



General Practice Inspection (Announced)

Bryntirion Surgery (Health Board
managed practice), Aneurin
Bevan 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 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 Bryntirion Surgery, West Street, Bargoed, CF81 8SA within Aneurin Bevan University Health Board on the 13 January 2020.

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.

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.

Clinical arrangements in place in the practice were also good, and we felt that the care delivered was of a good standard.

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
- The environmental risk assessment should be reviewed regularly

3. What we found

Background of the service

Bryntirion Surgery currently provides services to approximately 7,000 patients in the Bargoed area. The practice forms part of GP services provided within the area served by Aneurin Bevan University Health Board.

The practice employs a staff team which includes four salaried GP partners, 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 noted there were appropriate policies in place for providing feedback to the practice, and an active patient participation group to represent the views of patients within the practice.

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 28 completed questionnaires. The majority of patients who 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:

"I have always had a professional caring service from all the team at Bryntirion surgery. They listen and they help"

"Very helpful and very friendly staff at reception. I have received excellent care from the doctors for many years"

"Excellent, I like that we have a range of services available like the physio and counsellor"

Patients were asked in the questionnaires how the GP practice could improve the service it provides. Patients said they found it difficult to make an appointment. Other patient comments included:

“The surgery is open until 6.30pm however I am a worker. It would be great if they could offer med review appointments after 5pm as well as emergency departments”

“The surgery could become modern. It would be good to have more appointments after school. You can hear the receptionist on the phones, music to have more privacy”

“Reception girls are lovely but always busy. It would be good to have a more private area to discuss personal issues”

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 advertised an app where patients with smartphones could access a range of information on common health conditions and health promotion advice.

Dignified care

Every patient 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, adjacent to the waiting room. We observed on the day that the current arrangements for taking phone calls from the public was away from the reception desk, ensuring patients' privacy was respected. However, it is noted that a patient has identified they could hear a phone call at the reception desk, and we advised the practice to take this feedback on board.

We noted during the course of the day that some patients with limited mobility struggled with the chairs within the waiting room. The practice may want to consider some seating which would be easier to use for those with mobility difficulties.

We observed that during appointments the doors to the consultation rooms were closed, to help protect patient privacy. 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.

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.

Around two thirds of patients who completed a questionnaire told us that they could only 'sometimes' get to see their preferred doctor.

Patient information

All but one 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 updated during the course of the inspection to ensure patients can access the most up to date information about the practice.

Communicating effectively

All but one of the patients 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 some written information was available in Welsh, it was felt this could be extended. Arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'¹.

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.

Every patient 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.

¹ 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

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

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 Pharmacy² 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.

All of the patients who completed a questionnaire told us that they were 'very satisfied' or 'fairly satisfied' with the hours that the practice was open. The majority of the patients who completed a questionnaire said that it was 'very easy' or 'fairly easy' to get an appointment when they needed one. However, just under a third of the patients said it was 'not very easy' to get an appointment.

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 main waiting area was located on the ground floor, and there was a lift to the secondary waiting area on the first 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.

2

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 suggestion form that patients could complete anonymously and place in the suggestion box, as well as providing verbal feedback. We discussed the arrangements for the completed feedback with the practice manager, who confirmed that he analysed and discussed 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 also noted that there was an active patient participation group which allowed patient voices to be heard by representatives. This group met on a two monthly basis and allowed patient ideas to be discussed directly with the practice. A sample of the minutes of the meetings showed these covered a wide variety of topics and brought a range of ideas from patients to ensure the service was providing the highest standard of care.

We saw that the NHS Wales Putting Things Right³ process was displayed in the reception area. The practice held a complaints policy and a record of patient complaints, and kept a record that demonstrated the actions they had taken.

³ <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.

Staff reported that there was a positive working relationship between both clinical and non-clinical teams, which Empowered staff to raise concerns if they felt necessary.

The practice must ensure there is an up to date environmental risk assessment in place to ensure that both staff and patients were protected from risks within the practice.

Safe care

Managing risk and promoting health and safety

All 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 an environmental risk assessment but this was over 12 months old. The practice should ensure a regular risk assessment is completed 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.

Improvement needed

The practice must ensure that an environmental risk assessment is regularly carried out for the practice.

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 Resuscitation⁴ 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.

⁴ [Resuscitation Council UK Quality Standards for Resuscitation](#)

Medication and vaccinations were stored in a locked medication fridge. We noted that regular 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.

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 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 appropriate processes in place for the read coding of patient findings. We noted that the practice sporadically reviewed these read codes to ensure these were kept at a high standard.

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 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 that all policies and procedures are kept up to date.

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.

Overall responsibility of the practice was held by the health board with a practice manager undertaking the day-to-day management of the practice.

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.

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, and staff who could not attend were notified. We advised that managers could ask staff to read and agree to these minutes and any actions. 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. We reviewed a sample of these during the course of the inspection, including the complaints procedure, new patient policy, whistleblowing policy, and infection control arrangements. However, most of these were in need of updating to ensure they were relevant to the practice, and contained the most up-to-date information. We also felt some of these policies were not specific to the practice, and could be reviewed to ensure they were relevant to the business. 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 all policies and procedures are 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. This was due in part to a change of practice manager, and we noted that arrangements were being made as a matter of urgency to rectify this.

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.

During the course of the inspection we asked to see a sample of staff records, including Disclosure and Barring Service (DBS) checks for appropriate

members of staff. As these records were held centrally by the Health Board, it was unclear who has these checks in place. We managed to view certificate evidence for all but one GP.

Upon realisation that this was missing, an application was immediately instigated, and was submitted prior to the end of the inspection. Details of this are provided in Appendix A.

Clinical staff are required to register with their professional body, such as the General Medical Council (GMC)⁵ or the Nursing and Midwifery Council (NMC)⁶. 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 health board must ensure that all staff have appropriate pre-employment checks in place and these are readily available upon request.

⁵ <https://www.gmc-uk.org/>

⁶ <https://www.nmc.org.uk/>

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
One member of clinical staff did not have a valid Disclosure and Barring Service (DBS) check in place	This could have the potential to put patients at risk if staff have access to patients without appropriate checks.	HIW escalated the concern to the practice manager and health board representatives during the course of the inspection.	The practice immediately initiated an application for a DBS check, which was submitted prior to the end of the inspection.

Appendix B – Immediate improvement plan

Service: Bryntirion Surgery

Date of inspection: 13 January 2020

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 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: Bryntirion Surgery

Date of inspection: 13 January 2020

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				
No areas for improvement were found in this section				
Delivery of safe and effective care				
The practice must ensure that an environmental risk assessment is regularly carried out for the practice.	2.1 Managing risk and promoting health and safety	Environmental Risk Assessments will be implemented with immediate effect. The Practice has contacted relevant Department within the Health Board for correct risk assessment forms and guidance.	Nicola Goodfellow	Immediate
Quality of management and leadership				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure all policies and procedures are reviewed regularly.	Governance, Leadership and Accountability	Policies and procedures are now reviewed by the Practice Manager monthly. Staff are informed of any changes via email and Practice Meetings.	Nicola Goodfellow	Immediate
The health board must ensure that all staff have appropriate pre-employment checks in place and these are readily available upon request.	7.1 Workforce	The Health Board have ensured that all staff have appropriate pre-employment checks in place. This information can be obtained via the Health Board Occupation Health Department.	Nicola Goodfellow	Immediate

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): Nicola Goodfellow

Job role: Director Manager of Managed Practices

Date: 27/02/2020