

# Inspection Summary Report

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

Inspection date: 4 October 2022

Publication date: 30 January 2023



This summary document provides an overview of the outcome of the inspection



Overall, we found that Llanyravon GP surgery, a branch surgery of Cwmbran Village Surgery offered a friendly and professional service to patients.

We saw that patients were treated in a kind and professional manner and during our visit, we found that record keeping, and infection prevention and control was of a good standard. We noted the practice had robust mechanisms in place to ensure patient confidentiality and access to a chaperone should this be required.

At the time of inspection, we found that the surgery environment, did not have in place the necessary checks to ensure the safety of staff, patients and visitors. Furthermore, there was little information available to patients within the waiting area to inform them of how to live a healthy lifestyle. The practice did not display the NHS complaints procedure 'Putting Things Right'.

We found some improvements were necessary regarding medicines management systems in particular the safe storage of refrigerated medicines and more frequent checking of emergency drugs and equipment.



Our review of the safeguarding procedures for children and vulnerable adults showed these to be robust.

The practice demonstrated notable good practice with contributions to the sepsis management website provided by Health Education and Improvement Wales (HEIW) and furthermore with proactive audits on opioid prescribing.

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



## 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.

This summary version of the report is designed for members of the public.

A full report, which 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 can be found on our [website](#).





# 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.

## Where the service could 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).

## What we found this 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.

**Patients told us:**

Patients provided us with the following comments:

*“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”*

*“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.”*

# Delivery of 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.

## Where the service could improve

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.

- 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.

## What we found this 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.



**Patients told us:**

Patients provided us with the following comments:

*“Having issues accessing e-consult for same day appointment for my child, it states he has to be 18. For myself no one has ever rang me back”*

*“Exceptional treatment from one of the doctors”*

*“I’m not liking the telephone appointments. i prefer to be seen for illnesses that end up having a prescription for”*



# 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.

## Where the service could 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.

## What we found this 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

## 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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety, we ask the both the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition, we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask the service to provide documented evidence of action taken and/or progress made.

