

# General Practice Inspection Report (Announced)

Pen-Y-Maes Health Centre, Betsi  
Cadwaladr University Health Board

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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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

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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 Pen-Y-Maes Health Centre, Betsi Cadwaladr University Health Board on 08 August 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector, a general practitioner, a registered nurse and a practice manager peer reviewer. The inspection was led by a HIW Healthcare Inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 815 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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 observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

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

Patients provided mixed feedback about the service provided by the practice.

The main frustrations expressed by patients were around their difficulty in being able to contact the practice and to obtain an appointment at a time to suit them and also carer support. However, from the comments we received there had been some improvement in this regard more recently.

This is what we recommend the service can improve:

- Provide patients with healthy lifestyle advice
- Identify patients who are carers and to signpost them to relevant information and support
- Ensure all patients are offered a chaperone
- Evaluate the effectiveness of the changes made to the appointment system.

This is what the service did well:

- Staff at the practice treated patients with dignity and respect and we saw measures were taken to protect their privacy
- There was good disabled access to the building. Wheelchair users could access all consulting rooms, the reception, waiting area and toilet facilities
- Ample car parking spaces are provided, with designated disabled parking bays
- Most patients who provided feedback told us they were given enough time to explain their healthcare needs and the GP had explained things well.

### Delivery of Safe and Effective Care

Overall summary:

We found a staff team who were very patient centred and committed to delivering a quality service.

The practice appeared to be well maintained and equipped to provide the services they deliver. All areas were clean and free from any visible hazards.

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

This is what we recommend the service can improve:

- Increase IPC audits at practice level
- Ensure a hand washing facility is located in the health care assistant room
- Ensure all staff complete infection prevention and control training
- Ensure prescribed medication is linked to patient's medical condition within the clinical notes
- Ensure clinical Read codes are used consistently.

This is what the service did well:

- The practice premises was visibly well maintained, clean and free from obvious hazards
- Effective arrangements were described and demonstrated in relation to safeguarding
- We saw an effective records management system and the patient records we reviewed were clear, legible and of good quality
- Consultation rooms were clean, well equipped and fit for purpose, with well-maintained equipment.

## Quality of Management and Leadership

Overall summary:

Pen-Y-Maes Health Centre has been managed by Betsi Cadwaladr University Health Board since June 2016. We found that the support received from the health board has enabled the practice to remain resilient and functioning.

The practice appeared to be well managed by a committed and dedicated practice manager who was open and approachable, which enabled staff to be confident to raise issues.

We found a very patient-centred staff team who were competent in carrying out their duties and responsibilities. The staff team was well supported by the health board.

We observed staff supporting each other and working very well together as a team.

This is what we recommend the service can improve:

- Ensure locum GPs are provided with a comprehensive induction programme.

This is what the service did well:

- We witnessed all staff, clinical and non clinical, working very well together as part of a team
- Good staff induction process in place
- Practice managed by a committed and dedicated practice manager.



## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

While some respondents who answered the question in the HIW patient questionnaire (389/815) rated the service they had received as ‘very good’ or ‘good’, most (422/815) rated the service as ‘poor’ or ‘very poor’.

Some of the comments we received included:

*“Sometimes takes a very long time to get through on the phone but I understand some of the problems with healthcare at the moment but can be frustrating.”*

*“I feel accessing health care appointments should be easier. Trying to get an appointment is extremely difficult, especially if you are working.”*

*“The practice needs more GPs rather than locums. Most of the staff are really helpful when I ring in or need to go to the surgery.”*

*“Have no permanent doctors only locums so unable to understand your medical history. When phoning the practice can take a ridiculous amount of time to get through only to be told no appointments to phone back in afternoon to go through same scenario and have to phone the following day, eventually only offering a telephone call.”*

*“The surgery has a number of health professionals not just GP’s who provide excellent advice & information to promote self care/management but also provide a ‘plan b’ if plan A doesn’t work very impressed.”*

*“More doctors needed, the practice manage as best they can but without a regular doctor you are repeating yourself each time. Sometimes you don't want to bother them as some days you will not get any reply or call back. The staff are really good and helpful but they are under a lot of stress.”*

*“Has improved a lot over the past year.”*

Not all respondents answered all the questions in the questionnaire. For some questions, respondents told us they were either not applicable to them or unable to provide a view i.e. were not sure.

## Person centred

### Health Promotion

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

Written information was displayed in the practice building advising patients of the other services they could access for health advice or treatment, such as their local pharmacy and NHS 111.

We found that patients were encouraged to take responsibility for managing their own health, through the provision of health promotion advice available on the practice website and written information within the waiting area and consulting rooms.

When asked whether there was health promotion and patient information material displayed, the majority of respondents who answered the question (and who felt it was applicable to them or were able to provide a view) in the HIW patient questionnaire (286/329) told us it was.

The practice offered a range of services and clinics such as those for vaccinations, chronic disease management, dermatology including dermoscopy and minor surgery.

We found patients with internet access could find information about a range of health conditions on the practice's website.

When asked whether they were offered healthy lifestyle advice, some respondents who answered this question (and who felt it was applicable to them) in the HIW patient questionnaire (324/596) told us they had. However, some respondents (272/596) told us they had not.

**The health board is required to provide HIW with details of the action taken to provide patients with relevant healthy lifestyle advice.**

Some patients (138/809) told us they were a carer for someone. However, few patients told us they had an assessment of their own needs as a carer (10/141).

**The health board is required to provide HIW with details of the action taken to identify those patients with carer responsibilities and to provide them with information and support as appropriate.**

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

### **Dignified and respectful care**

We found staff at the practice treated patients and their representatives with respect and kindness.

We saw staff greeting patients in a professional manner, both face to face and over the telephone.

Most respondents who answered the question (and who felt it was applicable to them) in the HIW patient questionnaire (634/813) told us they had been treated with dignity and respect and most of the patients who answered told us that measures were taken to protect their privacy (292/377).

We saw doors to clinical rooms were closed when patients were being seen by GPs or other healthcare staff, promoting their privacy and dignity. Clinical rooms had privacy curtains that could be used to provide additional privacy when patients were being examined. Clinical rooms were located away from the reception and waiting room, which helped to ensure that conversations were not overheard by people in the waiting room.

An up-to-date written policy was in place in relation to the use of chaperones. The right to request a chaperone was clearly displayed in the waiting room and on each clinical room door. We noted that only female chaperones had received training. However, we were informed that plans were in place for a male chaperone to be trained.

Most respondents who answered the question (and who felt it was applicable to them) in the HIW patient questionnaire (89/138) told us they had been offered a chaperone (for intimate examinations or procedures). However, a few (49/138) told us they had not.

We also found that patient records did not always show whether patients had been offered a chaperone and if the offer was accepted or declined by the patient. Where a chaperone is in attendance, the identity of individual should also be recorded in the record.

**The health board is required to provide HIW with details of further action taken to make patients aware that they can request a chaperone and ensure the offer of chaperones is recorded in patients' records.**

The reception desk was located in the waiting room. Therefore, there was potential for conversations to be overheard.

The majority of respondents who answered the question (and who felt it was applicable to them) in the HIW patient questionnaire (274/363) told us they were unable to talk to reception staff without being overheard. One patient told us:

*“There is no confidentiality and anyone in the waiting room can hear what is being spoken through to the reception staff.”*

**The health board is required to provide HIW with details of the action taken to reduce, as far as practicable, the likelihood of patients’ confidential information being overheard when they talk to reception staff.**

Telephone calls were received and made in private, away from patients, in a designated office.

A self-service, touch screen facility was available so that patients could check-in for their appointment.

## **Timely**

### **Timely Care**

The practice had an up-to-date written policy on how patients could access the services provided. Information for patients on how they could access appointments with the GP, or another suitable healthcare professional was available on the practice website, telephone message and in the practice information leaflet.

We were told that patients could make an appointment either by phone or in person at the practice. The practice offered both face to face appointments and telephone appointments. In addition, housebound patients could request a home visit by a GP or other suitable healthcare professional. We were also told that the practice provided services to a local care home, and regular care home visits took place.

The majority of respondents who answered the question (and who felt it was applicable to them or were able to provide a view) in the HIW patient questionnaire (568/789) told us they were satisfied with the opening hours of the practice. In addition, the majority (637/815) told us they knew how to access out of hours services if needed.

However, few respondents who answered the questions (and who felt they were applicable to them or were able to provide a view) in the HIW patient

questionnaire told us they were able to contact the practice when they needed to (320/805), could get a same day appointment if they needed to see a GP urgently (139/747) and could get routine appointments when they needed to (218/775). When asked whether they could access the right healthcare at the right time, over half of the patients who answered the question in the HIW patient questionnaire (443/809) felt they could not. The remainder felt they could (317/809) or preferred not to say (49/809).

Most respondents who answered the question in the HIW patient questionnaire (593/809) told us they were not offered the option to choose the type of appointment they preferred. However, just under half were content with the type of appointment offered (394/403). Just under half of the respondents (377/815) told us their appointment was in person at the practice, with the remainder telling us they had a telephone appointment (434/815) or a remote appointment (4/815).

When asked whether their appointment was on time, over half of the respondents who answered the question (and who felt it was applicable to them) in the HIW patient questionnaire (403/745) told it was. The remainder (342/745) told us their appointment was not on time.

We were told that the practice is heavily reliant on Locum GP cover which means that GP appointments are limited to a 4-week schedule. However, the practice manager strives to ensure consistency by securing the same regular locum GPs. We were told significant work had been done over recent months to make improvements to the appointment system. The practice is now offering more face to face and pre-bookable appointments. The health board have also successfully appointed a permanent GP. The practice has also developed a new website with a view to offer greater and more interactive access point for patients who prefer this method. However, at the time of the inspection it was not possible to determine whether these changes had made a positive impact.

**The health board is required to provide HIW with details of the action taken to evaluate the effectiveness of the changes made to the appointment system.**

The health board employs two Advanced Nurse Practitioners (ANP) at the practice who treat patients presenting with a range of conditions, so they did not have to wait to be seen by a GP. We were informed that the health board have recently appointed a third ANP who is due to join the team in October.

We were told that all reception staff have undertaken formal Care Navigation training to help them do their job. We were also told that all reception staff have signed up to undertake basic Welsh language training.

We found that referrals to other specialists were made in a timely fashion by the practice.

## **Equitable**

### **Communication and language**

A practice information leaflet, which is available in hard copy, provides useful information for patients, such as the practice contact details and opening times, the services provided, how patients could register, appointment options, how patients could order repeat prescriptions and an overview of the practice team.

A range of information was also available on the practice website. This provided an option for patients to access information in English or Welsh.

Information was also displayed within the waiting room. The majority of the information was displayed bilingually.

Staff told us they could access a translation service to help communicate with patients whose first language is not English. The practice had a hearing loop to help staff communicate with patients who are hard of hearing and wear hearing aids.

### **Rights and Equality**

The practice had an up-to-date written policy relating to equality and diversity.

A training matrix provided to us showed equality and diversity training formed part of the practice's mandatory training programme and most staff (approximately 94%) had attended this training.

Most respondents who answered the questions (and who felt they were applicable to them) in the HIW patient questionnaire told us they were given enough time to explain their healthcare needs (508/768), the GP had explained things well and answered their questions (505/730), they felt listened to (488/773) and were involved in decisions about their healthcare as much as they wanted to be (485/724).

There was level access to the premises. There was free car parking directly outside the premises including designated car parking spaces for patients with mobility impairments.

All clinical rooms were located on the ground floor together with the waiting room and two toilets (wheelchair accessible) with handwashing facilities, making them accessible to all patients.

The majority of respondents who answered the questions (and who felt they were applicable to them or were able to provide a view) in the HIW patient questionnaire told us the premises was accessible (343/376), there were enough seats in the waiting area (373/374) and the toilets and handwashing facilities suited their needs (339/377).

The majority of respondents who answered the question (683/778) in the HIW patient questionnaire told us they had not faced discrimination when accessing or using the services. The remainder (95/778) either told us they had on the grounds of age, disability, religion, sex, or they preferred not to say (35/778). The health board should explore why some patients feel they have faced discrimination when accessing services and take action as appropriate.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

We saw the premises were visibly well maintained both internally and externally. All areas were free from obvious hazards.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months.

Emergency exits were visible and a Health and Safety poster was displayed.

We saw a general risk assessment was in place, covering fire, environmental and health and safety which was current and regularly reviewed. We also saw that a health and safety checklist was being completed monthly.

We were assured that the premises were fit for purpose, and we saw ample documentation confirming that all risks, both internally and externally, to staff, visitors and patients had been considered.

### Infection, Prevention, Control (IPC) and Decontamination

There was detailed infection control policy in place, and we saw evidence that an annual IPC audit had been completed by the health board. We advised that more frequent in-house IPC audits should be undertaken.

**The health board is required to provide HIW with details of the action taken to increase IPC audits at practice level.**

The majority of respondents who answered the question in the HIW patient questionnaire (373/377) told us, in their opinion the premises were 'very clean' or 'clean'. The majority of respondents who answered the questions (and who felt they were applicable to them or were able to provide a view) in the HIW patient questionnaire told us that when they received an invasive procedure (170/215) that staff wore gloves during the procedure and that the syringe, needle or scalpel used was individually packaged or sanitised (203/215).

Staff had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection. The areas of the practice that we viewed were visibly clean and furnished to promote effective cleaning.



Curtains in the treatment rooms were disposable, meaning that they could be easily replaced should they become contaminated or dirty. This demonstrates a good commitment to infection prevention and control.

Hand sanitizers were readily available around the practice. Hand washing and drying facilities were provided in clinical areas and toilet facilities, apart from the Healthcare Assistant clinical room, which did not contain a handwashing sink.

**The health board is required to provide HIW with details of the action taken to provide hand washing facilities in all clinical rooms.**

The training matrix provided showed infection control training formed part of the practice's mandatory training programme. We saw that half of the clinical staff and non-clinical staff had completed IPC training at a level appropriate to their role (i.e. Level 1 or 2).

**The health board is required to provide HIW with details of the action taken to support all staff to complete infection prevention and control training at an appropriate level.**

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 segregated into the designated bags / containers in accordance with the correct method of disposal.

### **Medicines Management**

Repeat prescriptions could be requested in person using the repeat prescription box in the practice, by post, My Health Online facility, drop off at patients nearest chemist and by emailing the practice using their secure online form. It was noted that the practice endeavoured to dispense prescriptions within 72 hours. No telephone repeat prescriptions requests were accepted by the practice for safety reasons.

Prescription pads were stored securely.

### **Safeguarding of Children and Adults**

The practice 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.

There was a system in place to highlight those children on the child protection register. However, we noted that the children's parents, carers and siblings were not highlighted.

**The health board is required to provide HIW with details of the action taken to ensure that parents, carers and siblings of any child on the child protection register are also highlighted.**

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

The training matrix provided showed that safeguarding training formed part of the practice's mandatory staff training programme. We saw that most staff (approximately 84%) had completed safeguarding training at a level appropriate to their role.

### **Management of Medical Devices and Equipment**

We found that portable electrical appliances were being tested on a regular basis.

It was confirmed that only single use medical equipment is used.

There were procedures in place showing how to respond to patient medical emergencies.

The emergency drugs were stored securely. However, we found that they were being stored in a locked cupboard within a locked room. We advised the practice manager to consider unlocking the cupboard daily to ensure quick access to the kit in an emergency, which the practice manager agreed to do.

All emergency drugs and equipment were organised and clearly labelled. However, they were not stored in a manner which would allow them to be grabbed and carried together. We recommend that the practice reviews the emergency drugs and equipment so that all items can be grabbed together in an emergency situation.

**The health board is required to provide HIW with details of the action taken to review the emergency drugs and equipment so that items can be grabbed together in an emergency situation.**

There was a system in place to check the emergency drugs and equipment on a weekly basis to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we found that the weekly checklist was laminated and that the previous week's record was erased when the new checks were undertaken.

**The health board is required to provide HIW with details of the action taken to ensure a that weekly emergency drugs and equipment checks are recorded with the records retained for future reference.**

We also noted that the practice had an automatic external defibrillator (AED) on site with adult pads. However, no paediatric defib pads were available. The health board's guidance states that paediatric pads should be available. However, we were informed that it is not a requirement as adult pads can be used for children in an emergency situation. We therefore strongly advised the health board to review the guidance and consider purchasing defib pads for young children, in line with the Resuscitation Council (UK) guidance, or develop a risk assessment reflecting why paediatric pads are not required in the practice.

**The health board is required to provide HIW with details of the action taken with regards to the availability of paediatric pads for the AED.**

## **Effective**

### **Effective Care**

There were suitable arrangements in place to report patient safety incidents and significant events. The practice made use of the Datix system for reporting incidents.

### **Patient records**

We reviewed the care records of ten patients and saw that an effective records management system was in place. Records were securely stored to prevent unauthorised access.

The records we reviewed were clear, legible and of good quality. From the records, it was clear who was entering the notes of each contact, the date each contact was made and the type, such as a surgery consultation or a telephone consultation. Records were completed contemporaneously. They also showed evidence of valid consent being obtained, where appropriate.

The records reflected the care or treatment provided and the relevant findings. Patients' known allergies and adverse reactions to medications were highlighted.

There was a good system in place of receiving and summarising notes. We also noted that the practice had designated clinical sessions set aside to review results and send appropriate tasks where required.

However, we found that medication prescribed was not always linked to the patient's medical condition (5/10).

**The health board is required to provide HIW with details of the action taken to ensure prescribed medication is linked to patient's medical condition.**

We also noted that patients' language choice was not always recorded within the clinical notes (1/10).

**The health board is required to provide HIW with details of the action taken to ensure patients' preferred language choice is recorded within their clinical records.**

We saw that clinical Read codes were used, providing a standard system for recording common medical conditions that patients presented with. However, we found that the clinical Read codes were not always used consistently and were not always linked through a review. For example, abdominal pain, pancreatitis, and acute pancreatitis for different episodes of the same problem.

**The health board is required to provide HIW with details of the action taken to ensure clinical Read codes are consistently used and common conditions are linked when patients are presented with different episodes of the same problem.**

# Quality of Management and Leadership

## Leadership

### Governance and leadership

Pen-Y-Maes Health Centre has been managed by Betsi Cadwaladr University Health Board since 2016. The day to day management of the practice is the responsibility of the practice manager, who was extremely committed and dedicated to the role.

We found that the support the practice has received from the health board since it took over management responsibility has enabled the practice to remain resilient and functioning.

Staff members were respectful and courteous. We found a patient-centred staff team who were very committed to providing the best services they could. Some patients told us:

*“Due to recently being in intensive care and experiencing anxiety to this when I have repeat infections the staff listen to my concerns and address them.”*

*“They’re brilliant, all staff both clinical and non clinical are professional but incredibly friendly, approachable and understanding.”*

*“The dr I see in the practice is wonderful she has lots of time with me and listens, the staff are friendly and always try and get you an appointment.”*

Staff told us that they felt able to raise any issues with the practice manager and that issues would be addressed in a comprehensive and thorough manner.

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

Since the practice has been managed by the health board, the practice has experienced significant issues in recruiting permanent GPs. This has required locum GP coverage to provide the level of services needed. The health board is proactively attempting to recruit permanent GPs. Due to these reasons, continuity of care for patients is not at an optimum level. This has placed considerable pressures on certain staff working at the practice and the situation was very difficult for the practice team to manage. We were informed that the health board has recently appointed a permanent, salaried GP who will become the full-time clinical lead at the practice.

Local cluster group meetings were held, where all the local GP practices, who are managed by the health board, are brought together to share learning. We were informed by the practice manager that the engagement with the cluster group was very good and practices were working well together.

Staff told us they had access to policies and procedures to guide them in their day-to-day work.

We were told that the management team and clinical staff attend clinical management meetings, safeguarding meetings and significant event meetings, and we saw a sample of minutes of these for meetings.

## **Workforce**

### **Skilled and enabled workforce**

The practice had an established reception and administration team in place. Staff we spoke with told us they were very proud and happy to work at the practice.

The practice team also worked closely with community-based healthcare teams, such as the local community nursing team and pharmacists.

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 conduct appraisals. Staff we spoke with also confirmed they had opportunities to attend relevant training.

We were provided with information which showed that the majority of staff had completed mandatory training (78%) 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. However, we noted that the practice did not have an induction programme in place for locum GPs working in the practice.

**The health board is required to provide HIW with details of the action taken to ensure locum GPs working in the practice are provided with a comprehensive induction programme.**

## **Culture**

### **People engagement, feedback and learning**

We saw that the practice manager had recently contacted all patients to seek feedback with a view to improve services. We were provided with a copy of the

reflective report and ongoing action plan. We noted that significant improvements had already taken place, such as:

- reception and administrative staff had received care navigation training
- reception and administrative staff have been provided with crib sheets to help signpost patients to the appropriate services
- reception and administrative staff have agreed to undertake basic Welsh language training
- a new website developed and launched with a view to offer greater and more interactive access point for patients who prefer this method
- appointment sessions have also been increased allowing for more routine and follow up appointments to be more accessible
- the appointment book has been split into morning and afternoon sessions in an attempt to spread the demand for appointments across the working day. The new model of appointments is anticipated to evolve to create more routine appointments per clinician with a view to move away from on day services.

We were also told that the health board was in the process of developing and implementing a Patient Participation Group (PPG) and we saw a copy of the draft terms of reference defining the purpose and structure of the group.

We saw the practice had a Duty of Candour policy in place. All staff who we spoke with told us they knew and understood their responsibilities under the Duty of Candour.

There was an up-to-date written complaints procedure in place for managing complaints about the care or treatment provided at the practice. This was in keeping with Putting Things Right. The procedure included the details of the contact person at the practice and the expected timescale for responding to complaints.

Information on the practice's complaints procedure was available on the practice website.

Details of other organisations patients could approach for help and support were included as part of the information displayed at the practice and on the practice website.

## **Information**

### **Information governance and digital technology**

Suitable communication systems were in place to support the operation of the practice.

The storage of patient information was appropriate, ensuring the safety and security of personal data. All paper records were kept secure and electronic files were being backed up regularly. Access to computer screens was secure and discreet. A data protection policy was in place to inform staff about what was required of them.

## **Learning, improvement and research**

### **Quality improvement activities**

We were told that the practice engaged in quality improvement activity. In addition to various audits completed by the practice and the health board, the practice manager attends regular local cluster group meetings and the managed practices quality delivery group meetings, where all the local GP practices who are managed by the health board are brought together to share learning.

We were informed by the practice manager that the engagement with the cluster and managed practice group was very good, and practices were working well together.



## 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 summarises 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 identified or escalated during the inspection.			

## Appendix B - Immediate improvement plan

**Service:** Pen-Y-Maes Health Centre

**Date of inspection:** 08/08/2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No immediate improvements identified during the inspection.				

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: Pen-Y-Maes Health Centre

Date of inspection: 08/08/2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Our findings show patients may not routinely be offered healthy lifestyle advice.	The health board is required to provide HIW with details of the action taken to provide patients with relevant healthy lifestyle advice.	<p>Already have Links to healthy life-style advice through website, information gathering practice. Healthy Lifestyle questions form part of the routine nursing appointments.</p> <p>In Development - a private (screened off area) self-diagnostic area in reception.</p>	Simon Mullen	<p>In Place</p> <p>November 2023</p>
Our findings show patients with carer responsibilities may not routinely be signposted to the help and support available to them.	The health board is required to provide HIW with details of the action taken to identify those patients with carer responsibilities and to provide them with information and support as appropriate.	Currently working with Gwersyllt Community Hub to develop a carers area within the practice. This will compliment the social prescribing service that is already in place.	Simon Mullen	October 2023

		Carers identified in new patient questionnaire and with consent will be referred to 3 <sup>rd</sup> Party Support Services.		September 2023
Our findings show patients may not routinely be offered a chaperone.	The health board is required to provide HIW with details of further action taken to make patients aware that they can request a chaperone and ensure the offer of chaperones is recorded in patients' records.	Chaperone is patient led, they can request at reception. Chaperone posters are displayed around the practice.  Staff to be trained on how to record requests correctly. Review read codes and action accordingly.	Simon Mullen/ Paula Smith	September 2023
Our findings show patients confidential information may be overheard when they talk to reception staff.	The health board is required to provide HIW with details of the action taken to reduce, as far as practicable, the likelihood of patients' confidential information being overheard when they talk to reception staff.	Patients are advised that there is a private area to discuss sensitive information if they choose. They are advised via a poster on reception booking area (which was present during the visit).  We will include the poster on the TV screen, the self service booking screen and in other places throughout the reception area.	Simon Mullen	September

<p>The health board needs to be able to evidence whether changes made to the appointment system are having a positive impact.</p>	<p>The health board is required to provide HIW with details of the action taken to evaluate the effectiveness of the changes made to the appointment system.</p>	<p>We have ongoing data analysis in which we review monthly performance for both our demand on services and the capacity available in practice.</p> <p>This is measured monthly and the data is shared with the patients.</p> <p>Any changes to appointment criteria and or any proposed changes are shared with the patients via social media and in practice at least 3 months ahead of any change being implemented.</p>	<p>Simon Mullen</p>	<p>September 2023</p>
<p>Our findings show the health board could benefit from implementing more frequent in-house IPC audits.</p>	<p>The health board is required to provide HIW with details of the action taken to increase IPC audits at practice level.</p>	<p>Due to ongoing changes within the IPC team audits have been delayed.</p> <p>However, lead nurse for managed practices will be picking up this at a local level and working with the lead practice nurses to implement on a regular basis.</p>	<p>Stacey Jones</p>	<p>November 2023</p>

Our findings show the health board needs to ensure hand washing facilities are provided in all clinical rooms.	The health board is required to provide HIW with details of the action taken to provide hand washing facilities in all clinical rooms.	Noted that Room 5b has no washing facility, approval from landlord granted to add wash basin in this room, now with estates to confirm date of installation.	Simon Mullen Phil Jones	December 2023
Out findings show not all staff were recorded as having completed IPC training.	The health board is required to provide HIW with details of the action taken to support all staff to complete infection prevention and control training at an appropriate level.	Mandatory training currently stands at 85% (as at 26.09.2023) we continue to work towards achieving 100% by end of 2023.	Simon Mullen	December 2023
Our findings show that the health board need to ensure parents, carers and siblings are identified for any children who are on the child protection register.	The health board is required to provide HIW with details of the action taken to ensure that parents, carers and siblings of any child on the child protection register are also highlighted.	This is in place and bi-monthly meetings are held with all key stakeholders in order to check and update the lists.  Review read codes to ensure they are being coded correctly.	Simon Mullen/ Mily Sebastian	October 2023
Our findings show that the health board need to ensure the practice reviews the emergency drugs and equipment so that items can be grabbed together in an emergency situation.	The health board is required to provide HIW with details of the action taken to ensure a that weekly emergency drugs and equipment checks are recorded with the records retained for future reference.	Advice taken post inspection and lead practice nurse is currently ensuring that we have better on day access and grab and go bags.	Nicola Jones	October 2023

<p>Our findings show that the health board need to ensure the practice maintains a more robust record keeping system for checking the emergency kit.</p>	<p>The health board is required to provide HIW with details of the action taken to ensure a more robust system for record keeping is put in place to evidence weekly checks are conducted.</p>	<p>My kit check online is completed daily and recorded by the nursing team daily.</p> <p>In the event of no nurse available to complete check a trained higher-level manager will complete the check.</p>	<p>Nicola Jones</p>	<p>Completed</p>
<p>Our findings show that the health board need to ensure adult only pads for the AED is adequate.</p>	<p>The health board is required to provide HIW with details of the action taken with regards to the availability of paediatric pads for the AED.</p>	<p>This has been referred to the resus team via lead health-board nurse. Awaiting reply</p>	<p>Stacey Jones</p>	<p>Awaiting Confirmation</p>
<p>Our findings show that the health board need to ensure any medication prescribed is link to patient's medical condition within in the clinical notes.</p>	<p>The health board is required to provide HIW with details of the action taken to ensure prescribed medication is linked to patient's medical condition.</p>	<p>Dr Sebastian (Clinical Lead) is working with the meds management team to ensure a robust system is in place for all prescribers</p>	<p>Mily Sebastian/ Karen Goodwin</p>	<p>January 2024 Ongoing</p>
<p>Our findings show that patients preferred language choice is not always captured.</p>	<p>The health board is required to provide HIW with details of the action taken to ensure patients' preferred language choice is recorded within their clinical records.</p>	<p>This has been amended and included in the patient questionnaire, and is also captured on the self-booking appointment machine as a part of our annual data cleanse</p>	<p>Simon Mullen/ Jen Lewis</p>	<p>December 2023 Ongoing</p>



Our findings show that clinical READ codes are not consistently being used.	The health board is required to provide HIW with details of the action taken to ensure clinical Read codes are consistently used and common conditions are linked when patients are presented with different episodes of the same problem.	New templates are being developed to use across the wider managed practices to create a consistent and accurate reporting system.  Staff have been identified and have undertaken read code courses to manage the paper summarising of medical records	Simon Mullen	November 2023
Our findings show that regular locum GPs are not provided with a comprehensive induction programme.	The health board is required to provide HIW with details of the action taken to ensure locum GPs working in the practice are provided with a comprehensive induction programme.	In conjunction with the clinical lead we are currently developing a locum pack to be distributed to all locums working in the practice.	Mily Sebastian	December 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):** Simon Mullen  
**Job role:** Practice Manager  
**Date:** 26.09.2023