



## **General Practice Inspection (Announced)**

Llanishen Court Surgery, Cardiff  
and Vale University Health Board

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2019

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In writing:

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

Or via

**Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

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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 receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

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

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Llanishen Court Surgery, Llanishen, Cardiff, CF14 5YU within Cardiff and Vale University Health Board on the 10 December 2019.

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

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

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

## 2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with the Health and Care Standards in all areas.

We observed positive and friendly interactions between staff and patients. The environment was welcoming to all, and patient's comments were generally positive about the practice.

Communication between staff within the practice was reported as good, and staff told us they felt supported by the management team.

We found areas of concern that could pose an immediate risk to the safety of patients, including processes for the safe recruitment of staff.

This is what we found the service did well:

- There were appropriate arrangements in place for medicines management
- There was a range of services available to patients including information on health promotion as well as regular clinics for ongoing conditions
- Medical records were kept to a good standard

This is what we recommend the service could improve:

- A review of the policies and procedures to ensure all are up to date

Our concerns regarding the recruitment process were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection, requesting that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

## 3. What we found

### Background of the service

Llanishen Court Surgery currently provides services to approximately 9,200 patients in the Cardiff North area. The practice forms part of GP services provided within the area served by Cardiff and Vale University Health Board.

The practice employs a staff team which includes four GP partners, six salaried GPs, three nurses, two healthcare assistants, five administrative staff, eight receptionists and a practice manager.

The practice provides a range of services, including:

- Minor surgery
- Diabetes clinic
- Respiratory clinic
- Contraception fitting
- Vaccinations.

## Quality of patient experience

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

Patients told us they were happy with their care and were treated with respect.

The staff team were clearly focused on the need to create a calm and pleasant environment within the practice. Patients we spoke with felt they were being treated with dignity and respect.

We recommended that more information is provided to patients within the waiting room to promote good health.

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. On the day of the inspection our inspectors also spoke to patients to find out about their experiences at the practice.

In total, we received 32 completed questionnaires. The vast 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).

Patients were asked in the questionnaire to rate the service provided by this GP practice. Responses were positive; the majority of patients rated the service as 'excellent' or 'very good'. Patient comments included:

*"All staff and doctors including management are all very nice always smiling always helpful and very welcoming"*

*"The reception team are very sympathetic and efficient in all aspects of their duties whenever possible I have received satisfaction"*

*"The staff always have made me feel welcome and cared for. Best surgery I have been with. Extremely happy with my care"*

Patients were asked in the questionnaires how the GP practice could improve the service it provides. Comments suggested for improvement included:



*“Practice no longer provider’s minor surgery on skin tags and warts. This can be a distressing condition and would like to see it re-introduced”*

*“Should be able to book more appointments online. Very rarely have I been able to book an appointment this way”*

*“By shortening the time between handling in the repeat prescription in and collecting it 48 hours later not before 5pm”*

## **Staying healthy**

We saw there was a variety of posters displayed in the practice waiting area, for patients to read whilst waiting for their appointment. We also saw that the practice had notice boards and a television which showcased a range of information on supporting patients such as carers advice and local support groups.

## **Dignified care**

All but one of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice. We observed patients being greeted and welcomed by reception staff in a professional and friendly manner. The reception was located just inside the entrance of the practice, and separated to the waiting room by a glass partition. We noted that the current arrangements for taking phone calls from the public was on the reception desk, and advised that even with the partition phone calls could occasionally be heard by people waiting at the desk. The practice could consider their procedures to move phone calls to a private location.

We were able to see that during appointments the doors to the consultation rooms were closed, to help protect patient privacy. Some of the consultation rooms were divided into two areas, with the treatment couch being in a separate area. This meant that patients were able to undress in privacy, when required, prior to any treatment or examination. We saw that the doors could be locked to ensure privacy was maintained.

Around two thirds of patients who completed a questionnaire told us that they could only ‘sometimes’ get to see their preferred doctor. The practice should consider how it supports patients where possible in receiving care by a GP of their choice.

There were a number of staff trained to appropriately provide a chaperone service for patients during intimate examinations, and this was clearly advertised to patients.

## Patient information

The majority of the patients who completed a questionnaire told us that they would know how to access the out of hours GP service.

The practice had a practice leaflet which contained information for patients about the practice and the services it offered. The leaflet was out of date and we recommended this should be rectified.

### Improvement needed

The practice should ensure it holds an up to date practice information leaflet.

## Communicating effectively

Every patient who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language. We were told that there was a Welsh speaking member of staff at the practice. In addition, people could receive a service in a language of their choice, and we saw evidence that the language line would be offered if a patient's first language was not English or Welsh. Whilst written information was available, this was predominantly presented in English. Arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'<sup>1</sup>.

The practice had a hearing loop to aid communication for patients with hearing difficulties, and we saw a poster advertising this in the waiting area.

All of the patients who completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand and also told us that they are involved as much as they wanted to be in decisions made about their care.

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<sup>1</sup> An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

## Timely care

The majority of the patients who completed the questionnaire told us that they were 'very satisfied' with the hours that the practice was open. The majority of patients who completed a questionnaire also said that it was 'very easy' or 'fairly easy' to get an appointment when they needed one.

We were told that requests for same day appointments were triaged by a receptionist, and then patients would be either offered an appointment with a relevant healthcare professional, or signposted to another service. The practice also promoted Choose Pharmacy<sup>2</sup> for minor ailments.

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff also described a process for keeping patients informed about any delays to their appointment times, telling us they would verbally update patients.

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

## Individual care

### Planning care to promote independence

The practice was accessible to patients using wheelchairs, those with mobility difficulties, and for those with pushchairs, as the patient area was all on ground floor.

The practice held clinics for patients with specific healthcare needs, such as asthma and diabetes, to help support them in the management of their conditions.

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[http://www.choosewellwales.org.uk/sitesplus/documents/994/Minor%20Ailments%20Services\\_L\\_eaflet\\_English.pdf](http://www.choosewellwales.org.uk/sitesplus/documents/994/Minor%20Ailments%20Services_L_eaflet_English.pdf)

## People's rights

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

### Listening and learning from feedback

The practice had a process in place to obtain patient feedback. This included a comments form that patients could complete anonymously and place in the suggestion box, as well as an online form. We discussed the arrangements for the completed feedback with the practice manager, who confirmed that he analysed and discuss feedback with staff in team meetings. From this, any changes to the practice as a result of this feedback should be communicated to patients.

We saw that the NHS Wales Putting Things Right<sup>3</sup> process was displayed in the reception area. The practice held a complaints policy and a folder for patient complaints, and kept a record that demonstrated the actions they had taken.

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<sup>3</sup> <http://www.wales.nhs.uk/ourservices/publicaccountability/puttingthingsright>

## 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 had comprehensive policies in place for checking of emergency equipment and medicines.

There was a comprehensive environmental risk assessment in place to ensure that both staff and patients were protected from risks within the practice.

Clinical staff reported that there was a positive working relationship, which enabled clinical discussions about patients when required.

A review of patient records showed that improvements were needed to some areas of record keeping.

## Safe care

### Managing risk and promoting health and safety

All but five of the patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get into the building that the GP practice is in.

During a tour of the practice, we found that it was clean and well ordered, which reduced the risk of trips and falls to patients and staff. We found a comprehensive environmental risk assessment had been completed in the past 12 months. This is important to ensure that the practice environment remains safe and fit for purpose.

We found that checks of the fire safety equipment had been carried out. We also saw that staff had completed fire safety training.

### Infection prevention and control

There were no concerns given by patients over the cleanliness of the GP practice; every patient that completed a questionnaire felt that, in their opinion, the GP practice was 'very clean' or 'fairly clean'.

Staff told us that they had personal protective equipment, such as gloves and disposable plastic aprons, to reduce cross infection. The clinical treatment areas we saw were all clean and tidy.

We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitisers were available in the treatment rooms to GPs and nurses, and on the walls of the practice there was hand sanitiser available to all.

We were satisfied from a sample of staff records that appropriate staff had completed appropriate infection control training.

We noted that all clinical staff at the practice had appropriate hepatitis B immunisation status. This protects staff and patients from possible cross infection.

### **Medicines management**

We reviewed the arrangements for the storage and handling of drugs and equipment to be used in a patient emergency (such as collapse). The Resuscitation Council UK Quality Standards for Resuscitation<sup>4</sup> stipulate, that healthcare organisations/ providers have an obligation to provide a high-quality resuscitation service. We saw that the emergency kit was of a good standard and included all of the equipment required by the Resuscitation Council UK.

We found that the practice had a process in place for checking and recording the emergency drugs and equipment on a regular basis, to ensure items remained safe and ready to use and within their expiry dates.

We saw that cardiopulmonary resuscitation (CPR) training was carried out on an annual basis for all staff.

Medication and vaccinations were stored in a locked medication fridge within the treatment room. We noted that checks had been carried out of the medication fridge temperature. It is important for medicines and vaccination to be stored at the correct temperature to ensure they remain viable and safe to use, and checked on a daily basis.

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<sup>4</sup> [Resuscitation Council UK Quality Standards for Resuscitation](#)

## **Safeguarding children and adults at risk**

We saw that the practice had safeguarding policies in place to protect children and vulnerable adults. However the policy had not been updated and information such as the designated safeguarding lead was out of date. This is covered in greater detail in the Governance and Leadership section of this report. The safeguarding lead for the practice was identified within the policy. The All Wales safeguarding guidance was available to staff within their policies and procedures file.

Upon reviewing a sample of staff records we found that staff had received appropriate training in safeguarding of children and vulnerable adults.

## **Medical devices, equipment and diagnostic systems**

We saw that the practice had a process in place to ensure that medical equipment was serviced and calibrated to help make sure they remained safe to use.

## **Effective care**

### **Safe and clinically effective care**

The practice had arrangements in place to report patient safety incidents and significant events. The sharing of safety alerts received into the practice was appropriately managed by the practice manager and shared with relevant staff. We found that any significant incidents were discussed during team meetings.

We spoke with members of the practice team on the day of our inspection, and were able to confirm that staff were encouraged and empowered to raise any concerns they may have about patients' and/or their own safety.

### **Information governance and communications technology**

We found that confidential waste was stored appropriately.

Information systems were password protected, and patient records were held securely in offices which were not accessible by the public.

### **Record keeping**

Information held in GP practices use read coding to provide a standardised vocabulary for clinicians to record patient findings and procedures. We found that the practice had a designated coding clerk in place to oversee this process. We noted that the practice regularly reviewed these read codes to ensure these

were kept at a high standard. We also saw that as a result of this process a work flow procedure guide had been produced to standardise procedures across all staff. We found this a good example of collaborative working to ensure consistency in processes.

We looked at a sample of patient records and overall, found they were of an acceptable standard. We found that on some records there were omissions in the following areas:

- Clinical information was not consistently recorded;
- Hospital letters of admission were not read coded;
- Blood requests needs to be fully documented within the clinical notes; and
- Symptom worsening advice needs to be recorded

We recommended that the practice must ensure that this is rectified to ensure the records are maintained to a consistent standard across the practice.

#### Improvement needed

The practice must ensure that records are kept in line with professional standards



## Quality of management and leadership

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

We found that practice staff were very well supported by the practice management team and were positive about opportunities for training and development.

Management and clinical team meetings were in place along with processes to share information.

We identified that improvement was needed to ensure the staff training information was up to date, staff have DBS checks and relevant recruitment checks are undertaken.

## Governance, leadership and accountability

We found that there was a cohesive practice team, who worked well together and supported each other. There was evidence of good relationships between members of the management team and the practice staff, and we found that staff morale was high during the inspection. Staff told us that communication was good within the practice, and that they felt supported by the management team.

There were four GP partners within the practice, with the responsibility of the day-to-day running being managed by a practice manager.

Nursing staff we spoke with told us that they felt supported by the GPs. They told us they were able to raise any clinical concerns with them at any time during the course of the day. This was done on an informal basis, allowing for free-flowing discussions about patients.

There were a number of meetings held within the practice, to share information between staff. Meeting minutes were taken and saved on to the computer drives, however we noted that these were difficult to find and not all staff had sufficient access to them. We recommended that meeting minutes are readily

available to all staff, and staff who were not in attendance were provided with a copy to read and agree. Staff told us that communication was good within the practice, and felt like they were able to openly discuss any issues that were concerning them.

There were a number of policies and procedures in place, which were available online to staff. Some of these were in need of updating to ensure they were relevant to the practice, and contained the most up-to-date information. We noted that these were difficult to navigate and during the course of the inspection had difficulties in finding these. The practice was reminded to ensure that policies or procedures are easily available and changes are communicated to all staff.

### Improvement needed

The practice must:

- ensure that meeting minutes are available to all staff within the practice.
- ensure policies and procedures are readily available to staff and reviewed regularly

## Staff and resources

### Workforce

There was a well-established staff team in place, with many staff members being employed for a number of years. Staff were able to describe their roles and responsibilities, and demonstrated a good understanding of the practice workings.

We looked at a number of staff training files, and were able to see that records of training undertaken had been kept. However, the practice training matrix, which records the training undertaken for all staff was out of date. It was therefore difficult to conclude quickly that all staff had received all the relevant training within appropriate timescales, and to ensure their skills and knowledge were kept up-to-date. Staff we spoke with, told us that they have access to in-house and online training, and felt supported by the practice to do this.

We were able to see that a process of staff appraisals was in place and being undertaken on a regular basis.

We found that there were limited processes in place to support the safe recruitment of staff. It was unclear, through discussions with the practice manager and through reviewing a sample of staff records, whether newly appointed and existing staff had received all the appropriate checks, such as a Disclosure and Barring Service (DBS) check to support safe recruitment and ongoing employment.

A review of other staff files and discussion with the practice manager confirmed that staff who had been employed for long periods of time had not had a DBS check.

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

In light of the above issues with regards to recruitment, the practice must ensure that they have a robust process in place for any recruitment and appointment of staff in the future. This must include carrying out the relevant pre and post appointment checks.

Clinical staff are required to register with their professional body, such as the General Medical Council (GMC)<sup>5</sup> or the Nursing and Midwifery Council (NMC)<sup>6</sup>. They must also revalidate their registration with evidence of practice and training at defined intervals. Whilst it is an individual's responsibility to ensure their registration is maintained, the practice held this information centrally, to ensure that staff remained registered with their professional body.

#### Improvement needed

The practice must:

- Maintain a clear record of staff training, and ensure that staff attend training within appropriate timescales
- Implement a clear and robust recruitment policy to ensure that all

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<sup>5</sup> <https://www.gmc-uk.org/>

<sup>6</sup> <https://www.nmc.org.uk/>

pre and post appointment checks are completed, prior to a new member of staff commencing employment.

## 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, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

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

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

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

## 5. How we inspect GP practices

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

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

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

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

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

## Appendix A – Summary of concerns resolved during the inspection

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

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

## Appendix B – Immediate improvement plan

**Service:** Llanishen Court Surgery

**Date of inspection:** 10 December 2019

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
<p><b><u>Finding</u></b></p> <p>We found that there were limited processes in place to support the safe recruitment and training of staff.</p> <p>We found in the records of a sample of members of staff, there was no evidence that Disclosure and Barring Service (DBS) checks</p> <p><b><u>Improvement needed</u></b></p> <p>The practice must:</p> <ul style="list-style-type: none"> <li>Ensure all staff (where applicable), have DBS checks completed to a level appropriate to their roles, and records are up to date.</li> </ul>	<p>Health and Care Standards (April 2015)</p> <p>7.1 Workforce</p>	<p>As of December 2019 following HIW inspection we have introduced a new Staff Information and Training Spreadsheet, a New Recruitment Policy and a Staff Induction checklist.</p> <p>We have already started to complete the Staff Information and Training Spreadsheet.</p> <p>The Induction Checklist and Recruitment policy will be used going forward at all appropriate times.</p> <p>I have attached copies of the 3 documents.</p>	GL	Already using as a working documents.



Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>DBS – We have a total of 29 staff, 2 have appropriate DBS checks in place and the other 27 have all been completed and we are now awaiting the certificates.</p> <p>I am sorry but this Word Document is difficult to use and I have been unable to complete the last 2 columns. Graeme Lewis</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):**           **Graeme Lewis**  
**Job role:**               **Practice Manager**  
**Date:**                   **19/12/2019**

## Appendix C – Improvement plan

**Service:** Llaqnishen Court Surgery

**Date of inspection:** 10 December 2019

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 practice should ensure it holds an up to date practice information leaflet.	4.2 Patient Information	Now in place, please see attached new Practice leaflet	Graeme Lewis	Completed
<b>Delivery of safe and effective care</b>				
The practice must ensure that records are kept in line with professional standards	3.5 Record keeping	I have shared with all appropriate clinicians and will review with partners initially on a monthly basis in partner meetings.	Graeme Lewis	End of February 2020
<b>Quality of management and leadership</b>				

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice must:</p> <ul style="list-style-type: none"> <li>ensure that meeting minutes are available to all staff within the practice.</li> <li>ensure policies and procedures are readily available to staff and reviewed regularly</li> </ul>	<p>Governance, Leadership and Accountability</p>	<p>All appropriate minutes of staff meetings are now stored in the 'G' drive and are available to all staff.</p> <p>Likewise, all policies and procedures are saved in the 'G' drive and are available to all members of the team. Processes are now in place for all policies to be reviewed in a timely manner.</p>	<p>Graeme Lewis</p> <p>Graeme Lewis</p>	<p>In place</p> <p>In place</p>
<p>The practice must:</p> <ul style="list-style-type: none"> <li>Maintain a clear record of staff training, and ensure that staff attend training within appropriate timescales</li> <li>Implement a clear and robust recruitment policy to ensure that all pre and post appointment checks are completed, prior to a new member of staff commencing</li> </ul>	<p>7.1 Workforce</p>	<p>Staff training provided</p> <p>Checklist and policy provided</p>	<p>Graeme Lewis</p> <p>Graeme Lewis</p>	<p>In place</p> <p>In place</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
employment.				

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):**           **Graeme Lewis**  
**Job role:**               **Practice Manager**  
**Date:**                   **20<sup>th</sup> January 2020**