

# **General Practice Follow-up Inspection (Announced)**

Meddygfa'r Sarn / Hywel Dda  
University Health Board

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

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

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

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

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

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced follow-up inspection of Meddygfa'r Sarn, Heol y Meinciau, Pontyates, Llanelli, Carmarthenshire, SA15 5TR, within Hywel Dda University Health Board on the 5 September 2018.

Our team, for the inspection comprised of two HIW inspection managers (one an inspection lead), one GP and practice manager peer reviewer and a lay reviewer (also a HIW staff member).

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

## 2. Summary of our inspection

Overall, we found that the health board had made some progress against the improvements identified during the inspection in 2017. We found, however, where some improvements had not been addressed, and where additional work was still required to ensure the Health and Care Standards were being met.

We found that the management team within the practice were committed to making positive changes for the benefit of both staff and patients, and required the support, leadership and guidance from the health board to ensure that all recommendations are achieved.

This is what we found the service did well:

- We observed staff interactions with patients to be friendly and professional
- An improved system to monitor patient referrals and communication with the out of hours service had been introduced
- Arrangements for waste storage had been addressed
- Some improvements had been made regarding patient records
- More robust processes for staff recruitment and training had been put in place.

This is what we recommend the service could improve:

- Completion of improvements identified during the inspection in May 2017
- Information for patients regarding the chaperone service and My Health Online
- Programme of maintenance to be clearly identified and completed within agreed timescales
- Immunisation status of all staff working at the practice to be collated as a priority

- Arrangements for the safe storage of drugs within the practice
- Relevant employment checks on staff to ensure they remain safe to be employed
- Completion of mandatory training, and identification of job specific training for staff
- Consideration of whether the management arrangements are appropriate to the individual needs of the practice.

## 3. What we found

### Background of the service

HIW last inspected Meddygfa'r Sarn on the 16 May 2017.

The key areas for improvement we identified included the following:

- Appointment systems must meet the needs of the population the practice serves
- The practice needs to ensure patients are aware of the chaperone facility and that staff are appropriately trained to record their attendance as chaperones
- The practice should become more involved with the My Health Online system and encourage patients to utilise the facility.
- The practice needs to identify a member(s) of staff to follow up on referrals and test results.
- The practice needs to consider improving accessibility for patients with restricted mobility.
- The practice needs to develop a programme of maintenance and refurbishment.
- GPs must maintain patient confidentiality at all times.
- The practice must ensure that all clinical waste is stored in a safe locked container until it is formally collected and disposed.
- GPs should try to ensure that prescribed medication is linked to the correct READ code wherever possible.
- The practice must be consistent and clear in the use of READ coding and a clinician should take responsibility for overseeing the work.
- The practice needs to ensure that patient records comply with National Clinical Assessment Service (NCAS) standards which will allow a locum to safely plan care on the basis of the clinical notes.
- The practice needs to consider modernising its day to day systems of working.



- The practice needs to develop a practice development plan.
- The practice needs to ensure that a robust recruitment process is in place which includes formal background checks on prospective and current employees.
- The practice needs to ensure that there are job descriptions and contracts of employment are in place.
- The practice manager needs to develop a training matrix which outlines training dates for staff to attend and who has completed the training.
- The practice manager needs to develop an annual appraisal programme which outlines individual training needs.

The purpose of this inspection was to follow-up on the above improvements identified at the last inspection in May 2017.

Meddygfa'r Sarn currently provides services to approximately 4,262 patients in the Pontyates area. 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 3 GPs, one nurse practitioner and two part time nurses, with one due to leave the practice shortly leaving one nurse vacancy. The practice also has a number of allied health professionals associated with the practice, and employs a practice manager, deputy practice manager and administrative staff.

In September 2017 the GP partners handed their contract back to the health board, resulting in the practice becoming health board managed.

The practice provides a range of services, including:

- Minor ailments and accidents
- Wound care and dressings
- Blood pressure checks
- Cervical smear tests
- Family planning
- Chronic Disease clinics (diabetes/ respiratory/ heart disease, etc.)
- Immunisations/travel advice

- Minor surgery

For ease of reading, Meddygfa'r Sarn 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.*

We found that the practice staff were committed to providing a positive experience for patients. Whilst some improvements had been completed, others were in need of further attention to ensure compliance with the Health and Care Standards.

### What improvements we identified

Areas for improvement identified at last inspection included the following:

#### *Dignified care*

- The practice needs to ensure patients are aware of the chaperone facility and that staff are appropriately trained to record their attendance.

#### *Communicating effectively*

- The practice needs to ensure the practice leaflet contains current information.

#### *Timely care*

- The practice should become more involved with the My Health Online system and encourage patients to utilise the facility.
- The practice needs to identify a member(s) of staff to follow up on referrals and test results.

#### *Planning care to promote independence*

- The practice needs to consider improving accessibility for patients with restricted mobility.

#### *Listening and learning from feedback*

- The practice needs to audit the results of the new appointment system to see if it's meeting the needs of the patients.

- The practice needs to ensure the complaints policy and the Putting Things Right leaflets are available for patients to take away.

## **What actions the service said they would take**

The service committed to take the following actions in their improvement plan dated 13 December 2017:

### *Dignified care*

- Posters to be placed in the waiting room

### *Communicating effectively*

- Practice leaflet to be updated

### *Timely care*

- Produce literature, posters, put on website, inform PPG (Patient Participation Group) to help publicise My Health On-Line
- READ coder/Scanner Clerk to have the responsibility for following up test results daily. To check that all patients on the list have had letters sent to them. To also check USC (urgent suspected cancer) referrals.

### *Planning care to promote independence*

- To arrange a site visit from the Estates Department to look at all improvements, accessibility in particular.

### *Listening and learning from feedback*

- The appointments system was changed again in line with the telephone consulting service which was introduced in November. An audit to be carried out once firmly embedded and teething problems sorted out.
- Leaflets to be made available in the waiting area.

## **What we found on follow-up**

### *Dignified care*

We found that the practice had put up posters in the waiting area informing patients of the chaperone service. Chaperone training had been received by three members of staff, however one staff member had recently left the practice. We recommended where additional improvements could be made.

### *Communicating effectively*

We saw that the practice had updated the patient information leaflet and was available in the waiting area for patients to read and to take away. The leaflet was also available in large print, to assist patients with impaired vision.

### *Timely care*

We found that the improvement regarding the use of My Health Online<sup>1</sup> was ongoing and in need of further action. We did not see that any literature or posters regarding My Health Online were available in the surgery. The surgery told us in their improvement plan that they would use their patient participation group to help advertise the service, however the practice does not have such a group. We were able to see that My Health Online was noted within the patient information leaflet and on the practice website, however, this was only in relation to ordering repeat prescriptions.

The practice had made positive progress in relation to ensuring that patient referrals and test results were followed-up in a timely manner. We found that a member of staff was appointed to ensure that regular checks were undertaken to help ensure that test results and referrals were acted upon.

### *Planning care to promote independence*

During a tour of the practice we did not find evidence to support that the access to the building had been improved for those with restricted mobility. We did find that the practice management team had made efforts to engage with the health board's estates team to make improvements to the building, however these had not been completed, despite the efforts of the practice team.

### *Listening and learning from feedback*

The practice had not undertaken an audit of the new appointment system that was introduced in November 2017, as stated in their improvement plan.

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<sup>1</sup> <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

We found that information for patients about the Putting Things Right<sup>2</sup> process was available in the waiting area.

Prior to the inspection HIW questionnaires were given to patients and carers to obtain their views on the services provided. A total of 12 questionnaires were completed. The majority of the patients that completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years). We also spoke to a number of patients during the inspection. Patient comments included the following:

*"The new appointment works much better than having to sit for an hour or two waiting to see the GP. The genuine patients who are ill get to see the GP much quicker, with no time wasters and just popping in and wasting the GP's time, week after week."*

*"I find the service has greatly improved over the last few months. The only disappointment I have is appointment times - 3 weeks is a long time."*

*"The triage service is very good. It's excellent to know that it is possible to speak to a doctor everyday if required/necessary. This gives me a great peace of mind."*

*"The staff and Dr's are very good. When ever I have to come in as an emergency they are brilliant, never been refused. Thank you."*

Other patient comments included some areas where they considered improvements could be made, such as:

*"Go online for appointments. Why do I have to wait 14 days for appointment when I need to see a doctor sooner than 2 weeks."*

*"By making appointments more easily available with one's preferred GP."*

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<sup>2</sup> <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

*"More online interaction, perhaps video consultations. More health appointments to monitor chronic conditions."*

## **Additional findings**

### **Dignified care**

Whilst posters had been put up in the waiting area of the practice advertising the chaperone facility, we recommended that posters should also be made available in the treatment rooms. This would allow patients to have better access to this information to help them make an informed decision about any proposed treatment. We also recommended that additional staff should receive appropriate chaperone training to allow the practice to be able to offer this service consistently, allowing for staff absences.

#### **Improvement needed**

The health board should increase the promotion of the chaperone service to patients and to train additional staff to be able to offer the chaperone service consistently.

### **Timely care**

Whilst we recognised during the inspection that some limited action had been taken, further work to advertise all facilities available to patients using My Health Online should be made by the health board.

#### **Improvement needed**

The health board should become actively involved in using and promoting My Health Online for the benefit of both the practice and its patients.

### **Individual care**

#### **Planning care to promote independence**

Whilst we found that the practice management team were pursuing the need to make changes to the building, i.e. hand rails outside the building and in the disabled toilet, we were unable to see that this work had been carried out by the health board. We suggested that an assessment of accessibility to the practice

needed to be undertaken to ensure the correct improvements can be identified and planned appropriately.

#### Improvement needed

The health board should ensure that it undertakes an assessment of accessibility to the practice building with consideration given to improving services and access to patients.

#### Listening and learning from feedback

The health board needs to ensure that their commitment to undertaking an audit of the appointment system is carried out, to evaluate whether it is meeting the needs of the patients. Over half of the patients that completed a questionnaire described their experience as "not at all easy" to make an appointment.

#### Improvement needed

The health board should undertake an audit the effectiveness of the appointment booking system to see if it is meeting the needs of the patients.



## Delivery of safe and effective care

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

The practice management team had made efforts to demonstrate that identified improvements had been addressed, however we found that not all areas had been completed. We noted that support was needed from the health board to ensure that some improvements were completed.

We also found a number of additional improvements that needed to be addressed by the health board.

### **What improvements we identified**

Areas for improvement identified at last inspection included the following:

#### *Managing risk and promoting health and safety*

- The practice needs to develop a programme of maintenance and refurbishment.
- GPs must maintain patient confidentiality at all times.

#### *Infection prevention and control (IPC) and decontamination*

- The practice must ensure that all clinical waste is stored in a safe locked container until it is formally collected and disposed.
- The practice must provide evidence of its staff register of immunisation status.

#### *Medicines management*

- GPs should try to ensure that prescribed medication is linked to the READ<sup>3</sup> code wherever possible

#### *Record keeping*

- The practice must be consistent and clear in the use of READ coding and a clinician should take responsibility for overseeing the work.
- The practice needs to ensure that patient records comply with NCAS standards which will allow a locum to safely plan care on the basis of the clinical notes.

### **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*

- Site visit to be arranged with Estates Department.
- Individual example noted and rectified, to be monitored to ensure this does not occur again.

#### *Infection prevention and control (IPC) and decontamination*

- .A contract to be taken out with a Clinical Waste Company, bins to be delivered.
- Register to be implemented and updated regularly.

#### *Medicines management*

- To be monitored regularly by the Clinical Lead (READ code linked to prescribed medication).

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<sup>3</sup> READ codes are the standard clinical terminology system used in General Practice in the United Kingdom.

### *Record keeping*

- To be regularly monitored by the Clinical Lead (consistent use of READ codes).

## **What we found on follow-up**

### *Managing risk and promoting health and safety*

During a tour of the practice we found that there were a number of estates issues that were in need of addressing. We saw that the practice management team had made many contacts with the health board's estates department requesting for work to be undertaken, however many were still outstanding. It was unclear whether a visit from the estates department had been carried out.

We looked in the treatment rooms and did not find that any patient records or patient information were left inappropriately to be seen.

### *Infection prevention and control (IPC) and decontamination*

We saw that a large lockable bin was available for the practice to store clinical waste prior to collection, and concluded that this improvement had been completed.

Through discussions with the practice management team, we were unable to see that a register of staff immunisation status had been completed. We were told that they had started to collect this information from staff, but that it was still in the process of being completed. We determined that this action was in need of completing as a priority.

### *Medicines management*

We considered a number of patient records during the inspection and found that whilst there were some areas of good practice with regards to linking READ codes to prescribed medication, we also noted in some records where this remained inconsistently applied. We concluded that whilst this improvement was still ongoing, it was being monitored regularly by the clinical lead within the practice.

### *Record keeping*

In the sample of patient records that we considered, on the whole we found a good standard of record keeping was being maintained. We did however find that the use of READ coding needed to be more consistent across all clinicians working at the practice. We found that the clinical lead was taking responsibility

for overseeing the application of READ codes to help ensure their use was consistently applied. We recommended that further improvements could be made.

## **Additional findings**

### **Safe care**

#### **Managing risk and promoting health and safety**

During a tour of the practice we saw that work had recently been undertaken in the patient toilet to move a sink. This had, however, left parts of the wall exposed where tiles had been removed, with some of the tiles remaining left with sharp edges. The electric supply to the hot water tap in the patient toilet also did not work, meaning that patients were only able to wash their hands using cold water. Whilst the toilet was large enough to accommodate patients with mobility difficulties and/or using wheelchairs, a hand rail was not available.

Other environmental issues we identified during the inspection included the following:

- In the office area of the practice there was a large section of carpet with a hole in, resulting in a potential trip hazard.
- In a number of treatment rooms the window blinds did not close appropriately and therefore did not uphold patient privacy and dignity.
- In one treatment room the curtains around the treatment bed were not disposable, meaning that it could possibly inhibit effective cleaning.
- We found that there was a trip hazard outside of the practice where paving slabs had become raised. We were told that a member of staff had tripped over this during the past year resulting in a fall.

We noted that the practice management team had made considerable efforts to engage the health boards' estates department to request some of the above work be completed, however they still remained outstanding.

#### **Improvement needed**

The health board must ensure that a programme of maintenance is drawn-up and a plan put in place to address any outstanding and newly identified environmental and estates issues.

## Infection prevention and control

Whilst the practice management team told us that they were in the process of collating staff immunisation records, we were unable to see this. This improvement remains outstanding and is in need of addressing as a priority.

Some staff raised concerns about the amount of time dedicated to cleaning the practice, explaining that the practice only had one domestic staff member employed over the weekends. Whilst overall day-to-day cleaning was carried out by all of the practice team, some staff felt that this was not enough to enable thorough and effective cleaning of the practice.

We noted that a member of the health board's infection control team was due to visit the practice shortly after the inspection, we recommended that the practice should seek advice regarding the walls within the treatment rooms. We found that the walls were painted breeze-blocks, which would potentially inhibit effective cleaning. The practice management team agreed to do this.

### Improvement needed

The health board must create a staff immunisation register to demonstrate that staff are appropriately immunised for the protection of both staff and patients.

The health board should consider evaluating the domestic cleaning arrangements of the practice to ensure the current arrangements are suitable to allow for effective and thorough cleaning of the practice.

## Medicines management

During a tour of the practice we saw a drugs cupboard in a treatment room that was left open. Whilst we found that the cupboard had a lock and key, the key remained in the door unlocked. This was addressed immediately by the practice and the keys were removed. The health board must put in an appropriate process to ensure that all drugs within the practice are stored securely to prevent unauthorised access, and to remind staff of the process.

### Improvement needed

The health board must ensure that drugs are stored securely within the practice to prevent unauthorised access.

## Effective care

### Record keeping

Whilst we identified that improvements had been made with regards to the use of READ codes, and some records we considered were detailed, we did find areas where improvements could be made to ensure consistency across practitioners, including:

- Thorough and accurate details of patient appointments. We found an example where an appointment date did not match up with the recordings on the patient record.
- Consent to treatment and/or examinations must be recorded in patient records.
- Abbreviations used within patient records must be clear and consistently used across all practitioners to avoid misunderstandings and ambiguity.

We suggested that the health board should consider implementing an audit of record keeping to support the improvements being made.

#### Improvement needed

The health board should introduce an audit of patient records as a measure of ensuring that patient records are continuing to improve and meeting with professional standards and guidance.

## 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 benefited from a stable workforce at a time of substantial change. Staff told us that opportunities for training had improved, and we found that the recruitment process for new staff was robust, including appropriate pre-employment checks.

We found that the practice management team had made efforts to address the issues identified during the previous inspection, but on occasions were hampered by the health board to enable them to complete all improvements identified, such as estates issues.

We recommended that the health board consider the management arrangements within the practice to ensure they meet the needs appropriately.

### What improvements we identified

Areas for improvement identified at last inspection included the following:

#### *Governance, leadership and accountability*

The practice needs to consider modernising its day to day systems of working.

Specifically;

- The current fax communication between the out of hours doctors (OOH). It would be quicker and safer for information to be exchanged electronically.
- The opening time for the practice was 9am - 6pm, however the OOH finished at 8am and commenced at 6.30pm which meant that the practice had to cover. It would be beneficial if there was more flexibility in the opening and closing times of the practice.

- No system to identify new patients who have difficulty accessing the practice.
- The practice needs to develop a practice development plan.

#### *Workforce*

- The practice needs to ensure that a robust recruitment process is in place which includes formal background checks on prospective and current employees.
- The practice needs to ensure that there are job descriptions and contracts of employment are in place.
- The practice manager needs to develop a training matrix which outlines training dates for staff to attend and who has completed the training.
- The practice manager needs to develop an annual appraisal programme which outlines individual training needs.

### **What actions the service said they would take**

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

#### *Governance, leadership and accountability*

- A trial planned for information to be delivered electronically directly into the system from the out of hours service.
- Surgery to be covered from 8am to 6.30pm.
- New registration form to be implemented for new patients to determine access needs.
- A Practice Development Plan to be developed.

#### *Workforce*



- Practice to follow HDUHB (health boards) recruitment processes and all recruitment is done via the TRAC<sup>4</sup> system which ensures robust employee checks - references, DBS.
- Job descriptions and employment contracts to be put in place by the health board's HR department.
- Training matrix to be put in place in line with personal development reviews (PDR's)
- Annual PDR's to be carried out with all staff.

## **What we found on follow-up**

### *Governance, leadership and accountability*

We found that the practice was now using electronic methods to communicate with the out of hours doctors, we were told that faxes are only used as a back-up when there is a system problem.

We were told that the practice was available to patients between the hours of 8.00am to 6.30pm, outside of the out of hours service, meaning that patients had a continuous service. We found that whilst the practice was not physically open during all of these hours, the practice was able to provide assistance to any patient who called the practice when it was not physically open.

We saw that the practice had designed a new patient registration form which included questions about patients which would help identify those who may find accessing the service difficult.

It was disappointing to find that practice development plan had not been put in place, as indicated in the submitted improvement plan.

### *Workforce*

We were satisfied that the practice had a robust recruitment process in place for recruiting any new members of staff. We considered a number of staff personnel files (both physical and electronic) during the inspection and noted

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<sup>4</sup> Electronic recruitment monitoring system

that an appropriate recruitment process had been followed, including relevant pre-employment checks.

In a sample of staff personnel files we looked at we found that both old and new employees had contracts of employment in place. We also saw that new employees (employed since the health board had taken over the practice), also had job descriptions. We were told that job descriptions for older members of staff were in the process of being drafted on an individual basis. We considered that this improvement was ongoing and in need of completion.

Whilst we found that a training matrix had been identified for staff, this included mandatory training only. It was disappointing to find that the vast majority of training identified for staff was yet to be completed. A further recommendation is made about this.

In the sample of staff personnel files we considered, we saw that where appropriate appraisal had been carried out.

## **Additional findings**

### **Governance, leadership and accountability**

Through discussions with the practice management team it was unclear whether a practice development plan had been previously developed. It was determined that a new practice development plan was required.

We found that the practice manager had responsibility for another health board managed practice within the same locality. Through discussions with both staff and the practice management team we found that the practice manager was unable to commit to spending a dedicated amount of time at this practice, resulting in potentially a lack of management and leadership within this practice. The health board should consider whether the management arrangements of the practice are sufficient to meet the individual practice needs.

#### **Improvement needed**

The health board needs to develop a practice development plan.

The health board should consider reviewing the management arrangements of the practice to determine whether they are meeting the practice needs.

### **Staff and resources**

## Workforce

We considered a number of staff personnel files during the inspection and were unable to see that Disclosure and Barring Service checks (DBS) had been undertaken on a number of staff. Through discussions with the practice management team we concluded that the health board had failed to carry out these checks when the practice was taken over by the health board in 2017.

Whilst we were able to see that an overall training matrix had been identified for staff working at the practice, it was disappointing to see that the completion rate of health board mandatory training for most staff was very low. An action plan to allow staff to complete this training needs to be addressed. As a result of an annual appraisal we also recommend that any additional training needs identified should be included in the training matrix.

It was also disappointing to find that following the health board taking over the practice in 2017, staff who had previously worked at the partnership did not benefit from a health board induction, resulting in staff not being comprehensively trained in areas such as health board IT systems, procedures, and ways of working. We saw records to show that staff employed post October 2017 had received a health board wide induction.

### Improvement needed

The health board must ensure that appropriate checks have been undertaken on staff to ensure that they remain suitable for employment.

The health board must tell HIW how it will ensure that all staff receive training, both mandatory and appropriate to their role, to enable them to carry out their roles and duties.

## 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
During a tour of the practice we found that the drugs cupboard was unlocked.	This meant that the drugs could be taken by somebody without authorised access.	This was brought to the attention of the practice management team and clinical lead of the practice immediately.	The clinical lead immediately locked the cupboard and removed the key for safe keeping.

## Appendix B – Immediate improvement plan

**Service:** Meddygfa'r Sarn

**Date of inspection:** 5 September 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 assurance issues identified				

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:** Meddygfa'r Sarn

**Date of inspection:** 5 September 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
<b>Quality of the patient experience</b>				
The health board should increase the promotion of the chaperone service to patients and to train additional staff to be able to offer the chaperone service consistently.	4.1 Dignified Care	As well as the notice already displayed in reception, further notices to be displayed clearly in each clinician's room informing patients that they have the right to request a chaperone during their clinical consultations.  Arrange chaperone training for additional staff in order to offer a consistent service	Deputy Practice Manager  Practice Manager	Completed  31/01/2019



Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board should become actively involved in using and promoting My Health Online for the benefit of both the practice and its patients</p>	<p>5.1 Timely access</p>	<p>Staff to receive training on My Health Online (MHOL).</p> <p>The MHOL service is to be publicised in the waiting area at the Practice, included on the Website and in the patient leaflet, and promoted by the local Pharmacy.</p> <p>Patient uptake has begun.</p>	<p>Deputy Practice Manager</p>	<p>Completed</p>
<p>The health board should ensure that it undertakes an assessment of accessibility to the practice building with consideration given to improving services and access to patients.</p>	<p>6.1 Planning Care to promote independence</p>	<p>Assessment of accessibility has been undertaken by the health board and high risk level priorities that were identified are being undertaken by the landlord as the health board have an internal repair lease.</p> <p>A further improvement plan will be drawn up for the whole of the building to include access for those patients with reduced mobility. This will clearly show</p>	<p>Practice/Deputy Practice Manager</p> <p>Practice/Deputy Practice Manager</p>	<p>30/11/2018</p> <p>30/11/2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		further improvements required stages of completion and when complete.		
The health board should undertake an audit the effectiveness of the appointment booking system to see if it is meeting the needs of the patients.	6.3 Listening and Learning from feedback	The Practice will carry out an audit of the effectiveness of the appointment booking system and use the feedback to improve its service.	Practice/Deputy Practice Manager	31/12/2018
<b>Delivery of safe and effective care</b>				
The health board must ensure that a programme of maintenance is drawn-up and a plan put in place to address any outstanding and newly identified environmental and estates issues.	2.1 Managing risk and promoting health and safety	Planned Maintenance Schedule currently being developed in a conjunction with the Operations Team and practice manager to achieve compliance.	Practice/Deputy Practice Manager	30/11/2018
The health board must create a staff immunisation register to demonstrate that staff are appropriately immunised for the protection of both staff and patients.  The health board should consider evaluating the domestic cleaning arrangements of the practice to ensure the current arrangements are suitable to allow for effective and thorough cleaning of the practice.	2.4 Infection Prevention and Control (IPC) and Decontamination	Immunisation Record to be completed  Infection Control inspection has been held and highlighted that the premises should be cleaned on a daily basis. Management Team are currently addressing the staffing arrangements	Deputy Practice Manager  Practice/Deputy Manager	31/12/2018  31/01/2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		with the support of HR to find a solution to this. In the meantime additional cleaning is being sourced.	Practice/Deputy Manager	31/01/2019
The health board must ensure that drugs are stored securely within the practice to prevent unauthorised access.	2.6 Medicines Management	The drugs cupboard to be kept locked at all times and key securely held	Nurse Manager	Completed
The health board should introduce an audit of patient records as a measure of ensuring that patient records are continuing to improve and meeting with professional standards and guidance.	3.5 Record keeping	Clinical Lead will carry out an audit of patient records and discuss the findings with all clinicians to aid improvement.	Clinical Lead	31/01/2019
<b>Quality of management and leadership</b>				
The health board needs to develop a practice development plan.	Governance, Leadership and Accountability	A Practice Development Plan will be established	Clinical Lead/Practice Manager	30/04/2019
The health board should consider reviewing the management arrangements of the practice to determine whether they are meeting the practice needs.		A training need analysis will be undertaken with the Practice and Deputy Practice Manager to identify any gaps and invest in appropriate training and development	Head of GMS	31/02/2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure that appropriate checks have been undertaken on staff to ensure that they remain suitable for employment.</p> <p>The health board must tell HIW how it will ensure that all staff receive training, both mandatory and appropriate to their role, to enable them to carry out their roles and duties.</p>	7.1 Workforce	<p>DBS checks on all the staff who were transferred over when the Practice became managed will be carried out with the support of HR.</p> <p>The LHB has gained agreement for transferred staff to attend the Health Board induction which will ensure that they receive the same training as all new staff. The Practice is to ensure that all staff are allocated to an induction session</p>	<p>Deputy Practice Manager</p> <p>Deputy Practice Manager</p>	<p>31/12/2018</p> <p>01/02/2019</p>

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: 17/10/2018**