conducted.

Governance, leadership and accountability

At the time of our inspection, the practice was owned and operated by one GP. She was supported by part time locum GPs to ensure a suitable level of service to patients was maintained. A practice manager was in post and responsible for the day to day management of the practice.

A system of regular internal meetings to discuss and share information around clinical and non clinical issues was described. This formed part of the leadership and management arrangements at the practice. Staff we spoke to felt that communication within the practice was effective. Staff confirmed that they felt able to raise any work related concerns with senior staff. They also felt that their concerns would be dealt with fairly and appropriately. This demonstrates an open reporting culture that promotes staff and patient wellbeing.

As previously described, the practice was part of a local GP cluster. We were told that the GP and practice manager attended cluster meetings regularly. This helps promote cluster working and engagement. We were also told that they attended meetings with the health board to discuss clinical and service related issues.

During 2017, the practice had developed a three year practice development plan (PDP). This identified a number of actions to maintain and develop the services provided and included timescales for completion.

A range of written policies and procedures was readily available to guide staff in their day to day jobs Staff we spoke to were aware of how to access these. Whilst policies and procedures were in place, we identified that some did not reflect the current arrangements as described by staff.

Improvement needed

The practice is required to provide HIW with details of the action taken to review and update written policies and procedures so that they accurately reflect the current arrangements at the practice.

Staff and resources

Workforce

Staff we spoke to were able to describe their particular roles and responsibilities, which contributed to the overall operation of the practice. Staff working within the practice took on dual roles and worked flexibly. This meant that staff could provide cover for each other during absences, reducing the risk of disruption to services for patients.

Comments from staff indicated that they were supported to attend training relevant to their role. Senior staff had recently developed a training matrix. We were told that this had been prompted following comments from staff to help them identify, at a glance, training they had completed and when updates were due. Training information provided by senior staff showed that not all staff were up to date with training that the practice considered mandatory. Senior staff had also identified this and were addressing this.

Arrangements were described for staff appraisals and we saw examples of completed appraisals within the sample of staff files we reviewed. Appraisals help to identify training and development needs and provide an opportunity for managers to provide staff with feedback about their work.

We reviewed a sample of staff files. Not all staff had evidence on their file to show that recruitment checks, such as written references and a Disclosure and Barring Service (DBS) check, had been conducted to demonstrate they were suitable to work at the practice. This was attributed to staff having worked at the practice for some time.

Improvement needed

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

- ensure staff are up to date with mandatory training
- demonstrate that suitable recruitment checks have been conducted and that staff remain suitable to work at the practice.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect GP practices

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

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: Wye Dean Practice

Date of inspection: 1 May 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 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: Wye Dean Practice

Date of inspection: 1 May 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				
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	A section of the waiting room is to be designated for welsh language literature.	T Davies	Completed
		A sign is to be displayed in the waiting room offering information in other languages on request. All requests will be audited and if there is demand for a particular language we will designate an area for literature in that language.	T Davies	Ongoing
The practice is required to provide HIW with details of the action taken to regularly and actively seek patients' feedback on the service provided by the practice	6.3 Listening and Learning from feedback	A comments box is to be put in the patient waiting area to collect feedback from patients.	T Davies	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>These comments will be audited and provide the theme of a patient questionnaire.</p> <p>We will continually collect patient feedback and run the questionnaire at least annually or sooner if needed</p>	<p>T Davies</p> <p>T Davies</p>	<p>Ongoing</p> <p>Feedback-ongoing Questionnaire annually</p>
Delivery of safe and effective care				
The practice is required to provide HIW with details of the action taken to review the infection control policy and for it to include reference to relevant procedures.	2.4 Infection Prevention and Control (IPC) and Decontamination	The nursing team will collate the existing policies into one document, with relevant references to be included to make one document	Sister S Mason	End August
The practice is required to provide HIW with details of the action taken to confirm whether staff require a booster dose of Hepatitis B vaccine and take action as appropriate.		The Senior nurse has consulted 'Immunisation of infectious diseases (green book) Hepatitis B' which includes a section relevant to healthcare professionals at continued risk of hepatitis B.	Sister S Mason	End August

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>A booster dose of hepatitis B of 5 years post primary immunisation is still required, but once only. If necessary Hep B antibodies will be measured at that point. A new policy will be written to reflect this. All staff members Hep B status will be reviewed to reflect this.</p>		
<p>The practice is required to provide HIW with details of the action taken to:</p> <ul style="list-style-type: none"> • promote a consistent approach by clinicians to recording reasons for prescribing medication within patients' medical records • ensure clinicians record within patients' medical records the reasons why a patient has stopped their medication. 	<p>2.6 Medicines Management</p>	<p>All clinicians to continue current practice of linking new or repeat medication to existing problem list so that the reason for the medication is clear</p> <p>Encouraging use of 'problem' function in medical record will facilitate this</p> <p>When medication is stopped then encourage clinician to enter reason in the text box provided by current supplier (EMISWeb)</p> <p>At routine medication reviews the drug linkage to problem can be checked; and past drugs can also be checked for 'reason stopped'</p>	<p>Dr E Colter</p>	<p>Ongoing</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice is required to provide HIW with details of the action taken to regularly audit patients' medical records as part of quality assurance activity.</p>	<p>3.5 Record keeping</p>	<p>The practice will continue to opportunistically audit quality of patient summaries and will use Read code 93440 'electronic record notes summary verified' to record this.</p>	<p>Dr E Colter</p>	<p>Ongoing</p>
		<p>A computer template has been created to facilitate consistent read code recording of this.</p>	<p>Dr E Colter/ T Davies</p>	<p>Completed</p>
		<p>In addition the Practice Manager will randomly select a patients record once a month for the GP to check the accuracy of the patient summary</p>	<p>Dr E Colter/ T Davies</p>	<p>Ongoing</p>
<p>Quality of management and leadership</p>				
<p>The practice is required to provide HIW with details of the action taken to review and update written policies and procedures so that they accurately reflect the current arrangements at the practice.</p>	<p>Governance, Leadership and Accountability</p>	<p>All policies will be reviewed and discussed at practice/clinical meetings as appropriate.</p>	<p>T Davies</p>	<p>Ongoing</p>
<p>The practice is required to provide HIW with details of the action taken to:</p>	<p>7.1 Workforce</p>	<p>All staff are to be given protected time to complete the training outlined on their training matrix. These will be checked</p>	<p>T Davies</p>	<p>Ongoing</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> ensure staff are up to date with mandatory training demonstrate that suitable recruitment checks have been conducted and that staff remain suitable to work at the practice. 		<p>monthly to ensure that staff are making progress.</p> <p>All staff to be DBS checked to ensure they remain suitable to work at the practice</p>	T Davies	In Progress/ to complete by end August

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): Tracy Davies

Job role: Practice Manager

Date: 21.06.2018