

General Practice Inspection Report (Announced)

Tregaron Surgery, Hywel Dda
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 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.



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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 Tregaron Surgery, Hywel Dda University Health Board on 16 February 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors, a general practitioner, a registered nurse and a practice manager peer reviewer. 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:

We found that Tregaron Surgery was aiming to provide a high quality experience to their patient population. The practice served a rural community and works hard to develop and maintain good relationships with patients, allied health services and other community services.

We observed staff greeting patients in a polite, kind and friendly manner both in person and on the telephone. We saw patient-centred care being delivered and this was highly valued by the community.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

We saw relevant and up to date information displayed in the reception and waiting area, in both English and Welsh.

This is what we recommend the service can improve:

- Record patient language preference in patient records
- Add “you said, we did” information to the patient area.

This is what the service did well:

- Enthusiastic team that valued patient-centred care
- Commitment to providing a local service as part of the community
- Comprehensive, engaging and bilingual (English and Welsh) health information available in a range of formats
- Promoting equality, diversity and inclusion.

Delivery of Safe and Effective Care

Overall summary:

Overall, the practice was well maintained and well equipped to provide the safe and effective services and treatments. All patient facing areas were clean and free from any visible hazards.

There were appropriate measures in place to ensure that risks to staff and patients at the practice were minimised.

The sample of patient records we reviewed were of a good standard.

There was a safeguarding of children and vulnerable adults' policy in place and staff had completed training in this subject.

This is what we recommend the service can improve:

- Add a sign to the emergency equipment and medication cupboard for ease of identification
- Implement a system for routinely reminding poor attenders of their appointments.

This is what the service did well:

- Clean, tidy and well organised clinical environment
- Up-to-date health and safety and Infection Prevention and Control (IPC) audits
- Medication review system to ensure that patients' needs were reviewed regularly.

Quality of Management and Leadership

Overall summary:

A management structure was in place with clear lines of reporting and accountability. We observed a staff group that worked well together and were committed to providing a high standard of care for their patients.

Staff had access to appropriate training opportunities to fulfil their professional obligations. We saw training was mostly up-to-date and certificates were being kept to evidence this.

This is what we recommend the service can improve:

- Review complaints policy time frames to mirror NHS Putting Things Right
- Archive out of date policies and processes
- Reintroduce regular, minuted team meetings.

This is what the service did well:

- System in place for routinely monitoring and reviewing policy compliance
- Inclusive environment where staff felt supported to raise concerns
- Working well together as a team to ensure that high standards of care were given to their patients.

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. In total, we received 27 completed patient questionnaires. Some of the patients did not answer all of the questions. 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:

"Excellent doctors and nurses... very lucky"

"First class care and attention. We are so fortunate to have such wonderful doctors and nurses, receptionists and admin staff at Tregaron."

Patients were asked in the questionnaire how the setting could improve the service it provided. Some of the comments provided included:

"More face to face appointments"

"Make sure the prescriptions arrive at the chemist, sometimes there is a delay and my father has to chase up."

Staying Healthy

Health Protection and Improvement

We found that patients were encouraged to take responsibility for managing their own health, through the provision of health promotion advice available on the television screen in the waiting room and leaflets within the waiting area and consulting rooms which were given out to patients by staff.

On the day of our visit, we found that there was a wide range of up-to-date bilingual health promotion information and advice available for patients. This information referred to Public Health Wales screening information, third sector support and information, health board and Welsh Government run initiatives and information.

We also spoke to the practice nurse about how health initiatives were supported and promoted within the practice. We were told of a range of health initiatives in place to promote health and wellbeing including a pre-diabetes clinic.

No Smoking signs were displayed confirming that the practice adhered to the smoke free premises legislation.

Dignified care

Communicating effectively

During our tour of the setting, consultation and treatment rooms were situated away from the waiting area. Clinic room doors were always kept closed during appointments and all contained curtains to preserve patient dignity during examinations.

We saw posters throughout the practice that offered chaperones to patients who required it. We were told that all staff had recently attended chaperone training.

The reception desk was situated behind a screen and in the spacious ground floor waiting area with sufficient seating. We saw a sign that offered patients the option to speak to reception staff in private to maintain confidentiality. The patient questionnaires received showed that 70% of respondents said that they agreed that they were able to talk to reception staff without being overheard. We saw staff members protecting patient privacy in the waiting room by allowing them to speak confidentially and away from other staff members and patients.

Telephone triage calls and telephone appointments were taken away from the front of reception, to ensure privacy from patients and other staff.

It was clear from our discussions with staff that the practice worked hard to try and meet individual patient needs. We were told that there was a hearing loop installed at the practice and signs informing patients of this.

It was clear from our findings during the inspection that a bilingual, English and Welsh, offer was in place to meet the needs of the population of the area. We heard both Welsh and English being spoken by staff and patients. On checking patient records, we noted that the preferred language was not noted on the records that we reviewed. **We recommend that patient language preference is noted on patient records to enable access to medical care in the language of choice.**

Whilst we saw evidence of low rates of “did not attend” at the practice, we noted that there was not a system in place for routinely reminding patients with poor

attendance that their appointment was approaching. **We recommend that a system be implemented to encourage attendance for these patients.**

Patient information

We viewed the practice website and saw that it provided comprehensive information for patients. This included practice opening times, lists of staff and information on how to book appointments, flu vaccinations and repeat prescriptions online. The website was also available in multiple languages.

The NHS Putting Things Right complaints process and the practice own complaints procedure were displayed in the waiting areas at the setting. The complaints policy included all relevant information, including the staff member responsible for managing the complaints and the approximate timescales for providing a response. We noted that the time frames, on the practice procedure, were inconsistent with the NHS Putting Things Right policy. **We recommend that dates be aligned in the practice complaints policy to mirror Putting Things Right for consistency.**

Information relating to practice opening times and out of hours service was available on the practice website, in the patient leaflet and on the entrance of the surgery.

Timely care

Timely Access

Tregaron Surgery was open between 8:00am to 6:30pm, Monday to Friday. All telephone requests for appointments were triaged by a general practitioner (GP) on the same day and patients were prioritised for face-to-face appointments on the basis of clinical need or if the GP felt it was desirable. We were told that this meant that the majority of patients that telephoned for an appointment received a telephone or face-to-face appointment on the same day. Pre-bookable appointments were also available for some appointments with the nurse. We were told that GPs would make emergency, same day appointments available for those patients requiring urgent help.

We were told that the duty GP attended the community hospital on a daily basis and home visits were also available for house bound patients.

All patients that completed the HIW questionnaire, said that they were satisfied with the opening hours of the practice. When asked of their experience in booking an urgent appointment, 17 patients noted that they 'strongly agree' or 'agree' that they can get same- day urgent appointments. However, 4 patients disagreed with

this. 25 respondents said that their experience of booking a routine appointment was 'good'.

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described the process for keeping patients informed about any delays to their appointment times.

Individual care

Planning care to promote independence

The practice team knew patients well and made adjustments according to their needs.

The practice was fully accessible for all patients. The main entrance had wide doors which led into a spacious waiting area. There was a disabled toilet available for patients. An accessible surgery was located on the ground floor for patients with mobility difficulties.

We saw that leaflets and patient information was available in both easy-read and large print formats.

People's rights

There was an equal opportunities policy in place that referred to the Equality Act (2010) and the 10 protected characteristics. We saw evidence that all staff had completed equality and diversity training. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

Staff we spoke with were aware of their responsibilities in relation to equality and diversity and the GP partner told us of a champions programme to ensure that rights were upheld.

The practice had made arrangements to make services accessible to patients with diverse needs and language requirements.

From discussions with staff, it was clear that the practice worked hard to uphold the rights of transgender patients. The GP partner informed us that they ran a transgender clinic at the practice and provided transgender patient support for the wider Ceredigion population. This was noted as good practice.

Parking spaces were limited due to the town centre location of the practice; however, practice staff told us that they had a wheelchair to transfer patients between the practice and car if needed.

Listening and learning from feedback

There was a comments and suggestions box available in the waiting room for patients to provide feedback and / or suggestions. We were informed that any comments or feedback were reviewed and acted upon, if appropriate, by the practice manager. **We recommend the development of “you said, we did” information / visual to demonstrate changes that have been made as a result of patient feedback.**

We found that emphasis was placed on dealing with complaints at source in order for matters to be resolved as quickly as possible and to avoid any need for escalation. All complaints were logged, shared with the practice manager and processed in a timely manner.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

The practice was located within a two-storey building, with an accessible surgery / treatment room and communal areas on the ground floor and further treatment rooms and administration rooms on the first floor. We found that the areas used by patients and staff were tidy, uncluttered and in a good state of repair. These areas were visibly clean.

There were no concerns expressed by patients over the cleanliness of the practice.

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly clean.

The practice location, in rural Ceredigion, was situated approximately 30 minutes, by road, from the nearest accident and emergency department. The practice was supported by the health board to provide some additional, emergency care to the community. The practice employed an advanced paramedic practitioner on a full time basis to support acute medical care in advance of patient transfer to a more appropriate setting. We were told of good multidisciplinary team working to maximise patient safety, along with a good working relationship between clinical staff, the air ambulance and Welsh Ambulance Services Trust.

We were provided with the business continuity plan for the practice. The plan contained relevant and up to date information, in line with local health board procedures.

We were assured that the premises were fit for purpose and we saw ample documentation which demonstrated that risks, both internally and externally, to staff, visitors and patients had been considered. This included practice risk assessments including environment, health and safety and IPC. These were in place, regularly undertaken, reviewed and included actions.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training. Emergency exits were visible and a Health and Safety poster was displayed.

Staff showed us the significant events folder in place at the practice. We found this to be robust and sufficiently detailed.

Infection prevention and control (IPC) and Decontamination

During our tour of the practice, we observed IPC to be managed well at the setting. There was a clear and detailed infection control policy in place and an appointed IPC lead. We saw evidence of IPC training for all new staff and evidence that quarterly IPC inspections / audits were actioned, documented and learning shared by the IPC lead.

The patient areas were visibly clean, hand hygiene facilities were available for staff and patients. Hand wash was available in patient toilets and there was alcohol gel available in communal area. All surgeries had appropriate handwashing facilities in place as well as ready access to a supply of personal protective equipment (PPE).

Information was displayed throughout the practice, detailing the importance of using hand hygiene facilities correctly.

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been safely stored and segregated into the designated bags / containers in accordance with the correct method of disposal.

Our review of staff files provided evidence of up-to-date Hepatitis B vaccinations for all clinical staff at the practice.

Medicines management

We observed that medicines were managed appropriately. Controlled Drugs, had strict and well-defined management requirements, were being stored securely and had been subject to regular stock checks.

We saw medicines were being stored at an appropriate temperature, including those requiring refrigeration. We also saw records showing regular temperature checks had been performed of the medicine's fridge.

Prescription pads were stored securely. The practice manager told us that all prescribing staff had been trained in the local health board repeat prescribing course. A GP completed all re-authorisation of repeat prescriptions. We were told that patients on long term repeat prescriptions were contacted regularly for a medication review and prescription length was reduced until a review had taken place.

Safeguarding children and safeguarding adults at risk

The practice had a named safeguarding lead for adult and children. Staff had access to the health board's child and adult safeguarding policies and procedures which included up to date contact details of designated people within the health board for staff to contact if they had any safeguarding concerns. All staff had received relevant safeguarding training. Staff knew how to recognise signs of abuse in vulnerable adults and children. Some staff that we spoke to were not aware of who the safeguarding lead at the practice was or exactly how to raise safeguarding concerns. **We recommend that further information is shared with recently appointed staff to confirm their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant individuals and agencies.**

Medical devices, equipment and diagnostic systems

All medical equipment checked appeared to be in good condition at the time of inspection.

There were clear procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training.

The emergency drugs and equipment were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. Whilst staff that we spoke with knew where the drugs and equipment were stored, the cupboard was not labelled. **We recommend that this cupboard be labelled to ensure that everyone is able to find the equipment quickly in case of an emergency.**

There was an effective system in place to check the emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

Effective care

Safe and clinically effective care

There were suitable arrangements in place to report patient safety incidents and significant events.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all paper records were kept secure and electronic files were being backed up regularly.

Access to computer screens were secure and discreet. A data protection policy was in place to inform staff about what was required of them and evidence of staff training was seen.

We reviewed the subject access request process for patients and found that this was inconsistent and dependent upon whether the request was made in person or remotely. **We recommend that the subject access request process be reviewed to ensure consistency regardless of how the request was made.**

Record keeping

We reviewed a sample of 10 electronic patient medical records. These were secured against unauthorised access and easy to navigate. The records reviewed were of a good quality with a strong narrative element and easy to follow plans. They all contained sufficient information regarding the individual recording each contact with the patient, the date of each appointment and the type of treatment given, and any decisions made during each appointment.

However, we raised with staff the need for improvements around linking the drugs prescribed to the clinical problem noted in patient records. We also noted that referrals from the reception to other allied health services were not documented with Read codes in the patient notes. **We recommend that Read codes are added to patient records for referrals from the reception to allied health services to allow for effective monitoring.**

Quality of Management and Leadership

Governance, Leadership and Accountability

Tregaron Surgery is managed by two senior GP partners and supported by a practice manager in the day to day running of the practice.

Staff members were respectful and courteous. Staff told us that they felt comfortable to raise any issues with the practice manager or a GP partner and that issues would be addressed in a comprehensive and thorough manner.

We found a patient-centred staff team who were committed to providing the best services they could for the rural community that they belonged to.

Staff were positive about the working environment and told us that they felt well respected and supported by their colleagues.

Discussions with senior staff members confirmed that all staff were clear about their roles and responsibilities. We saw evidence of a clear management structure in place at the practice.

The practice manager provided us with some minutes and information regarding staff meetings at the practice. The practice manager informed us that staff members could access minutes from all meetings through a shared computer drive. We were told that the practice manager met with the GP partners weekly. **We noted that staff meetings had not been regular and recommend that meetings be re-scheduled on a regular basis and minutes shared.**

Whilst reviewing practice policies, we discovered that there were several different versions of policies available for staff to access, some were not dated or version controlled and staff that we spoke to did not routinely know where the latest policies were store. We reviewed the policies that were available on the updated system and these were dated and contained a review date. **We recommend that all old or inactive policies were archived so that staff are able to access current versions of policies.**

The practice manager attended local cluster group meetings, where all the local GP practices in North Ceredigion met to share any learning. We were informed by the practice manager that the engagement with the cluster group was very good and practices were working well together to support each other.

Workforce

The practice had some newly appointed reception and administration staff in place. Discussions with staff indicated that they, generally, had the right skills and knowledge to fulfil their identified roles within the practice. Staff had received an annual appraisal and / or plans were in place to complete these.

We noted that the practice nurses were considering their retirement options and we were told that succession plans were in place. A practice healthcare support worker was being supported to train as a nurse.

All staff we spoke with confirmed they had opportunities to attend relevant training. We were provided with information which showed that the majority of staff had completed mandatory training and plans were in place for staff to renew their training where applicable.

We saw that there were formal recruitment policies and procedures in place.

The practice manager described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks on staff appropriate to the work they undertake.

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

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

Appendix B - Immediate improvement plan

Service: Tregaron Surgery, Tregaron, Ceredigion

Date of inspection: 16 February 2023

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	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were identified				

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: Tregaron Surgery

Date of inspection: 16 February 2023

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
The practice should ensure patients' preferred language is recorded consistently across patient records.	Standard 3.2 Communicating Effectively	The practice will up date guidelines within Vision for Preferred Language to be added to patients records.	All reception staff will add this guideline when registering all new patient and when existing patients call the surgery.	Guideline to be added - June 2023. Implementing guideline - ongoing.
The practice must amend time frames in the practice complaints policy to mirror the NHS Putting Things Right for consistency.	Standard 3.2 Communicating Effectively Standard 3.4	Policy to be updated and update version to be added to Website.	Practice Manager	June 2023.
The practice must develop and share "you said, we did" information / visual to demonstrate changes that have been made as a result of feedback.	Standard 3.2 Communicating Effectively	The practice will add a slide to the TV in the waiting room and social media.	Practice Manager	June 2023.

The practice must ensure that only current versions policies are available to staff. These must be dated and have a review date.	Standard 3.4 Information Governance and Communications Technology	Old policies will be archived and all staff will be emailed and show in person the location of all updated practice policies on the shared drive.	Practice Manager	June 2023.
The practice must ensure that staff meetings are held, minuted and notes shared.	Standard 3.4 Information Governance and Communications Technology	Meetings are already held, minutes taken and shared. The practice will increase the frequency of meetings.	All staff to attend relevant meetings. Practice Manager to arrange and secretary to take minutes.	Ongoing.
The practice must label the emergency equipment cupboard to ensure that everyone is able to find the equipment quickly in case of emergency.	Standard 2.6 Medicines Management	Emergency equipment list to added to cupboard and emailed to all staff.	Practice Nurse.	June 2023.
The practice must ensure that all new staff are aware of the safeguarding lead at the practice and how to make a safeguarding referral.	Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk	All Staff have been emailed and told in person. Named have been added to posters in clinical rooms.	Safeguard Deputy	Completed.
The must amend the subject access request process to ensure that	Standard 3.4 Information	Identification is requested for all access requests.	All staff.	Completed

patient identification is requested regardless of how the request is made.	Governance and Communications Technology			
The practice must link prescribed drugs to clinical problem in the patient records.	Standard 3.4 Information Governance and Communications Technology	The practice currently doesn't utilise the problem-based approach and is working with the System provider to enable clinicians to associate medication to condition.	System provider and GP	June 2024.
The practice must add Read to patient records for referrals from reception to allied health services to allow for effective monitoring.	Standard 3.4 Information Governance and Communications Technology	Guideline to be developed for reception staff when signposting.	Practice Manager	September 2023.
The practice must implement a system to encourage attendance for those patients with a record of poor attendance.	Standard 3.2 Communicating Effectively	The practice will monitor DNA's over 3 months and develop a DNA policy with suitable reminders for patients that do not attend.	GP and Practice Manager	September 2023.

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): Dr Sion James

Job role: Senior Partner

Date: 24/04/2023