Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Follow-up Inspection (Announced)

Meddygfa Minafon / Hywel Dda University Health Board

Inspection date: 18 July 2018

Publication date: 19 October 2018

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Digital ISBN 978-1-78964-030-4

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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 follow-up inspection of Meddygfa Minafon within Hywel Dda University Health Board on the 18 July 2018.

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

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

The health board was unable to demonstrate that progress had been made against all previously identified improvements with many needing further action. We also found a number of additional areas where the health board was not compliant with all the health and care standards.

This is what we found the service did well:

- We observed staff speaking to patients in a friendly and approachable manner
- Improvements had been made with regards to the detail within patient records.

This is what we recommend the service could improve:

Please see Appendix A for full details.

- The arrangements for maintaining patient privacy whilst holding conversations
- Implementation and recording of staff, clinical and management meetings
- Re-introduction of clinical meetings and peer review
- Introduction of a robust process for both clinical and non-clinical audit
- Support provided by the health board to the management team at the practice
- Overall arrangements for the governance of the practice.

3. What we found

Background of the service

HIW last inspected Meddygfa Minafon on 21 June 2017.

The key areas for improvement we identified at the previous inspection included the following:

- Arrangements for privacy and confidentiality of telephone discussions undertaken at the reception office
- Documentation of patient consultations
- Infection prevention and control arrangements
- Provision of staff training
- Increased staff meetings and learning from significant events
- The availability of the complaints process
- All staff to receive annual appraisals
- The support and assistance to staff during the current staffing difficulties.

The purpose of this inspection was to follow-up on the above issues identified during the inspection on the 21 June 2017.

Meddygfa Minafon currently provides services to approximately 8,261 patients in the Kidwelly, Trimsaran and Ferryside areas. The practice forms part of GP services provided within the area served by Hywel Dda University Health Board.

The practice employs a staff team which includes, one manager and one deputy practice manager, one nurse manager, two practice nurses (one vacant position), a health care assistant and a team of receptionists and administrative staff (one reception vacancy). The practice has two salaried GPs, however one was not currently working at the practice and it was the second GP's last day on the day of inspection. The practice was going to be providing its GP service solely on the provision of locum GP's moving forward. The health board had been actively recruiting for permanent GP's at the practice for a period over two years.

The practice provides a range of services, including:

- Chronic disease management such as diabetes, asthma, Chronic Obstructive Airway Disease
- Travel advice and vaccinations
- Vaccinations and immunisations (adults and children)
- Child health surveillance
- Contraception
- Cervical smear screening
- Phlebotomy.

For ease of reading, Meddygfa Minafon will be referred to as the 'practice' throughout this report.

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.

Whilst some improvements had been completed, we found that there were actions that needed to be addressed to ensure that the quality of patient experience was positive.

What improvements we identified

Areas for improvement identified at the last inspection included the following:

Staying Healthy

- The health board must ensure that only the most current practice booklet is made available.

Dignified Care

- The health board should evaluate and implement appropriate interventions to reduce the likelihood of conversations being overheard (by people waiting in the corridor behind reception area door) when patients/carers are speaking to reception staff.
- The health board should ensure that all consultation rooms have curtains available at all times.

Patient Information

- Patient records need to be monitored and regularly audited to ensure triage information is included and consultation records are completed in a comprehensive manner.
- The health board must ensure that sufficient information is available within the practice and externally regarding the contact details of the out of hours services.

Communicating Effectively

- The health board / staff working at the practice must inform patients of the need to ask them pertinent health related questions in order to facilitate their care and treatment at the practice.

Timely Care

- The health board is advised to review the current appointment systems and numbers of appointments available, ensuring patients' views are considered and acted upon accordingly.

- The health board must ensure that it has processes in place to ensure patients referred for urgent specialist consultations at hospitals have received confirmation that the referral has been received by the receiving hospital.

- The health board must develop systems which will enable the evaluation of referrals made to secondary / tertiary hospital specialities to be undertaken.

Planning care to promote independence

- The practice must recommence practice meetings in order to enable all staff to meet up regularly and discuss and plan present and future health care needs of patients.

Listening and learning from feedback

- The health board should ensure that minutes of the Patient Participation Group (PPG) meetings are published.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 16 August 2017:

Staying Healthy

- Remove all old leaflets and ensure that there is only the most up to date copy available within the Practice. Ensure this is updated on a regular basis.

Dignified Care

- Patients to remain in the waiting room until called forward for their appointment. Chairs to be removed from outside consultation rooms. A line on the floor in reception with clear notices asking patients to

respect the privacy of the person in front and to wait behind the line until the receptionist is free.

- Entrance doors to the receptionist area to be kept closed.
- Glass sliding window in reception area to remain closed when not speaking to patients.
- Longer term plan – to remove all documents to central storage. Make structural changes to back office, rewiring etc to enable receptionists on the telephone to move into this office.
- Missing curtain put up in the consultation room immediately.
- All curtains to be replaced with disposable type and Practice Nurse be responsible for their replacement as per guidelines.

Patient Information

- Carry out an immediate audit of records followed up by monthly audits. Share this information with Triage provider. When satisfied that records are being completed comprehensively audits to be carried out quarterly.
- Notice to be put on the front door and displayed prominently in the waiting room.
- Information to be put in the patient leaflets and on the website.

Communicating Effectively

- Notice to be displayed in the waiting room.
- Information added to the website through staff meeting/training Explore whether a recorded message about this can be put on the telephone system.

Timely Care

- The practice will undertake an audit of its appointments system, looking to achieve a satisfactory mix of pre-bookable and same-day appointments. The practice will seek the opinion of the Patient Participation Group on any planned changes and will re-audit the system after changes have been made.

- Staff take regular audits to ensure that urgent cancer referrals have been received. If patients have been downgraded, this information to be passed to a clinician to assess if acceptable.

- The Practice will introduce audit and review of referral patterns into its clinical meetings

Planning care to promote independence

- Fortnightly senior management meetings have commenced. The minutes are placed on the shared drive and available to all staff

- Staff meetings have commenced and will take place monthly.

- MDT, Frailty Meetings to recommence.

Listening and learning from feedback

- Practice Manager to discuss at next PPG meeting who, from the PPG, will be responsible for publishing the Minutes and where they will be published.

What we found on follow-up

Staying Healthy

This improvement had been completed as we found that the practice had replaced old literature with a single patient information leaflet available for patients to have access to within the waiting area.

Dignified Care

The health board had completed some, but not all, of the actions included in their improvement plan, to help protect the privacy and dignity of patients attending the practice. We did not see any demarcation in the waiting area requesting for patients to wait until a receptionist was free. The health board's longer term plan to make structural changes to the back office of the practice had also not started.

Other actions identified within the health board's improvement plan had been completed.

Patient Information

A sample of patient records was considered during the inspection and we found that they were comprehensive and detailed. An audit of patient records had also been undertaken to help demonstrate this.

We saw that the patient information leaflet contained the telephone numbers for the out of hours service and was also included on the website.

Communicating Effectively

We found that this improvement had been completed, and saw that information for patients was displayed within the waiting area of the practice outlining the reasons why they would be asked for health related information.

Timely Care

We found that some of the improvements had been completed, but not all.

We did not see any evidence of the practice undertaking audits or any review of the appointment booking system as stated in the improvement plan. We saw minutes of the most recent Patient Participation Group (PPG) which was last held in November 2017, which made reference to the telephone system, but did not provide any clarity regarding any actions taken to review the process.

Through discussions with staff we found that the practice had a process in place for ensuring that urgent referrals have been received by secondary care. However, it was unclear whether review of patient referrals and their clinical findings were being reviewed as we were unable to see that clinical meetings were being held, and therefore the content of these meetings.

Planning Care to Promote Independence

We were told that meetings were held to discuss individual patient needs. These included multidisciplinary team meetings (MDT), palliative care, senior management and all staff team meetings. We were however unable to see any minutes of these meetings, apart from a palliative care meeting in November 2017. We explored this with practice management who told us that the last of these meetings had been held a few months previously. We were told that due to their being no permanent GP within the practice, there was limited staff able and / or willing to take on the responsibility of holding the clinical meetings.

Listening and Learning from Feedback

We saw that the minutes of the PPG were available in the waiting area for patients to have access to.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of 18 questionnaires were completed. We also spoke to a number of patients during the inspection. Patient comments included the following:

> *"I don't use the surgery often but on the whole staff are friendly and helpful"*
>
> *"The triage service for phone calls is useful for advice and sometimes takes away the need to come to surgery."*
>
> *"Doing their best"*

Other patients made suggestions about how the practice could improve its services:

> *"Resident doctors not locums"*
>
> *"Improved access to GP's. This no doubt is governed by number of doctors within the practice."*
>
> *"By providing a regular GP who knows the patients' history."*
>
> *"Later appointments for those who work full time and find it difficult to attend daytime appointments"*

Additional findings

Dignified care

During the course of the inspection we observed conversations between reception staff and patients that could clearly be overheard by both members of the inspection team and people waiting in the reception area. We overheard personal and private information being discussed. The health board must ensure that staff are reminded of their responsibilities to protect patient privacy and dignity, and to ensure that appropriate facilities are available should such conversations need to take place.

Improvement needed

The health board must ensure that the privacy and dignity of patients is upheld at all times by ensuring that personal and private patient information is not discussed where others can overhear.

Patient information

Whilst the practice had made efforts to ensure that there was a patient information leaflet within the waiting area, we found that it was in need of updating. Staff details included within the leaflet needed to reflect the current staff employed within the practice.

Improvement needed

The health board must ensure that the patient information leaflet is updated to include accurate staff information.

Delivery of safe and effective care

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

Overall we found that the majority of improvements identified in the 2017 inspection had not been fully completed and the health board was required to take further action.

We found areas of concern in relation to patient and staff safety in respect of some arrangements for fire safety, PAT testing and some medical devices.

We did find some improvements with regards to the detail recorded within patient records.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Managing risk and promoting health and safety

- The health board must ensure that all floor coverings are fit for purpose and do not pose a trip hazard for patients.
- The health board must ensure that all seating is fit for purpose and does not pose a risk to patients.
- The health board must inform HIW describing how it intends to ensure that the maintenance of the building is monitored regularly and recorded appropriately
- The health board must ensure the safety of patients and staff in the event of a fire and valid fire risk assessment are in operation
- The health board must ensure that all appropriate electrical equipment be PAT tested to ensure the safety and wellbeing of all patients and staff at the practice.
- The health board must improve the security of clinical waste bins.

Infection Prevention and Control (IPC) and Decontamination

- The health board are recommended that all bins in toilets are foot operated and ensure feminine waste disposal bins are also available in disabled toilet facilities.
- The health board must ensure that all taps are fit for purpose and maintained adequately.

Medicines Management

- The health board must introduce systems which will identify what medication stored at the practice needs to be disposed or replaced.
- The health board must ensure that temperatures of rooms that store medicines are monitored regularly and protocols to be enacted if temperatures exceed 25 degrees C.

Safeguarding children and adults at risk

- The health board must ensure that all staff receive the designated child and adult safeguarding training and that all training records are maintained to a satisfactory standard.

Safe and Clinically Effective Care

- The health board is recommended to recommence regular meetings and ensure incidents / near misses are discussed by appropriate staff and communicated to the entire staff team to aid learning.
- The health board must introduce systems to evaluate the outcomes of referrals made to secondary / tertiary hospitals.

Record Keeping

- The health board must introduce formal systems which enable the quality assurance of summarised and coded information to be undertaken regularly.
- The health board should consider conducting audits of patients' records as part of the quality assurance activity at the practice.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

Managing Risk and Promoting Health and Safety

- A H&S and fire risk assessment of the entire building to be carried out jointly by the HDUHB and Practice Manager.
- Estates Department be invited to do a joint inspection of the Practice and minor works requests to be initiated for all repairs/improvements.
- Identify a staff member to carry out monthly H&S checks of the building, recording and feeding back findings to the Practice Manager. Increase H&S awareness through staff training to encourage the reporting of H&S issues.
- Identify a staff member to carry out regular fire drills and record outcomes.
- Ensure all electrical equipment is made available when PAT testing takes place. Relay during staff meetings the importance of checking seldom used electrical items before use to ensure they have an up to date PAT test.
- Minor works request to be initiated with Estates Dept for clinical bins to be chained to the building/ground.

Infection Prevention and Control (IPC) and Decontamination

- Foot operated bins to be placed in all toilets.
- Feminine waste disposal bin to be made available in the disabled toilets.
- (As above – Estates to visit and raise minor works request)

Medicines Management

- Nurse to carry out weekly checks on drugs, defibrillators, syringes, needles and oxygen and make a note in the log and destroy/replace as required.
- Temperatures to be regularly monitored. If temperature above 25 degrees C drugs to be removed to a cooler room. If there is evidence of this being a recurrent problem, then the practice will consider installing an air conditioning unit. Staff training to ensure nurses are aware of the guidelines to follow.

Safeguarding Children and Adults at Risk

- System to be instigated to ensure that all staff (including Locums) have received the relevant level of Safeguarding training for their

positions and that this is recorded in their training logs and updated as necessary.

Safe and Clinically Effective Care

- Staff meetings have now commenced. Incidents/near misses to be a regular agenda item for discussion and learning.
- This aspect of peer review will be introduced on a regular basis into clinical meetings

Record Keeping

- Undertake a formal review of the quality of record keeping to include clinical summaries, READ coding and data recording in clinical consultations. The Practice will identify if there are any training issues as a result of this audit.

What we found on follow-up

Managing Risk and Promoting Health and Safety

We were unable to confirm that progress had been made against the majority of the improvements identified within the improvement plan. We found that five floor tiles in reception were still posing as a safety hazard, one chair in reception had a tear in the fabric, and there was no evidence of any regular health and safety/environmental audits of the building being undertaken.

We were unable to see that neither a fire risk assessment had been undertaken nor had PAT testing being carried out. These concerns were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in insert Appendix B.

We did find that the clinical waste bins had been secured to the back of the building to improve security as described.

Infection Prevention and Control (IPC) and Decontamination

We found that the health board had completed some, but not all improvements. Foot operated bins had been replaced in the toilets; however, we were unable to see that a feminine waste disposal bin was available in the disabled toilet. We also found that a tap in one toilet was loose and in need of repair.

Medicines Management

We were able to see that regular checks were being undertaken on medication and equipment within the practice to identify what needed to be replaced or disposed of and temperatures recorded and maintained.

Safeguarding children and adults at risk

The health board was unable to confirm with certainty whether all staff had received child and adult safeguarding training due to a mixture of electronic and paper training records. An overall training matrix was not maintained, meaning management could not be certain of who had, and who had not attended this training.

Safe and Clinically Effective care

We were unable to confirm that positive action had been taken against the improvements identified.

We could not be confident that regular discussions were being held with staff to share learning from any incidents as we were unable to see evidence of any staff meetings where this had taken place.

It was not evident that peer review was taking place at the practice during clinical meetings, as we were unable to see minutes of any meetings held. This was made more difficult due to their being a lack of a permanent GP at the practice who would be able to provide clinical and peer support on a regular basis.

Record Keeping

We saw that an audit of patient records had been undertaken, this was generally in relation to clinical entries made by the GP's. We found that this was an area of improved practice during the inspection.

We did not see that the audit included a review of READ coding and data recording in clinical consultations.

Additional findings

Safe care

Managing risk and promoting health and safety

We found additional environmental issues that needed to be addressed by the health board, including a toilet door frame that needing replacing and/or fixing.

Some walls were in need of redecorating as we saw where signs had been removed some plaster and paint had also been removed from the walls.

The practice was located in a single storey building, with the patient access at the front of the building leading into the reception area. The practice had a back door entrance which led directly into the back of the practice, with access to staff offices, consultation and treatment rooms and staff only areas. This door was used by staff to access the practice and was not locked. The door was easily accessible to any members of the public and could potentially be accessed by unauthorised personnel. This was discussed with the practice management team who told us that on occasion's members of the public had used the door and were found walking around the practice, potentially with access to the whole building without staff knowing.

The health board must improve the security of the building to protect those visiting and individuals working at the practice.

Improvement needed

The health board must ensure that any new estate/environmental issues are addressed and included within the health and safety risk assessment.

The health board must improve the security of the practice building to prevent unauthorised access.

Infection prevention and control

Through discussions with staff and practice management it was unclear that the practice was fully aware of their responsibilities for the management and collection of clinical waste. Whilst we did not find any areas of immediate concern regarding the practical arrangements and safe storage of clinical waste, the practice management team must confirm with the health board the role and responsibility of the practice team regarding waste management.

Improvement needed

The health board and practice management team must clearly define the roles and responsibilities of waste management within the practice.

Safeguarding children and adults at risk

We examined the safeguarding procedures and found that the appointed safeguarding lead was not currently working at the practice. In case of need, and/or staff requiring advice, we advised that the procedure should be updated to reflect the current procedure and the person to contact in the event of a safeguarding concern.

Improvement needed

The health board must ensure that the safeguarding policy is updated to reflect the current safeguarding lead for the practice.

Medical devices, equipment and diagnostic systems

We found that where it had been determined by a clinician that a blood test was required for a patient, the surgery did not have a process in place to ensure that a patient attended for this test. We found examples where two patients were required to have blood tests in April 2018 but had not attended their appointment. We were unable to determine the reason for the non-attendance because the surgery had failed to act to ensure the patient came to their appointment. We were told that the blood test form remains in the practice for approximately six months and is then destroyed, with no attempt to engage with the patient.

Our concerns regarding this were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

Effective care

Safe and clinically effective care

We found that the practice carried out a very limited range of audits to help identify areas for improvement. Due to the nature of some of the improvements identified during the inspection, we advised the practice management team that a robust programme of audit, both clinical and non-clinical, must be introduced to ensure the service is providing safe and effective care to its patients.

Improvement needed

The health board must ensure that a programme of audit is introduced and actions plans devised where appropriate.

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 continued to be managed by Hywel Dda University Health Board. We found that significant improvements were needed to provide support to the practice on an ongoing basis to ensure the delivery of safe and effective care to patients.

Improvements were also needed to strengthen the overall governance arrangements the health board has to ensure it has sufficient oversight of the practice.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Governance, Leadership and Accountability

- The health board must engage with staff and ensure that they are supported to provide the designated services required during this period of staff shortages.
- The health board should develop a system so that training information can be accessed and reviewed easily. Where it is identified that practice staff have not attended training, arrangements should be made to address this accordingly.

Workforce

- The health board must provide HIW with details of how it will provide support to the practice during this period of staffing difficulties in order to assure that the practice delivers safe and effective care.
- The health board must establish a programme of annual appraisals for all staff.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

Governance, Leadership and Accountability

- Through clinical supervision, team meetings and 1:1's with staff.
- Through ESR – Practice Manager to attend training in late August. This system records all staff training and alerts Practice Manager when training is due for renewal.

Workforce

- Head of GMS and Associate Medical Director will provide managerial and clinical support to the Practice Manager, Clinicians and senior staff in the surgery to ensure support for the whole practice.
- As above through ESR – PADR's will be carried out annually as below and recorded in ESR:
- Admin Staff – Practice Manager
- Nurses – Nurse Manager (if Nurse Manager hasn't been appointed by the HDUHB Senior Primary Care Nurse Advisor
- Practice Manager - Head of GMS

What we found on follow-up

Governance, Leadership and Accountability

We were not provided with evidence by the health board that all actions identified during the inspection in 2017 had been completed.

The practice did not have a GP partner or salaried GP working currently, despite efforts of the health board to recruit into these positions. We found that this impacted upon the ability to provide robust clinical support to the GP's and other clinical staff working at the practice. We were told that clinical supervision is undertaken by the Associate Medical Director with the GP's at the practice. We found however that there were no records maintained.

We were told by practice management that practice meetings were taking place, however we were unable to see minutes of such meetings to confirm this. Staff also told us that practice meetings were not being held regularly

enough to enable meaningful communication within the practice. We were unable to evidence that 1:2:1 meetings were held with staff.

The practice management team were relatively new into post and also new into the healthcare service. Whilst we found that they were working very hard to provide a supportive and leadership role to all staff within the practice, they had limited experience and knowledge of the healthcare sector which inhibited their ability to do this appropriately.

A detailed discussion was held with the practice management team about staff training records. We found that records were maintained both electronically and in staff personnel files. The practice did not have a system to easily monitor the compliance with health board mandatory training and could not confirm what training staff had completed. An overall training matrix was not maintained by the practice team.

Workforce

We found that the practice remained in a state of flux, with numerous personnel changes occurring. The practice was without a lead clinician, despite the best efforts of the health board to recruit into these roles, and was reliant upon locum doctors to provide their GP services. On a day to day basis the practice was therefore effectively without a clinical lead to provide support to other clinical staff. We were unable to see that regular meetings were being held within the practice to ensure staff were communicated with and provided with information to enable them to feel fully informed and supported in their roles. Some staff did tell us however that they felt they could discuss any concerns of issues they had with the practice management team should they need to.

The practice was unable to confirm that appraisals had taken place for all staff within the past year.

Additional findings

Governance, leadership and accountability

It was concerning to find that the majority of improvements identified during the inspection in 2017 had not been completed, despite the health board providing HIW with an improvement plan with dates of completion and/or dates of intended completion of those improvements.

Through discussions with the practice management team and practice staff, it became evident that there was limited governance, accountability and support being provided into the practice. We found that staff were working hard to

provide a safe and effective service to patients, however staff morale was low and made more difficult by some complex staff contractual arrangements. We found that this had an impact on the practice management team to effectively manage, and provide support to staff within the practice. The practice management team were very much aware of the frustrations and were proposing changes to the health board to help manage the situation more effectively.

The practice manager and deputy practice manager were relatively new to both the health care service and the practice management. It became evident during our discussions that there was limited guidance and support being provided to the practice management team by the health board, and expectations of the role of a manager and deputy practice manager were unclear. In order for the practice management team to be able to undertake their roles successfully, the health board must improve the support, leadership and overall governance arrangements at the practice.

Improvement needed

The health board must tell HIW how it will support the practice management team to manage the current employment and HR staffing issues within the practice.

The health board must tell HIW how it will strengthen the governance arrangements with the practice to ensure that care is being provided in a safe and effective way.

The health board must tell HIW what actions it will take to provide additional support to the practice management team to complete the improvement plan and on an ongoing basis.

Staff and resources

Workforce

As mentioned earlier on within the report, the GP service within the practice was being provided by locum GP's, the last salaried GP left on the day of inspection. There were a number of staff vacancies that the practice management team were in the process of recruiting for. An area of concern highlighted during the inspection was as a result of there being no clinical lead within the practice. Therefore, letters coming into the practice, including patient discharge letters, were being assessed by an external GP to the practice for review and action. The GP was due to end this role by the end of the summer

2018, and it was not clear from discussions that a new process or person had been identified to undertake this role.

Improvement needed

The health board must ensure that appropriate processes are in place to review incoming patient information in the absence of a clinical lead 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 conduct follow-up inspections

Follow-up inspections can be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the Health and Care Standards 2015 relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about how HIW inspects 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: Meddygfa Minafon

Date of inspection: 18 July 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
The health board must ensure that a fire risk assessment for the surgery is undertaken to ensure the safety of those working at and patients attending the practice.	2.1 Managing risk and promoting health and safety	Fire Safety Adviser will visit the Practice on 30/7/2018 with the most recent Risk Assessment (RA) and will carry out a review and update the RA.	Fire Safety Advisor	13/08/18
The health board must ensure that all electrical equipment have appropriate safety checks to ensure the safety of those working at and patients attending the practices.	2.1 Managing risk and promoting health and safety	Clinical Engineering will visit practice to ensure all medical equipment is electrically safety tested to IEC 60601-1.	Clinical Engineering	Completed

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		Estates team will ensure all non-medical equipment is PAT tested.	Director of Estates, Facilities and Capital Management	Completed 25/7/2018
The health board must ensure it has appropriate processes in place to quickly address equipment issues for the protection of patients.	2.9 Medical Devices, Equipment and Diagnostic Systems	Clinical Engineering will visit practice to ensure all medical equipment receives a planned preventive maintenance check. Remedial action will be undertaken as necessary. Clinical Engineering to receive copies of all the Williams Medical Service sheets from the Practice Manager which state that all medical equipment in the practice received its annual calibration and electrical safety tests in October 2017 and passed. These are due to be carried out again in October 2018.	Clinical Engineering Clinical Engineering	Completed Completed 23/7/2018

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that an appropriate process is put in place to engage with patients when they fail to attend for a blood test.	5.1 Timely Access	A process is to be put in place for receptionists to carry out a weekly check to ensure that those patients who have been requested by GP Hub to have a blood test and have not collected their forms are followed up by phone/letter to make an appointment. A note will be written in the journal to say that this has been undertaken and the process will be monitored by the Senior Receptionist.	Practice Manager/ Senior Receptionist	06/08/18

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): Pamela Parker

Job role: Practice Manager

Date: 21/07/2018

Appendix C – Improvement plan

Service: Meddygfa Minafon

Date of inspection: 18 July 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 health board must ensure that the privacy and dignity of patients is upheld at all times by ensuring that personal and private patient information is not discussed where others can overhear.	4.1 Dignified Care	The Surgery has received a large donation to be spent in Kidwelly and a suggested plan will be put forward at the next Patient Participation Group (PPG) meeting (10/09/18) to look at extending and refurbishing the waiting area which will then allow more space for privacy when patients are speaking to receptionists All patient records to be transferred onto A4 files, and notes will be sent to off site	Practice Manager	30/06/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
		storage which will allow room for telephones to be moved to the rear office allowing more privacy	Practice Manager	30/06/19
The health board must ensure that the patient information leaflet is updated to include accurate staff information.	4.2 Patient Information	Patient information leaflet to be updated	Practice Manager	Completed
Delivery of safe and effective care				
The health board must ensure that any new estate/environmental issues are addressed and included within the health and safety risk assessment. The health board must improve the security of the practice building to prevent unauthorised access.	2.1 Managing risk and promoting health and safety	Health & Safety Audit to be carried out, reviewed and updated on a quarterly basis Key pad access to the rear staff entrance to be installed and maintained by Dyfed Alarms – scheduled to carry out works 20/09/18	Deputy Practice Manager Deputy Practice Manager	31/12/18 30/09/18
The health board and practice management team must clearly define the roles and responsibilities of waste management within the practice.	2.4 Infection Prevention and Control (IPC) and Decontamination	The Practice Manager is now aware of her responsibilities for waste management and has ensured quarterly returns are sent directly to her and filed	Practice Manager	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		appropriately		
The health board must ensure that the safeguarding policy is updated to reflect the current safeguarding lead for the practice.	2.7 Safeguarding children and adults at risk	Safeguarding Policy to be updated to reflect the current safeguarding lead	Practice Manager	Completed
The health board must ensure that a programme of audit is introduced and actions plans devised where appropriate.	3.1 Safe and Clinically Effective care	A programme of audit will be introduced looking initially at: • Review of DMARD monitoring and prescribing • Review of our record keeping • Review of summaries • Review of our patient appointment system Other audits will be introduced as issues arise. Once audits have been carried out the practice will reflect and adapt services in response to the findings	Practice Manager Practice Manager	30/09/19 30/09/19
Quality of management and leadership				
The health board must tell HIW how it will	Governance,	A paper completed by the Practice	Practice Manager	31/12/18

Improvement needed	Standard	Service action	Responsible officer	Timescale
support the practice management team to manage the current employment and HR staffing issues within the practice. The health board must tell HIW how it will strengthen the governance arrangements with the practice to ensure that care is being provided in a safe and effective way. The health board must tell HIW what actions it will take to provide additional support to the practice management team to complete the improvement plan and on an ongoing basis.	Leadership and Accountability	Manager will be presented to the Executive Team for consideration. The Head of GMS and Head of Workforce to meet with TUPE staff on 08/10/18 to discuss staffing issues Primary Care Nursing Team to provide support for nursing staff/HCSW Mark Barnard, Associate Medical Director to stand in as Clinical Lead to support the practice pending the return of the Clinical Lead GMS Team and various departments within the HDUHB to provide support to the practice, Quality Manager, Primary Care will	Head of GMS & Head of Workforce Practice Manager and PCT Associate Medical Director GMS Team	08/10/18 Complete-In place & ongoing Complete-In place & ongoing Complete-In place & ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
		support the practice with the improvement plan and ongoing issues	Sonia Luke, Quality Manager	Completed- In place & ongoing
The health board must ensure that appropriate processes are in place to review incoming patient information in the absence of a clinical lead at the practice.	7.1 Workforce	Review of the clinical arrangements to be undertaken - The GP Hub took over the Docman/Workflow role on 30/07/18 following the resignation of the previous GP on 27/07/18. There was no break in continuity.	Head of GMS	Completed

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

Service representative

Name (print): Pamela Parker

Job role: Practice Manager

Date: 11/09/18