

Inspection Summary Report

Llynfi Surgery

Cwm Taf Morgannwg University Health Board

Inspection date: 23 January 2023

Publication date: 25 April 2023



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



Overall, we found that Llynfi Surgery offered a friendly and professional service to patients.

The practice was situated in a spacious building, offering complete disabled access. It offered a large waiting area, disabled toilet and surgeries all situated on the ground floor.

The practice had their complaints policy displayed which aligned with the NHS complaints procedure 'Putting Things Right'. However, we identified improvements needed around ensuring this document was kept up to date and reviewed regularly.

We observed IPC to be managed well at the setting, however an infection prevention and control audit had not yet been completed for the setting.

The practice had a comprehensive catalogue of policies in place; however, many did were not dated, nor contained dates for annual review. We raised this with staff and the importance of ensuring all policies are kept up to date.



Although staff informed that they had completed CPR training, no certificates were available to evidence this. We were told that this training had been provided by the in-house advanced paramedic practitioner, however they were unable to provide official certificates for this. We raised this as an immediate concern. Staff have agreed to arrange CPR training which will provide them with official certification as soon as possible.

We were also told that non-clinical staff had not been DBS checked upon starting work at the practice. This was also raised as an immediate issue with the requirement to ensure all staff are DBS checked imminently.

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 Llynfi Surgery, Cwm Taf Morgannwg Health Board on 23 January 2023.

Our team for the inspection comprised of one HIW Healthcare Inspectors and four 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

We found staff at Llynfi Surgery to be committed to offering a caring and friendly service to patients.

We observed the practice to be accessible for all patients, with a spacious waiting area, ground floor surgeries and a disabled toilet. The practice also had arrangements in place to protect the privacy and dignity of patients.

Where the service could improve

- Staff should ensure the records management policy is displayed in the practice waiting room for patients, rather than just on the practice website.

What we found this service did well

- It was clear staff at the practice work hard to meet individual patient's needs. This included arranging appointments during quieter times for autistic patients and always ensuring transgender patients are able to see their preferred clinicians.
- The practice had full disabled access. All surgeries were situated on the ground floor and the main entrance doors were automated.

Patients told us:

Patients provided us with the following comments:

"Am satisfied with service."

"The service has drastically improved lately - very happy."

"Llynfi Surgery has had a lot of bad press lately which I think is completely wrong."

Delivery of Safe and Effective Care



Overall Summary

We were assured that patients attending Llynfi Surgery received safe and effective care. All clinical rooms were an appropriate size and generally kept tidy.

We reviewed a sample of patient records. All were legible and of a good quality. We also saw evidence of robust procedure in place to ensure medication in the dispensary is secure and accounted for.

Where the service could improve

- Staff must ensure that an environmental and infection control risk assessment are carried out as soon as possible.
- Staff must ensure that clear links are noted between drugs prescribed and the clinical problem in patient records.

What we found this service did well

- We saw evidence of a robust significant events matrix in place at the practice.
- The practice had robust process in place for the monitoring and replacement of resuscitation equipment and emergency drugs.



Quality of Management and Leadership

Overall Summary

From discussions with practice staff, it was clear that they were committed to providing good patient care and were eager to carry out their roles effectively.

We saw evidence of regular staff meetings taking place and detailed minutes being recorded. These were accessible to all staff through a shared drive.

Where the service could improve

- The practice must ensure that pre-employment checks for all staff include a DBS check appropriate to their roles.
- The practice manager must ensure that all staff receive CPR training and that evidence of this is kept in staff files.
- The practice should update all practice policies, ensuring they are dated and contain a date for annual review.

What we found this service did well

- We saw evidence of a clear management structure in place at the practice.

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 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 services to provide documented evidence of action taken and/or progress made.

