

General Practice Inspection Report (Announced)

Llanyravon Surgery - Cwmbran
Village Surgery, Aneurin Bevan
University Health Board

Inspection date: 4 October 2022

Publication date: 30 January 2023



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

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

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

Or via

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

Digital ISBN 978-1-80535-330-0

© Crown copyright 2023

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	10
• Quality of Patient Experience.....	10
• Delivery of Safe and Effective Care.....	16
• Quality of Management and Leadership	22
4. Next steps.....	24
Appendix A - Summary of concerns resolved during the inspection	25
Appendix B - Immediate improvement plan.....	26
Appendix C - Improvement plan	33

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Llanyravon Surgery, a branch of Cwmbran Village Surgery, Aneurin Bevan University Health Board on 4 October 2022.

Our team for the inspection comprised of two HIW Inspectors and three clinical peer reviewers. The inspection was led by a HIW Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Overall, we found that Llanyravon Surgery strived to offer a caring and friendly service to patients.

We witnessed staff treating patients in a kind and professional manner and we were assured by the arrangements in place to protect the privacy and dignity of patients.

We identified that the practice required improvements to the information provided to patients, particularly when in the waiting area. We found that the practice would benefit from greater engagement with patients regarding the gathering of patient feedback and suggestions to further improve the surgery.

This is what we recommend the service can improve:

- Encourage those who may wish to communicate through the medium of Welsh to do so
- Display and make more readily available the NHS Putting Things Right procedure
- Formalise a standardised procedure for the peer review of secondary care referrals and in-house referrals
- Develop and enable access to a range of leaflets and patient feedback forms in accessible formats (E.g. Easy-read, braille or large print).

This is what the service did well:

- Patients were spoken to in a friendly and helpful manner
- All patient areas had level access
- Patient confidentiality was always maintained
- The practice had robust arrangements for chaperones if required.

Safe and Effective Care

Overall summary:

Patients were provided with safe and effective care at Llanyravon Surgery. However, we found multiple concerns related to the building and environment that could pose a risk to patient safety. These concerns were dealt with under our immediate assurance process. Shortly after our visit, we received assurance from the practice that these concerns have now been satisfactorily resolved.

Record keeping was of a good standard with only minor improvements required regarding the use of the correct Read Codes.

We were satisfied that suitable arrangements were in place to safeguard children and vulnerable or at-risk adults.

A formal system of peer review needed to be implemented as well as a more robust process for the sharing of information with the whole of the practice team. We also recommend improvements in some areas of medicines management and prescribing protocols.

Immediate assurances:

HIW was not assured that environmental risks within the surgery were managed appropriately, for example fire prevention, gas and electrical safety.

Furthermore, HIW was not assured that the practice had in place suitable arrangements for the checking of emergency drugs and equipment, nor the replacement of expired emergency drugs and equipment at the practice.

On the day of our visit, HIW was also not assured that refrigerated medicines were always stored appropriately at the practice.

This is what we recommend the service can improve:

- Have in place an alternative antibiotic to treat bacterial meningitis for patients allergic to penicillin and/or develop a protocol for treatment in this instance
- Develop and implement a formal policy that provides clarity for patients on who can provide requests for repeat prescriptions to Llanyravon Surgery
- Implement an agreed formulary
- Regularly review the prescribing system in place at the practice
- Ensure patients' medical records contain sufficient details for the removal of medication from the repeat prescribing list
- Both practices to have signed copies of Patient Group Directions for administration of medication by specific clinical groups
- Develop a robust mechanism to enable a prompt response for help within the practice should it be needed
- Undertake an infection prevention and control audit
- Formalise meetings with the wider clinical team that works alongside the practice (e.g., health visitors and the district nursing team)
- Develop an ongoing assessment of record keeping ensuring that patient records are coded using the correct Read Codes

- Develop an ongoing assessment of summarisations undertaken by non-clinical staff
- Ensure that all staff are aware of the location and how to access emergency drugs and equipment
- Provide minutes for clinical meetings to encourage learning and cohesive clinical working.

This is what the service did well:

- Infection prevention and control was of a good standard with sufficient handwashing facilities
- Notable good practice by way of a practice audit on opioid use and appropriate action taken on results
- Notable good practice demonstrated in the contribution of the practice team to the development of the sepsis website on behalf of Health Education and Improvement Wales
- Appropriate arrangements for the safeguarding of children and vulnerable or at-risk adults.

Quality of Management and Leadership

Overall summary:

At the time of our inspection, the surgery was managed by the nearby Cwmbran Village Surgery. The main practice had a practice manager in post who was also a partner at the practice and a separate deputy manager was in post at Llanyravon Surgery.

Staff we spoke to demonstrated a commitment to patient care and were eager to carry out their roles effectively.

We found evidence of appropriate pre-employment checks of staff and the files we checked all had up-to-date Disclosure Barring Service (DBS) checks.

There is a need for regular whole team meetings, supported by the local health board allowing time for this, which would enable the practice to unify under the new management structure. This would be further complimented by policies that spanned both practice sites.

This is what we recommend the service can improve:

- Introduce a set of policies and procedures to encourage cohesive working across both sites of the practice
- With local health board support, implement a schedule of practice wide meetings

- With local health board support, utilise protected learning time to encourage shared learning within clinical teams
- Recommence annual staff appraisals.

This is what the service did well:

- Senior staff and Management were visible and effective
- Staff training in IPC and BLS was up to date
- Staff files demonstrated compliance with regular DBS checks.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

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 with patients to find out about their experiences at the practice. Patient comments included the following:

“Some doctors and receptionists are very abrupt to the point of being rude.”

“... the service is always satisfactory”

“Exceptional treatment from one of the doctors”

Patients were asked in the questionnaires how the setting could improve the service it provides. Some comments received were:

“More face-to-face appointments.”

“To see a doctor could be made easier”

“The new system for ordering repeat prescriptions is much more difficult than the previous one which was easy and very customer friendly.”

“Putting prescriptions back to Llanyravon.”

Overall, almost all rated their overall experience of the practice as ‘good’ or ‘very good’. Almost all of the respondents to the questionnaire had been a patient at the practice for more than two years.

Staying Healthy

Health Protection and Improvement

On the day of our visit, we found that there was little in the way of written health promotion information or advice available for patients. The waiting room was particularly sparse with bare walls. We saw that the practice did not have leaflets promoting a healthy lifestyle available for patients to take away with them. The practice manager informed us that all posters and information leaflets had been removed from patient areas due to the pandemic and were yet to be replaced. However, the practice had a wealth of information on their website regarding a range of topics to improve the health and wellbeing of their patients.

We were told that the surgery had a Wellbeing practitioner. This was advertised on the main practice website and doctors were advised to promote and encourage those patients that would benefit from this service to engage with them.

Dignified care

Communicating effectively

Almost all patients who returned a completed questionnaire told us that they felt that staff at the practice treated them with dignity and respect. This was confirmed by our observations on the day of our visit in which we witnessed staff greeting patients in a friendly and welcoming manner.

We saw that the reception desk had a screen installed separating the reception area from the waiting area. This was helpful in ensuring private and confidential conversations were not overheard by those sitting in the waiting area. The practice manager informed us that should a patient require to speak privately with a member of staff, arrangements were in place to use a spare office room. This was located away from the reception desk and waiting area.

Consulting and treatment rooms were located away from the main waiting area. We saw that doors to consulting rooms would be closed when in use. Consulting rooms also had curtains that could be pulled to preserve patient dignity during examinations to provide a greater level of privacy to patients.

We were told that some reception staff and healthcare support workers were trained to provide a chaperone service to patients who may request it and we saw that this was advertised within the waiting room. We were told that verbal consent for patients requiring intimate examinations would be recorded within their medical records and a note made of the chaperone present, if requested.

The practice did not have any male chaperones available. However, should this be necessary, we were told that the patient would be able to book to visit the nearby Cwmbran Village Surgery where an appointment could be booked with a male member of staff.

Patient information

The practice had an informative website that covered both the Llanyravon Surgery and the main Cwmbran Village Surgery. This provided details of the geographical area served by the practice, the staff team, opening times of each surgery and the arrangements for accessing out of hours help and advice. Additionally, patients could access information on how to order repeat prescriptions.

We saw that services such as Choose Pharmacy and a link to Choose Well Wales was also signposted on the website. Links to support groups for addiction as well as for advice on particular medical problems were also available via the practice website.

However, we found very little information was available in Welsh either on the practice website or within Llanyravon Surgery. We were informed by senior staff that posters promoting and encouraging the use of Welsh had been removed during the pandemic and had not been replaced since. However, the practice did have a Welsh speaking GP that could assist should a patient prefer to communicate through the medium of Welsh.

Although we saw that information on the NHS complaints process, Putting Things Right, was available via the practice website, we did not see this information provided within the waiting area of the surgery.

Timely care

Timely Access

Llanyravon Surgery was open between the hours of 8:00am to 5:00pm Monday to Friday. Access to an appointment was via the practice E-consult service which patients were directed to via a recorded message when attempting to call the surgery. Senior staff informed us that staff were aware of patients that would be unable to use this service and therefore discretion would be used in this instance.

We were told that the practice offered home visits to housebound patients or those too ill to attend the surgery. This was undertaken on a rota service by the GPs at the practice. The health board had arrangements in place to provide cover for urgent medical care out of hours.

Regarding the arrangements for in-house second opinions, senior staff confirmed that these were used on an informal basis with many of the clinical staff at the practice holding interests in particular branches of medicine. This included diabetes, dermatology, and fibromyalgia. These members of staff would be approached for second opinions prior to referring to secondary care where appropriate.

We were told that patients were able to access minor surgical operations through the practice as two doctors had a specialism in this area.

Senior staff confirmed that referrals to secondary care (hospital) services were made via the Welsh Clinical Communications Gateway (WCCG). This allowed the practice to audit referrals ensuring appropriate referral to the correct hospital, undertaken by the practice manager. We were assured that referrals were made in a timely manner with urgent referrals completed within one working day and routine

referrals in less than one week. However, senior staff confirmed that there were different referral rates among the GPs at the practice and that it had been difficult to standardise the criteria for referral. This was said to be in part due to pandemic stress. We were assured that patients with additional needs requiring bespoke communication would have this need included within the WCCG process.

We were told that due to a lack of protected learning time provided by the health board, in practice peer review of patient referrals to secondary care was seldom considered. However, referrals made to other clinicians in-house were reviewed whenever possible on an informal basis.

Most patients that completed the HIW questionnaire, said that they were satisfied with the opening hours offered by the practice. When asked of their experience in booking an urgent appointment over half indicated that their experience of doing so was 'good' or 'very good'. Just over half of respondents said that their experience of booking a routine appointment was 'good'. Most respondents to the questionnaire, who regarded themselves as having an ongoing medical condition, felt that they were able to access regular support from the practice.

We received the following comments from patients regarding timely access to the GP practice:

"When making a non-urgent appointment the online system doesn't work"

"Having issues accessing e-consult for same day appointment for my child, it states they have to be 18..."

"For emergency appointments you are asked to apply online; there are a number of questions asked and on three occasions when completed I received the message, 'we cannot deal with this online you need to call the surgery' - where they ask you to apply online. This does not work efficiently, when stressed and ill this just makes things worse."

"...no one has ever rung me back"

"I'm not liking the telephone appointments. I prefer to be seen for illnesses that end up having a prescription..."

Individual care

Planning care to promote independence

Llanyravon Surgery was located within a purpose-built building. All patient areas were located on the ground floor and the surgery benefitted from level access to the building. The surgery had doors with a disabled entry system by way of a large push button. On the day of our visit these doors were not working correctly. The Surgery further benefitted from having on-site parking with dedicated disabled parking bays.

Senior staff told us that they served a mixed patient population with areas of high deprivation. Due to budget availability and diversity of patient population we were told it was difficult to provide regular personal health checks for all that may require them.

All respondents to the HIW questionnaire stated that they felt they were involved as much as they wanted to be in decisions about their care. Most respondents agreed that their GP communicates with other healthcare professionals effectively regarding their care and treatment.

People's rights

We saw evidence of a recently updated Equality and Diversity policy in place at the Surgery. Staff were also required to undertake training in Equality and Diversity. Senior staff told us that this helped to ensure that patients were treated equally and with respect and protected from discrimination.

We were told that the Surgery had a hearing loop to assist those patients with hearing difficulties and had access to language line for patients via the local health board. However, when questioned, staff were unsure of the services offered by language line.

The Surgery did not have readily available information for patients in an easy-read format or braille.

Almost all of the respondents to the questionnaire stated that they found it easy to access the Surgery. However, one stated that they had experienced some difficulty and provided the following comment:

“[Access using] a wheelchair. The entrance doors are awkward when they are closed during colder wetter months.”

The majority of patients who had responded to the questionnaire, indicated that they felt they could access the right healthcare at the right time regardless of any protected characteristics. We received the following comment in response to this question:

“So difficult to get appointment.”

One respondent indicated that they had faced discrimination when accessing the Surgery.

Listening and learning from feedback

The Surgery gathered patient feedback via an online survey available on their website. However, an accessible version for patients without digital access was not currently available. Furthermore, information relating to the implementation of suggestions for improvement made by patients was not displayed.

We were provided with evidence of a complaints policy and procedure that had been renewed in September 2021. This complied with the NHS Putting Things Right procedure and provided guidance to patients and their carers should they wish to raise a complaint. The practice manager informed us that a dedicated member of staff was responsible for managing complaints at the Llanyravon Surgery and all complaints were kept on file. We reviewed a sample of the complaints received by the Surgery and noted that an appropriate response was provided within the stated timescale. The Surgery website directed patients to the practice manager should they wish to make a complaint.

We asked senior staff about the arrangements in place to ensure shared learning because of themes or trends identified from complaints. We were told that this would only involve the staff members of groups about whom the complaint was raised and would not involve a whole team approach. This was said to be down to a lack of protected learning time supported by the local health board.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

The surgery was located within a purpose-built two storey building. We found that the areas used by patients and staff were generally tidy and uncluttered. Sharps bins were stored appropriately within clinical areas.

We were provided with the Business Continuity Plan. This was in keeping with local health board procedures.

During a tour of the surgery, we noted that although fire extinguishers were located within strategic locations, servicing of the fire extinguishers was overdue.

We were provided with evidence of a recently completed Fire Detection and Alarm System inspection and servicing report. This highlighted several issues that required improvement that had yet to be actioned by the surgery. Furthermore, the surgery did not have in place a suitable fire risk assessment for the building, nor evidence of a five-yearly wiring check or gas safety certificate. We were told by senior staff that this was due to challenges they had faced from the health board and building owner regarding the responsibilities for building maintenance. In addition, we were told that no fire drills had been undertaken at the surgery since the change in ownership in May 2021.

As a result of our findings, we were not assured that the practice had in place suitable processes and procedures to ensure the safety of patients, staff and visitors. These issues were dealt with under the HIW immediate assurance process, whereby we wrote to the surgery requesting immediate improvement. We have since received satisfactory assurance of improvement.

From our discussions with staff there did not appear to be a robust mechanism in place should staff need to urgently call for help. Additionally, we were not provided with a protocol that outlined the location and access to emergency equipment.

Infection Prevention and Control (IPC)

[There were no concerns expressed by patients regarding the cleanliness of the surgery. Most patients who completed a questionnaire felt that, in their opinion, the surgery was 'very clean'. Most patients that had completed a questionnaire indicated that they felt COVID-19 compliant procedures were evident during their time at the setting.

Our tour and observations of the surgery found that IPC was managed well. The patient areas were visibly clean, and all areas had hard flooring.

We saw that handwashing facilities for patients were available within the patient toilet and hand sanitisers were available throughout. Consulting rooms were clean and uncluttered and had appropriate handwashing facilities in place with elbow operated taps as well as ready access to a plentiful supply of personal protective equipment (PPE).

Whilst the practice employed cleaning staff, we were told that nursing staff were responsible for ensuring consulting rooms had been appropriately cleaned and stocked with PPE. Domestic (household) waste and clinical waste (including medical sharps) were correctly segregated into different coloured waste bags/containers. Clinical waste awaiting collection was stored securely within a locked clinical waste bin to the rear of the practice. However, upon checking the documentation relating to the collection of hazardous waste, we found that some paperwork was missing. Additionally, we were not provided with evidence of an annual waste audit.

We were provided with evidence of the most recent infection control policy and audit. This had last been reviewed in March 2021, under the previous ownership and although in line with IPC guidelines, required review to ensure that the processes within it were still applicable relevant. The practice had a practice IPC lead, and this was documented within the existing IPC policy.

Senior staff confirmed that the Hepatitis B immunisation status of clinical staff was checked during the employment process, and we saw evidence that individual records were kept of this.

We were provided with training records that demonstrated staff had completed recent training in IPC.

Medicines management

Senior staff confirmed that no specific practice prescribing formulary was used, the Surgery followed the local health board medicines management procedures. Should an agreed formulary be implemented, this would assist prescribing clinicians to prescribe medication from a preferred list, subject to local and national guidance.

Senior staff informed us that there was no formal system in place to regularly review the prescribing system in operation at the practice. Instead, the practice pharmacist would continue prescribing most medications. Implementing a formal system would promote the safe and effective prescribing of medicines.

The procedure for the reordering of prescription medication had recently changed at the surgery with patients now required to input the repeat prescription request to the main surgery in Cwmbran. However, staff would use their discretion to accept repeat prescription requests at the Llanyravon Surgery. No formal procedure was in place to set out who was and was not eligible to do this.

Senior staff informed us that the surgery was not a dispensing practice with only vaccines and immunisations kept on site within two designated refrigerators. Evidence provided to us during the inspection revealed that the temperature of the fridges used to store vaccines and immunisations was not always recorded. We were told that this responsibility fell to a particular staff member who did not work at the Llanyravon Surgery full-time.

Although the fridge was lockable with a key to prevent accidental opening, the key could not be located during our inspection. To demonstrate adherence with cold-chain storage requirements, we asked staff to provide us with a copy of their policy for the safe storage and transportation of cold-chain medicines. Staff were unable to locate this during our inspection. We were therefore not assured that the surgery was aware of, or had in place, suitable procedures to ensure the maintenance of the safe storage of cold-chain medicines. We would recommend that the surgery consider using a data logger to ensure consistency of the fridge temperatures over weekends and bank holidays.

Our observations of the emergency drugs and equipment available at the surgery found evidence of expired paediatric defibrillator pads. Additionally, we were provided with evidence of monthly and not weekly checks of this equipment which was not in keeping with Resuscitation Council (UK) guidelines. Furthermore, our discussions with staff revealed that no alternative emergency drug or protocol was in place for those patients presenting with suspected bacterial meningitis who may also be allergic to penicillin. This could create an unacceptable delay in the provision of appropriate medical treatment for this condition.

As a result of our findings, we were not assured that the practice had in place suitable processes and procedures to ensure the safety of patients, staff and visitors. These issues were dealt with under the HIW immediate assurance process, whereby we wrote to the surgery requesting immediate improvement. We have since received satisfactory assurance of improvement.

We reviewed the Patient Group Directions (PGD's) available at the surgery. This covered the supply and administration of specific medicines. We found that not all staff had signed the documentation available at the surgery to allow them to administer the medicines covered by the PGD's. We were told that this was because they had signed this documentation in the Cwmbran Village Surgery. To prevent

confusion, we recommend that staff have signed the necessary documentation available at both surgery sites.

We were provided with a staff training matrix that demonstrated that clinical staff were up to date with training on cardiopulmonary resuscitation (CPR).

We were informed of notable good practice by senior staff that included a recent audit undertaken to identify levels of opioid use among patients. This had identified a high usage level among the cohort audited that led to the surgery encouraging those patients to lower their usage where possible.

Staff confirmed that adverse drug reactions would be reported via the yellow card scheme. Information on possible adverse reactions would be placed on the surgery records management system.

Safeguarding children and safeguarding adults at risk

We saw that the surgery had in place policies for the safeguarding of children and vulnerable or at-risk adults. However, these policies had not been updated since 2019 and required review.

The safeguarding lead for the surgery was one of the GPs.

We were told by senior staff that all GP's at the surgery had undertaken level three training in safeguarding as part of their annual appraisal and revalidation process.

Medical devices, equipment, and diagnostic systems

We were told that the practice manager was responsible for checking the medical devices and equipment at the surgery.

Although there was not a contract in place to maintain medical equipment and devices, equipment at the surgery was in a good condition. We did see evidence of recently completed portable appliance testing (PAT) of electrical equipment.

We were assured that single use items and medical sharps were stored, handled and disposed of appropriately.

Effective care

Safe and clinically effective care

Senior staff confirmed the processes in place to circulate and disseminate patient safety alerts and learning from significant events. The practice manager was responsible for receiving and disseminating patient safety alerts to staff. Although safety alerts deemed high risk were immediately circulated via a standardised

electronic form, those classed by the surgery as lower risk would instead be discussed at team meetings. However, whole team meetings had not taken place for some time and therefore shared learning, or discussion was not always available. We were told that this was due to a lack of protected learning time facilitated by the local health board. Furthermore, we found that minutes of clinical meetings were not always taken, further impacting on the ability to share learning around significant events.

Senior staff told us that clinical staff were responsible for keeping themselves up to date with best practice, national and professional guidance and on topics relevant to their area of work. We were informed that the surgery had in place suitable arrangements for circulating relevant information. This would be achieved via email or a mobile messaging application as appropriate. However, we found that the practice had no formal method for the clinical team to discuss new clinical guidelines, including those from the National Institute for Health and Care Excellence (NICE), to develop a strategy for implementation.

Furthermore, we were told that no formal meetings were held with the wider clinical team external to the surgery to aid in care planning for patients (for example health visitors and district nursing teams). These would be held on an ad-hoc basis.

Senior staff confirmed that mental health support was available through access to a Wellbeing practitioner. Referral to the Community Mental Health Team (CMHT) was also available.

Home visits by a GP were available to patients that required them, very few were booked in each day. The responsibility for home visits was shared between the GPs at the surgery and a “grab bag” of essential equipment was used to aid in the appropriate diagnosis and treatment of patients visited at home.

Senior staff told us of the procedure used should a patient attend displaying symptoms of sepsis. We were told that clinical staff had undertaken training in the correct management of sepsis. Staff would screen those presenting with symptoms according to National Early Warning Score (NEWS) and treat appropriately. Notable good practice was seen by the inspection team that the surgery had contributed to the design of the GP sepsis website on behalf of HEIW. Patients were reminded of the signs and symptoms of sepsis on the surgery website.

Information governance and communications technology

We spoke with senior staff who confirmed arrangements for data security at the surgery. We were told that the surgery had a data protection officer who was appropriately trained. This was a service provided by Digital Health Care Wales (DHCW).

The surgery had a clear process in place for the handling of personal and sensitive data. Information on this was available for patients to see on the surgery website via a privacy notice. The surgery website gave information to patients on the process they would need to follow should they wish to have access to their medical records.

Record keeping

We reviewed a sample of electronic patient medical records. These were secured against unauthorised access and easy to navigate. All the records we reviewed contained sufficient information relating to the care or treatment provided as well as the clinical findings. Of the records we reviewed we found that clinical records were of adequate quality with usually sufficient information to guide clinical assessment.

However, we found that some clinical records had been incorrectly coded with some Read Codes incorrect or missing entirely. We were told by senior staff that no formal assessment of record keeping took place at the surgery, given our findings, we would recommend that a regular audit was introduced to ensure satisfactory Coding standards. This in turn would improve the ease of following the patient journey for clinicians.

Our discussions with senior staff and review of patient discharge summaries within the medical records found them to be comprehensive with good documentation of medication changes. We saw that a standard template was used which had encouraged an overall improvement in the quality of these summaries.

The summarisation of records was undertaken by non-clinical administration staff. Although staff would receive training on how to correctly undertake this task, supervision was provided by other non-experienced summarisers. Furthermore, we were told that no regular audit of the quality of summarisations took place. We would therefore recommend that an audit of a sample of non-clinical summarisation take place on a regular basis.

Quality of Management and Leadership

Governance, Leadership and Accountability

At the time of our inspection, the Llanyravon Surgery was owned and operated as a branch surgery by the nearby Cwmbran Village Surgery. The Llanyravon Surgery site had joined Cwmbran Village Surgery in May 2021.

The surgery was part of a local GP cluster group. Senior staff informed us that they attend regular cluster group meetings. Senior staff felt the cluster worked well together.

The surgery had approximately 50 members of staff working across both sites. This was made up of a mixture of clinical and non-clinical staff of which nine were partner GPs. The surgery was a training practice and at the time of our visit three registrars were working at the surgery. Complementing this were a team of healthcare professionals including four practice nurses, a physician's associate and a number of healthcare support workers.

We saw formal and effective systems for the leadership and management of staff. Cwmbran Village Surgery had a practice manager in place who was also a partner. Llanyravon Surgery had a deputy manager who had responsibility for the day to day running of the Surgery.

It was evident from speaking with senior staff that the acquisition of Llanyravon Surgery had presented challenges to the team. Notably, we observed that both surgeries appeared to operate separately to each other, with staff often referring to different procedures at different sites. This was further evident from the differences in policies available at each surgery, with Llanyravon Surgery still using many of those developed by the previous management team.

Senior staff expressed that they had experienced difficulty over the last year with recruiting staff to fill vacancies. Despite this, we saw that staff were committed to providing patients with a range of general medical services.

Discussions with senior staff revealed that whilst meetings took place within clinical teams to discuss areas of interest, more support was required from the local health board to provide formal shared learning time. Similarly, although we found that ad hoc peer review took place, clinicians would benefit from a more formal and structured process to undertake this.

We found that the Llanyravon Surgery had a range of written policies and procedures in place. These were accessible via an online document file storage system. However, many of the policies available at Llanyravon Surgery site had not been

updated or renewed since the surgery had been acquired and referred to staff members no longer working at the surgery. Accordingly, the policies were not consistent across both sites of the practice.

Workforce

We spoke to a sample of staff across the range of professions working at the surgery. We found that staff were knowledgeable of their roles and aware of their responsibilities.

We were provided with evidence of a training matrix by the practice manager. This demonstrated overall good compliance with mandatory training across most staff groups. Staff we spoke to seemed eager to contribute to the effective running of the surgery.

We were provided with the most recent practice development plan. This demonstrated the difficulties that senior staff had experienced in ensuring that all staff had a yearly appraisal. However, we saw that a plan was in place to better manage staff expectations of the appraisal process going forward with better utilisation of deputy management.

[We reviewed a sample of staff files. We found these to be comprehensive. All staff had in place a contract of employment and a job description. We saw evidence of appropriate pre-employment checks that had been undertaken. We also saw that staff had undergone recent DBS checks.

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

Appendix A - Summary of concerns resolved during the inspection

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

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

Appendix B - Immediate improvement plan

Service: Llanravan Surgery, Cwmbran

Date of inspection: 4 October 2022

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.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
<p><u>Finding</u></p> <p>HIW was not assured that environmental risks within the GP practice at the Llanravan site were managed appropriately. We found the following issues which require immediate action by the setting to prevent harm to patients and staff:</p> <ul style="list-style-type: none">• The arrangements for fire prevention within the practice do not protect patients and staff. The practice had not undertaken a fire risk assessment for the premises.• Improvements noted in the fire detection and alarm system report as failing to comply with fire detection standards relevant to non-domestic premises, had not been actioned at the time of our visit.• Fire extinguishers present at the practice had not been serviced or revalidated and were past due• HIW were not provided with evidence of fire drills undertaken at the Llanravan site• The setting did not have a valid annual gas safety check in place				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> The setting was not able to provide HIW with confirmation of a valid five-yearly wiring check. 				
<p><u>Improvement needed</u></p> <p>The practice must ensure:</p> <ul style="list-style-type: none"> A fire risk assessment is carried out. Improvements identified within this and the Fire detection and alarm system report should be actioned promptly and within the timescales specified. Fire extinguishers are serviced and revalidated in line with dates marked by servicing company Fire drills are undertaken on a regular basis and recorded A gas safety check is undertaken on all gas appliances present at the Llanyravon site 	<p>2.1 Managing Risk and Promoting Health and Safety</p>	<p>The practice had a full risk assessment carried out in 2019 which was not made available at time of HIW visit. The practice has now built on this to see where recommendations on this are required, and any other further risks identified. We have used the template of the previous South Wales Fire as our guide to build upon along with our weekly checklist</p> <p>Fire Extinguishers have been serviced and revalidated on 11.10.2022</p> <p>We have updated the policy and now have a surgery plan with escape routes, fire exits, fire alerts</p>	<p>Sian Whitcombe</p> <p>Hannah Massey</p> <p>Hannah Massey</p> <p>Sian Whitcombe</p>	<p>Immediate</p> <p>Immediate</p> <p>1 week</p> <p>2 weeks</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> A five-yearly wiring check is undertaken at the Llanyravon site. 		<p>and fire extinguisher locations. Fire Drill will be carried out in full shortly</p> <p>Due to the rental of property, we have raised this immediately with the Landlord and his representative for both the Gas and Electrical which has now been acted upon and a visit is imminent. The practice in the meantime have booked for 21.10.2022 if the Landlord does not action before.</p>		
<p><u>Finding</u></p> <p>HIW was not assured that the practice had in place suitable arrangements for the checking of emergency medicines and equipment, and replacement of expired emergency medicines and equipment.</p> <p>We found the following serious issues at the Llanyravon site which require immediate action by the setting to prevent harm to patients:</p> <ul style="list-style-type: none"> The checking of emergency medicines and equipment was not in line with Resuscitation Council (UK) guidelines and instead was checked on a monthly basis. 				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> We found that the automated external defibrillator (AED) pads for paediatric patients had expired and had not been replaced. <p>When questioned, staff were not aware of the procedure to follow should a patient present with bacterial meningitis with an allergy to penicillin as the emergency medicines kit did not hold an alternative medication.</p>				
<p><u>Improvement needed</u></p> <p>The practice must:</p> <ul style="list-style-type: none"> Ensure emergency medicines and equipment are checked on at least a weekly basis in line with Resuscitation Council (UK) guidelines Replace the expired paediatric AED pads Have in place a procedure to follow should a patient present with bacterial meningitis who is allergic to penicillin. All staff should be made aware of the procedure to prevent delay in treatment. 	<p>2.6 Medicines Management</p>	<p>Drug Monitoring Protocol has been updated to include weekly checks instead of Monthly</p> <p>This has been completed, and the emergency equipment spreadsheet has been updated accordingly.</p> <p>Drug Monitoring Protocol has been updated to include 999 response.</p>	<p>Hannah Massey</p> <p>Hannah Massey</p>	<p>Complete</p> <p>Complete</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p><u>Finding</u></p> <p>HIW were not assured that refrigerated medicines were always stored appropriately at the Llanyravon site.</p> <p>We found the following serious issues at the Llanyravon site which require immediate action by the setting to prevent harm to patients:</p> <ul style="list-style-type: none"> • Fridge temperature checks were not consistently completed and/or recorded. We identified that within the two months prior to the inspection, a total of 11 days had not had any fridge temperature checks recorded for the fridge containing vaccines and other items requiring cold chain storage • We were not provided with a policy or procedure for cold-chain supply medicines. Furthermore, staff were not sure of the procedure to follow should an issue with cold-chain supply be identified • Staff were unable to locate the key for the fridge storing those medicines and vaccines requiring refrigeration. 				
<p><u>Improvement needed</u></p> <p>The practice must:</p> <ul style="list-style-type: none"> • Ensure that fridge temperature checks are completed and recorded consistently and on a daily basis, irrespective of staff leave 	<p>2.6 Medicines Management</p>	<p>Protocol updated. Staff have been informed of the procedure and also Rota set up for daily responsible person with also cover noted if responsible person is off.</p>	<p>Hannah Massey</p>	<p>Completed</p> <p>Complete</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> A policy and procedure for cold-chain storage, including what to do should an issue arise, should be implemented at the practice and staff should be made aware of the procedure to follow should this arise The key to the fridge should be located. Staff should be made aware of the where this is kept when not in use. 		<p>Cold Chain Policy</p> <p>We have currently changed fridges due to stock control. We currently not using the fridge until Key is located. Monitoring is still being carried out to ensure the Fridge remains stable.</p>	<p>Sian Whitcombe</p> <p>Hannah Massey</p>	<p>1 month</p>

Service Representative:

Name (print):	S Whitcombe
Role:	Practice Manager
Date:	13.10.2022

Appendix C - Improvement plan

Service: Llanyravon Surgery / Cwmbran Village Surgery

Date of inspection: 4 October 2022

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/ Regulation	Service action	Responsible officer	Timescale
<p>The practice is required to provide details of the action take to ensure that:</p> <ul style="list-style-type: none"> • Patient information is readily available to those patients who may not have digital access • Information regarding healthy lifestyles and staying healthy is available and displayed within the practice • Leaflets provided are available in a range of 	4.2 Patient information	<p>Patient Notice Board has now been updated with a number of promotional information. We have also updated the Electronic Information Display within the practice waiting room.</p> <p>Information regarding Smoking Cessation and other healthy lifestyle information is on both our notice board and Display within the waiting room.</p>	<p>Hannah Massey</p> <p>Hannah Massey</p>	<p>1.2.2023</p> <p>Evidence: Picture of Notice Board</p> <p>1.2.2023</p> <p>Evidence: Picture of Notice Board</p>

<p>The practice is required provide details of the action taken to:</p> <ul style="list-style-type: none"> • Ensure information relating to the NHS “Putting Things Right” procedure is displayed within the practice and readily available to patients who do not have digital access • Collect patient feedback • Implement a “you said, we did” display for patient suggestions for continuing improvement. 	<p>6.3 Listening and Learning from Feedback</p>	<p>This is displayed in the waiting room and within the receptionist area which was available at the time of visit. We have made this more prominent within the Notice Board in the waiting room.</p> <p>We have recently carried out a Patient Satisfaction Survey as part of the GMS Contract, which was in progress at time of the visit.</p> <p>There is also with our work with Croesyceiliog and Llanyravon Network Team a further Questionnaire regarding the available services being completed.</p> <p>We will make available a suggestions box for patients to use. There will be a full action plan that comes from the results</p>	<p>Hannah Massey</p> <p>Sian Whitcombe</p> <p>Sian Whitcombe</p>	<p>1.2.2023</p> <p>Evidence: Image of Display</p> <p>31.3.2023</p> <p>Evidence: Copy of Reflection report when completed</p> <p>Evidence: Copy of Questionnaire being sent out</p> <p>31.3.2023</p>
---	---	--	--	--

		of the Patient Satisfaction Survey that will be shared with the Health Board, Clusters and patients through our Practice Notice Board, Website & Social Media.		Evidence: Copy of Reflection report when completed
<p>The practice is required to provide details of the action taken to:</p> <ul style="list-style-type: none"> Formalise a standardised process for patients requiring in-house referrals 	5.1 Timely access	<p>There is a Flow Chart of all the services available at the practice including, Minor Surgery, Dopplars, Spirometry etc The receptionists and doctors use this as the process of who and the process for this required. This was available and in place at visit, but highlights need of further staff training.</p> <p>This will go to the Partner's meeting as an action to discuss the best process to allow this to be standard practice. We will also agree a timeline as we have previously done this process each</p>	<p>Sian Whitcombe</p> <p>Chris Price</p>	<p>Completed</p> <p>Evidence: Copy of Nurse & Doctor Booking Guide</p> <p>31.3.2023</p> <p>Evidence: Copy of Partners Meeting</p>

		year. This can be reviewed outside of the practice through Appraisals also.		where discussed and action outcomes
<p>The practice is required to provide details of the action take to ensure that:</p> <ul style="list-style-type: none"> Patients with accessibility difficulties can access the surgery 	6.1 Planning Care to Promote Independence	<ul style="list-style-type: none"> The door to be repaired as per rental landlords. Request has been made and acknowledged Prescription Telephone service for housebound patients. Hearing Loop in reception Sign Language Service available Email or Text Service also available. 	<p>Michelle Richards</p> <p>Hannah Massey</p>	<p>31.3.2023</p> <p>Evidence: Work Confirmation once completed</p> <p>Completed</p> <p>Evidence: information on our Website and also letters informing patients of this service</p>

<ul style="list-style-type: none"> All staff are aware of how to access the language line service. 		<p>Language Line Poster and details are available at reception and all consulting rooms</p>	<p>Hannah Massey</p>	<p>Completed</p> <p>Evidence: Photo of this displayed</p>
<p>The practice is required to provide details of the actions taken to:</p> <ul style="list-style-type: none"> Implement an agreed formulary Regularly review prescribing systems at the practice 	<p>2.6 Medicines Management</p>	<ul style="list-style-type: none"> This will require further guidance through our Clinical System Team and Practice Pharmacist along with GP's. Will endeavour to review this. Practice Nurse also has their own Dressing and Wound Management Formulary. <p>We have a Practice Pharmacist who carries out a number of policy reviews. We have begun on UTI prescribing and this work has been submitted to the Health Board Prescribing Team. We also have quarterly prescribing</p>	<p>Sian Whitcombe</p> <p>Sian Holliday</p> <p>Claire Monaghan</p>	<p>Ongoing</p> <p>Complete</p> <p>Ongoing</p>

<ul style="list-style-type: none"> • Ensure patient group directions have been signed by all relevant staff at both practice sites • Ensure patients requiring treatment for bacterial meningitis have in place a suitable alternative antibiotic and/or have in place a protocol for prompt treatment in this instance should this medicine be unavailable at the practice. 		<p>meetings with the team which gets actioned. ABUHB Medicines Management Team have now recommenced work within the surgeries, so prescribing systems and policies are regularly reviewed.</p> <p>A nominated Nurse at both sites now maintain this system as part of the lead nurse role within the practice which has been highlighted.</p> <p>Medical opinion has been sought on an alternative, which has now been added to our Emergency Drugs List and Protocol, which is Cefotaxime.</p>	<p>Hannah Massey</p> <p>Hannah Massey</p>	<p>Complete</p> <p>Complete</p>
--	--	---	---	---------------------------------

<p>The practice is required to:</p> <ul style="list-style-type: none"> • Provide details of the action taken to undertake an annual infection prevention and control audit • Ensure documentation is available regarding clinical waste collection • Undertake an annual waste audit 	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>Infection Control Audit is being completed. Minor Actioned identified which are to be completed.</p> <p>Clinical Waste documentation was available at the practice at time of visit, unfortunately the nurse present did not know where this was situated. This has now been rectified and the practice has clarified with the lead nurse. Protocol has been updated also.</p> <p>This has been completed</p>	<p>Judith Turner</p> <p>Hannah Massey</p> <p>Judith Turner/Sian Whitcombe</p>	<p>Completed</p> <p>Evidence: Copy of Infection Control Audit</p> <p>Completed</p> <p>Evidence: Copy of Clinical Waste Collection</p> <p>Completed</p> <p>Evidence: Copy of Annual Audit</p>
<p>The practice is required to provide details of the actions taken to develop an ongoing assessment for record keeping so that:</p>	<p>3.5 Record Keeping</p>			

<ul style="list-style-type: none"> • Patients' medical records are correctly coded 		<ul style="list-style-type: none"> • Read code Training to be provided if not already completed • Peer Review to be introduced • Audits to be commenced and lead GP to be identified. 	Sian Whitcombe/Lead GP	31.3.2023
<ul style="list-style-type: none"> • Patients' medical records contain sufficient details for the removal of medication from the repeat prescribing list 		<p>A Prescribing Housekeeping Protocol is being devised to give our Prescribers a standard guide when carrying out this work. This will form part of the full Prescribing Protocol</p>	Dr P Agarwal	31.3.2023
<ul style="list-style-type: none"> • Summarisations undertaken by non-clinical staff are continually assessed. 		<p>Summary Protocol has been updated and a dedicated GP will randomly check summarised records on a monthly basis, this will be logged in the summarising spreadsheet for audit purposes</p>	Dr R Ratcliffe	

<p>The practice is required to provide details of the actions taken to develop a robust mechanism to ensure:</p> <ul style="list-style-type: none"> • Help is available promptly when requested • All staff are aware of the location and access requirements for the emergency drugs and equipment. 	<p>2.1 Managing Risk and Promoting Health and Safety</p>	<p>Promote the use of the emergency page built into our telephone systems. This also forms part of our Induction process for new employees.</p> <p>Signs will be displayed on the door to the area in which the emergency kit is available, there will also be signs available within each consulting/treatment room. This is also on our Staff Induction Pack.</p>	<p>Hannah Massey</p> <p>Hannah Massey</p>	<p>1.2.2023</p> <p>1.2.2023</p> <p>Evidence: Image of Signs displayed</p>
<p>The practice is required to provide details of the actions taken to introduce a uniform set of policies and procedures that applies to both practices.</p>	<p>Governance, Leadership and Accountability</p>	<p>This will in the form of ongoing work regarding the monitoring of practice policies, which when reviewed they will be updated accordingly. There are still a number of areas that the same</p>	<p>Sian Whitcombe</p> <p>Hannah Massey</p>	<p>Ongoing</p> <p>Evidence: Policy Management software</p>

		<p>policies cannot be universal, these will also be monitored</p> <p>The Practice Management will utilise the policy management facility within Practice Index to enable this work to be carried out.</p>		
<p>The practice is required to provide details of the actions taken to:</p> <ul style="list-style-type: none"> Formalise meetings with the wider clinical team that works alongside the practice (E.g., health visitors and the district nursing team) 	7.1 Workforce	<ul style="list-style-type: none"> HV Meetings take place with the Safeguarding Lead each month. This historically has not been minuted, which is will now introduced and schedules provided on our GP Rota. We have now also commenced bimonthly Palliative Care Meetings which include clinical staff, Palliative Care Staff & District Nurses, these are minuted. 	Dr R Ratcliffe	<p>1.2.2023</p> <p>Evidence: Minutes of Meetings</p>

<ul style="list-style-type: none"> Implement a schedule of practice wide meetings Utilise protected learning time to encourage shared learning within clinical teams Provide minutes for clinical meetings 		<p>Schedule will be devised and displayed at both surgery sites. This will also be sent via our Outlook Calendar.</p> <p>As explained at the visit, Aneurin Bevan have not given full protected time with both our 4 x CPD sessions given yearly or the new Contract Protected Learning 6 x yearly. We have completed a number of closures for this purpose for CPD but unable to utilise these for full member training/learning etc due to our Health Boards restrictions.</p> <p>We have however managed to complete:</p> <ul style="list-style-type: none"> Care Navigation IRIS Training <p>Meetings to be formulised and minutes to be taken.</p>	<p>Sian Whitcombe</p> <p>Sian Whitcombe</p> <p>Sian Whitcombe</p>	<p>1.2.2023</p> <p>Ongoing</p> <p>Evidence: Certificates of Training</p> <p>Ongoing</p>
---	--	---	---	--

<ul style="list-style-type: none"> • Recommence annual staff appraisals. 		Schedule to be produced	Suzanne Griffiths	<p>Evidence: Provide copy of minutes</p> <p>1.2.2023</p> <p>Evidence: Provide copy of Schedule</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): Sian Whitcombe

Job role: Managing Partner

Date: 13.1.2023