

General Practice Inspection Report (Announced)

Bryngwyn Surgery, Aneurin Bevan
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 Bryngwyn Surgery, Aneurin Bevan University Health Board on 19 July 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors and two clinical peer reviewers. 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 30 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 found that the staff worked hard to provide a caring and professional service to patients.

A range of information was available to patients in a variety of formats to assist them with improving their health and wellbeing both within the practice and via an informative practice website.

A choice of appointment types including in person and telephone consultations were available and patients reported that they felt listened to and treated with dignity and respect when seeing their GP.

The practice provided good facilities for patients with disabilities including stair free access and wheelchair accessible entryways as well as a small number of disabled parking spaces. Hearing loops were also available for patients use.

During the inspection, we saw that staff were not always using the available telephone translation service when required and, should the patient call system not be working, patients were not always called for their appointments in a way that maintained their dignity and privacy. Furthermore, in line with patient views, we would recommend that the practice considers improving patient privacy when speaking at the reception desk.

Further improvements were required to ensure that patients caring for a loved one were offered support and guidance where appropriate and a carers needs assessment.

We would also recommend that the practice removes the requirement to provide photographic identification at the point of registration.

This is what we recommend the service can improve:

- Improved awareness by staff of access to assessments for carers
- Removal of requirement to provide photographic identification at the point of registration
- Consideration of patient privacy when engaging with staff at the reception desk and when patient call system is not operational.

This is what the service did well:

- Informative practice website allowing for text to be translated and provided in a range of accessible formats
- Access to a range of different appointment types to suit patient need and symptoms
- Active offer was supported
- The recently completed Equality Impact Assessment supported the practice in ensuring equity of access for patients and staff.

Delivery of Safe and Effective Care

Overall summary:

Our findings demonstrated a dedicated and enthusiastic clinical team who strived to provide patients with safe and effective care in a clean and tidy environment. Our review of infection prevention and control measures found these to be robust and in line with guidance. However, we found dust remained on some high level areas such as privacy curtain rails.

Patient medical records were comprehensive, clear and easy to navigate with appropriate Read Coding in place.

Refrigerated medicines were appropriately stored to ensure adherence with cold chain requirements. Emergency drugs and equipment were checked in line with Resuscitation Council (UK) guidelines.

Safeguarding procedures were in line with that required by the All Wales Safeguarding procedures and staff were aware of the procedure to follow should a child not attend for their appointment.

Referrals to secondary care were sent via the Welsh Clinical Communications Gateway by the referring clinician or a member of the practice administrative staff. However, these were not routinely followed up and we would recommend the practice considers implementing an audit process to ensure referrals were acted upon appropriately, in particular for those patients referred to secondary care for Urgent Suspected Cancer.

Although prescription pads and materials were stored in a secure area, a log should be kept ensuring an audit could be completed in the event of unauthorised access.

The practice should also consider improving the flooring within the staff only areas of the practice to ensure staff were protected from avoidable trips and falls in line with health and safety guidance. Furthermore, the practice must consider

improvements to the security of the practice from the tenanted property that formed part of the building.

This is what we recommend the service can improve:

- Improved security of prescription items by ensuring a log is kept of the batch numbers kept at the practice, those taken by prescribing clinicians, and any prescription items destroyed
- Improved security of the practice to prevent access from the tenanted property forming part of the practice building
- An audit of referrals made via WCCG to ensure these have been appropriately handled and processed by the secondary care teams. This would be especially appropriate in relation to referrals following the Urgent Suspected Cancer (USC) pathway. In addition, we recommend that the practice considers auditing referral rates to secondary care to highlight key themes and trends.

This is what the service did well:

- Robust mechanism for the dissemination of patient safety alerts
- Robust procedures for the checking of emergency drugs and equipment and maintenance of cold chain medicines
- Adherence to infection prevention and control guidelines with completion of recent IPC audits
- Appropriate safeguarding procedures.

Quality of Management and Leadership

Overall summary:

Management and leadership at Bryngwyn Surgery appeared to be robust. We saw that staff had clear reporting lines with a dedicated and enthusiastic practice management and senior team. Staff facilities were adequate although required updating.

We found compliance with mandatory training to be good. However, we would recommend that annual appraisals are reintroduced for staff to identify any potential training needs or role aspirations.

The practice complaints policy available to patients was not appropriately completed and required review. This was reflected in patient views provided to us by the HIW patient questionnaire.

Improvement was also required in the gathering of patient feedback. This could be further encouraged by implementation of a 'You Said, We Did' display within the

patient waiting room demonstrating changes to the practice made as a result of ideas and suggestions from patients.

This is what we recommend the service can improve:

- The practice must ensure that all staff are provided with an annual appraisal
- Review the practice Complaints policy to ensure it provides all of the details required to support and enable patients in making a complaint
- Implement a 'You Said, We Did' display to encourage patient feedback.

This is what the service did well:

- Invested and enthusiastic practice management team with the practice manager a member of several primary care forums
- Good engagement with the practice cluster
- Recent completion of the information governance toolkit to ensure compliance with requirements
- Recently reviewed policies and procedures available to all staff.

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

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. On the day of the inspection our inspectors also spoke with patients to find out about their experiences at the practice. Patient comments included the following:

“My GP is excellent; I would say one of the best in my life experience. She is kind and a good listener. She is very thorough and examine every need in detail. I cannot thank her enough for the care I receive. However the set up of the Surgery is very tired and old fashion. It will help if they can have online booking system set up. The reception is very open and no privacy at all when you have to say your name and date of birth and address.”

“Access to the surgery is what lets the practice down. I’ve never had to make a same day appointment but regarding routine appointment, it is very difficult indeed to get through to anyone.”

“The level of service is extremely poor. I have given up trying to receive care because they are never willing to see us in a proportionate time.”

“I have only been at the practice for a short time but I have to say the service I have had has been first class. The nurses are so friendly and helpful. The receptionists are welcoming and never make you feel you are a burden.”

Person centred

Health Promotion

On the day of our visit, we saw that the practice had a good supply of written health promotion information and advice available for patients. The patient waiting area had several noticeboards and a large TV display screen that displayed information promoting a healthy lifestyle and the practice had a specialist diabetic nurse.

The practice had provided training to the reception team to provide them with the skills to be smoking cessation champions. GPs would promote the “help me quit” smoking cessation initiative run by Public Health Wales (PHW) during consultations.

Although the practice did not offer an in-house physiotherapy service, patients were able to self-refer to a local service run by the health board. Patients unsure how to do this could be referred by the practice care navigators without the prior need for a GP appointment.

We were told by senior staff that the practice had previously offered the winter flu vaccination and COVID-19 vaccine to patients and a range of vaccination clinics were made available to patients to attend including weekend and evening clinics.

Vaccination clinics run on weekends would be attended by local carers networks, smoking cessation organisations and Age Concern to provide patients with an opportunity to seek further advice and support should they require it. At the time of our visit, preparation and planning was underway for the coming winter vaccination offer.

Mental health support and advice was available via a range of different methods. Care navigators were provided with template information should patients ring the practice for support. A psychiatric wellbeing practitioner and mental health occupational therapist was available for self-referral by patients. The practice TV display screen also directed patients to organisations that could provide mental health support and advice.

An informative practice website allowed patients with digital access to request repeat prescriptions and access appointments at the practice. Information was also available on a range of different medical conditions via links to the NHS website. To aid accessibility, widgets built into the practice website, allowed for the text to be customised to the reader and automatically translated.

Dignified and respectful care

We observed a friendly reception team who mostly greeted patients in a professional and caring manner.

However, we found that reception staff did not always promptly use the available telephone or video translation service when a language barrier existed. We witnessed one occasion where it appeared a struggle for both the patient and receptionist to understand one another.

We recommend that the practice ensures staff are aware of the facilities in place to assist patients with a language barrier.

The practice had an electronic patient call system that used the TV display screen present in the waiting area. However, on the day of our visit, this was not working, and patients were instead called through for their appointments verbally by clinical staff. At times we found this to be inappropriately loud in nature and did not always uphold patient dignity.

We recommend that the practice has in place a policy or system to ensure that patient dignity is upheld when the electronic patient call system is not operational.

Of the patients that responded to the HIW questionnaire, most indicated that they felt they were treated with dignity and respect by the practice and that measures were taken to protect their privacy.

Although we were informed that telephone calls and in-person conversations of a sensitive nature could be conducted in an area to the side of the main reception desk, almost half of the respondents to the HIW questionnaire felt that they were unable to speak with a member of reception staff without being overheard.

The practice must ensure that patients speaking at the reception desk are enabled to do so in a way that upholds their privacy, dignity and confidentiality.

Consultation and treatment rooms were located away from the main waiting area. Doors to consulting rooms were always kept closed when in use and windows were appropriately obscured. We saw that most of the consulting rooms included privacy curtains around examination couches to preserve patient dignity, however one room did not have these present.

The practice must ensure place privacy curtains are in place.

Senior practice staff informed us that both male and female chaperones were available, and several posters present in the waiting area advertised this service to patients. Female chaperones were members of the nursing team. Male chaperones were one of the GPs at the practice. We were told that all staff had received appropriate training for this role, and we were provided with a recently reviewed chaperone policy.

Timely

Timely Care

We were provided with a copy of the practice access policy. This detailed how to register with the practice and arrangements for booking an appointment. Senior staff informed us that patients wishing to register at the practice would need to provide a form of photographic identification. This may create a barrier to care for patients without photographic identification and is also no longer a requirement endorsed by the local health board.

The practice must remove the requirement for new patient registrations to provide photographic identification.

The practice appointment system included face to face and remote consultations and patients were asked to inform the care navigator of their preference when ringing to book an appointment.

Patients could book according to their needs with access to urgent appointments via daily rapid access clinics. Routine appointments could be booked up to four weeks in advance with a GP or the Advanced Nurse Practitioner.

Patients with digital access requiring a non-urgent consultation were encouraged to book using E-consult and would receive a response within two working days. Alternatively, the practice could be contacted via My Health Online or email.

A clear and robust care navigation template was available for staff to direct patients to more appropriate services where necessary.

Of the patients that completed the HIW questionnaire, most indicated that they were offered a choice of appointment type and that they were content with the type of appointment offered. The majority of patients were aware of how to access out of hours GP services.

Almost every respondent to the HIW questionnaire indicated that they were satisfied with the practice opening hours and felt that they were able to contact the practice when needed, either via phone or online. Most patients indicated that they could get a same-day appointment should they need one and that routine appointments were available.

The following comments were received:

“A long wait for in-person appointment. Unable to book online and long wait on phone but email works. I wrote in last time but had to wait for 7 weeks before I can see my GP.”

“Choice of type hasn't been offered. This presents no issue however.”

Equitable

Communication and language

The practice website was the primary method of communication by the practice to inform patients of any changes to practice procedures. This had been designed to allow written information to be displayed in the most accessible format or read aloud, enabling patients to customise the written information to suit their needs. The website also allowed for translation into a wide range of languages.

For patients without digital access, notes would be attached to repeat prescription forms and patients would be informed by pre-recorded messages on the practice telephone system. Information would also be displayed within the waiting area. In some cases, letters would be sent to the patients registered address.

Senior staff informed us that some patient documents were available in alternative formats such as large print or Easy-Read as standard. An example provided of this, were consent forms for patients under 16 years of age.

We were provided with a comprehensive consent policy. This ensured that all patients were able to give informed consent and those patients without capacity were appropriately protected.

We saw that the practice had a number of bilingual signs, posters and leaflets available to patients in line with the Welsh ‘Active Offer’. However, the practice did not have any Welsh speaking staff. To accommodate patients wishing to communicate through the medium of Welsh, a health board provided telephone and video translation service was available. However, the practice had several staff that were fluent in multiple different languages.

A recently completed Equality Impact Assessment ensured the practice continued to provide information in an accessible manner.

Most of the respondents to the HIW Questionnaire felt that the GP explained things well and answered their questions. Most of the patients who answered felt involved in decisions about their healthcare.

Rights and Equality

The practice had a small car park to the rear of the building for patients to use. Automatic doors to the main entrance of the practice and level access throughout allowed for ease of access for patients in wheelchairs or with mobility access requirements. A hearing loop system was available for patients with a hearing impairment.

Patients requiring reasonable adjustments to access the practice, such as an appointment at a particular time of day, were readily accommodated by the practice.

The practice had a designated Carers Champion in place to ensure that unpaid carers were able to access a carers needs assessment for further support, advice, and guidance. Of the respondents to the HIW questionnaire, four indicated that they cared for someone with disabilities, long-term care needs or a terminal illness. None of the carers responding to the HIW questionnaire indicated that they had been offered an assessment of their needs as a carer. None indicated that they had been provided with details of organisations or support groups that could provide information and support for carers.

The practice must ensure that carers are identified promptly and are offered an assessment of their needs as a carer. Carers must also be provided with details of organisations or support networks that can provide information and support.

The practice was proactive in upholding the rights of transgender patients. We found that transgender patients were treated sensitively, with a prompt response to any disclosure. We were told that records would be changed to reflect the use of any new name and pronouns to ensure that they were appropriately placed.

We were provided with the practice Equality and Diversity policy. This had been recently reviewed and was available to all staff. All staff had completed training in equality and diversity as part of mandatory training requirements.

Delivery of Safe and Effective Care

Safe

Risk Management

Clinical treatment rooms at the practice were found to be tidy and welcoming with no evidence of unnecessary clutter. Sharps bins were placed in a safe location and were out of reach of children.

Within staff only areas of the practice, we noted that carpets present were in a poor state, with many fraying, loose and in need of replacement to prevent staff trips and falls.

The practice must consider replacing this existing flooring present to the first floor of the practice.

The practice building had within it a self-contained residential apartment which was currently tenanted. This apartment appeared to have access directly to the GP practice via a door on the first floor of the building. Although locked during our visit, staff could not be sure that access was not possible to the practice. Due to the confidential and sensitive nature of the records and medication held at the practice we were not assured that security was adequate to prevent against unauthorised access.

The practice must ensure that security of the practice premises is maintained, and access prevented at all times from the adjoining residential property.

We were provided with a copy of the practice Business Continuity Plan. This had been recently reviewed and contained all the necessary details to ensure appropriate action was taken in the event of an unforeseen incident. A copy of the plan was kept off-site with key practice staff in case access to the practice was limited and key telephone numbers for staff and utilities were included.

Discussions with senior staff demonstrated a robust mechanism for the dissemination of patient safety alerts. This was the responsibility of the practice manager.

Significant event analysis was undertaken during practice meetings with relevant staff. Minutes from these meetings would be shared by email to aid with shared learning.

Staff were aware of the process to follow should they need to urgently call for help. This was achieved via a designated call button built into the practice software that would alert all users once pressed. Should this be the case, one care navigator would be responsible for responding and provided emergency assistance as necessary.

Patients requiring an ambulance would be transported by a friend or relative should ambulance wait time be lengthy.

Infection, Prevention, Control (IPC) and Decontamination

Of the patients that responded to our questionnaire, most indicated that they felt the practice was very clean and that hand sanitisers were available alongside signs explaining what to do should you have symptoms of a respiratory transmitted illness. Most respondents to the questionnaire were satisfied that healthcare staff washed their hands before and after treating them. Nine respondents to the questionnaire indicated that they were attending to undergo an invasive procedure. The vast majority answered that staff wore gloves during the procedure, that the equipment used was individually packaged and appeared sanitised and that antibacterial wipes were used to cleanse the skin prior to the procedure starting.

The practice had maintained some of the precautions originally enacted due to the COVID-19 pandemic. These included a Perspex screen at the reception desk as well as access for patients to face masks and hand sanitiser. We saw several hand sanitiser stations located throughout the practice. These were kept appropriately replenished.

We were provided with the practice Infection Prevention and Control Policy. This had been recently reviewed and was available to all staff via a shared drive on the practice computer system.

Discussions with staff indicated that all were aware of their role in upholding IPC standards. This was overseen by the practice IPC lead who a member of the nursing team.

Our observations of the clinical environment found this to be good overall. Flooring and work surfaces were of a suitable wipe design, allowing for effective cleaning and we saw evidence of correctly maintained cleaning schedules. Senior staff informed us that a contract was in place for cleaning of the practice with a registered company, we found that some high-level dust remained on curtain rails within clinical areas.

We recommend the practice put in place a cleaning regime to include cleaning and/or dusting of high-level areas.

Clinical privacy curtains were of a suitable disposable material and dated for ease of replacement. Single use items were in use wherever possible.

Handwashing sinks had signage in place to remind staff and patients how to adequately wash their hands and taps were elbow operated.

We saw that Personal Protective Equipment (PPE) was available within clinical areas and noted that the practice was able to treat patients safely should they present with respiratory transmitted infections without risk to other patients. Staff had been trained in the correct method of donning and doffing PPE and we observed staff wearing PPE when treating patients throughout the inspection. Clinical staff were observed conforming to Bare Below the Elbow guidance.

Medicines Management

Requests for repeat prescriptions could be made online via the practice website or by handing in a written request to the practice. Once received repeat prescription requests became the responsibility of the trained prescribing clerk who would process them accordingly. The practice benefited from a good working relationship with local pharmacies who would collect completed prescriptions from the practice.

To ensure patients continued to be prescribed the most appropriate medications and to prevent the potential for overuse of some medicines, patients would be required to undergo medication reviews as necessary with the practice pharmacist or a GP.

We were told by senior staff that a quarterly audit of prescriptions issued by non-prescribers was undertaken by a member of the practice management team.

Prescription pads were stored securely within a locked room. However, the practice was not keeping a log of batch numbers for the blank prescription forms kept on the premises. Furthermore, prescriptions that were destroyed were also not recorded to identify that they were no longer in use. Should an unauthorised person access or obtain these prescription items, the practice would encounter difficulties in tracing the affected prescriptions in a prompt manner.

We recommend that the practice improves security of prescription items by ensuring a log is kept of the batch numbers kept at the practice, those taken by prescribing clinicians, and any prescription items destroyed.

The practice had a limited number of medications on site. These included the winter flu vaccine for adults and children as well as the COVID-19 vaccination. Vaccines were stored within practice two dedicated vaccine fridges. These had been maintained effectively and had undergone annual portable appliance testing (PAT). An up-to-date cold chain policy was in place to ensure safe storage of refrigerated medicines and we were assured that staff were aware of the action to take should there be a breach in the cold chain. Evidence of twice daily temperature checks were also provided to us to demonstrate strict adherence to the cold chain policy. We saw that data loggers were present for the medication fridges and were told that this was in response to a change made due to loss of medication following a power outage.

Checks of drugs and medications, including emergency drugs and equipment, was undertaken by a member of the nursing team and a log of the checks completed was kept within the reception area. Our review of the medications kept at the practice found all to be in date and most were appropriately stored. However, we found that some medication was stored in an unlocked cupboard within a clinical area.

To ensure these are stored securely, we recommend that medication is stored within a locked cupboard when not required.

Safeguarding of Children and Adults

We reviewed the safeguarding policies, procedures, and training at the practice. The practice had two safeguarding leads and shared the responsibility between them of the safeguarding of children and vulnerable adults.

We were provided with a training matrix to demonstrate compliance with appropriate levels of training in safeguarding with clinical staff required to complete training to level 3 and non-clinical staff requiring level 2.

We saw evidence of a recently reviewed safeguarding policy that complied with the All Wales Safeguarding procedures. This contained details of action to take should staff have a safeguarding concern including the telephone numbers and contact details of the local authority safeguarding leads. This policy was available to all staff and flowcharts were available within clinical rooms to serve as a reminder for staff.

Children not brought for appointments were followed up according to the safeguarding policy. A procedure was in place to ensure the medical records of children with a safeguarding status, together with their parents/carers and siblings were identifiable to staff. This included a marker within the patients records to

identify a child as “at risk”. This marker would only be removed from the records once notice had been provided to the practice by the local authority.

Discussions with senior staff identified frustration with the lack of attendance at multi-disciplinary team meetings for safeguarding by the wider primary care team. To ensure health visitors and primary care professionals were updated, information gained from quarterly audits undertaken by the practice manager would be disseminated to them. We saw that safeguarding was also an agenda item within monthly staff meetings at the practice.

Management of Medical Devices and Equipment

Equipment and devices at the practice were found to be well maintained and in a good state of repair. We saw evidence of recent Portable Appliance Testing (PAT) of electrical equipment that demonstrated compliance with health and safety standards.

We reviewed the emergency equipment present. This complied with guidance issued by the Resuscitation Council (UK) and was checked on a weekly basis.

Effective

Effective Care

Our discussions with senior staff at the practice demonstrated a dedicated team that worked hard to provide patients with effective and safe care. The practice manager was a member of different local groups and forums which ensured staff were kept up to date with best practice and continued to work in line with national and professional guidance. Updates to NICE guidelines would be sent electronically to the practice manager who would disseminate to staff.

Changes to guidance would be sent electronically to staff and informal meetings would allow discussion of any updates. A shortcut would also be available on practice computers for easy reference by staff.

Significant event analysis would be undertaken in-house following a specified reporting template. We were provided with examples of this and saw evidence of learning and improvement following a significant event. Written reports included details of any follow up actions required and would be discussed at practice team meetings.

Referrals to secondary care were processed either by the practice secretaries or the GPs and sent via the Welsh Clinical Communications Gateway (WCCG). However no further action would be taken by the practice regarding the referral

until the patient was seen by secondary care to ensure an appointment was given. Senior staff informed us that no current audit process was in place to explore referral rates.

We would recommend that the practice considers an audit of referrals made via WCCG to ensure these have been appropriately handled and processed by the secondary care teams. This would be especially appropriate in relation to referrals following the Urgent Suspected Cancer (USC) pathway. In addition, we recommend that the practice considers auditing referral rates to secondary care to highlight key themes and trends.

Patient records

We reviewed a sample of 10 electronic patient medical records. These were secured against unauthorised access.

Record keeping was found to be of a very high quality throughout our assessment. We found that records were clear, easy to follow and understand and, in all but one instance, appropriately Read coded.

We saw evidence of sound advice provided to patients for ‘safety netting’ and consent was always gained where required. Information leaflets issued to patients during a patient consultation were recorded and the standards of recording of chronic disease management was noted be good.

Patient blood tests were ordered electronically and recorded within the medical records.

Quality of Management and Leadership

Leadership

Governance and leadership

At the time of our inspection, Bryngwyn GP practice was owned and operated by three GP partners. The practice was part of the Newport West neighbourhood care network, which staff reported to be beneficial and helpful to the running of the practice.

The practice benefitted from two knowledgeable and experienced practice managers. Together with the GP partners, the practice was found to be run in a sustainable and well-lead manner.

We were told that whole team meetings would take place every quarter with smaller role focused meetings occurring monthly for clinical staff and every six months for the reception team. Senior staff informed us that informal clinical meetings would be held on Friday mornings; however, these would not usually be minuted. The practice managers would perform a weekly whole practice check to ensure the safety of the building and we were told that a prescription meeting was due to be implemented imminently. The practice used a mobile messaging application to discuss issues outside of meetings.

Senior staff disclosed that the main challenge faced by the practice was the suitability of the practice building, funding and recruitment and retention of staff. We were told that clinical space was a particular challenge with the number of clinical staff exceeding that of the clinical rooms available. Skilled and experienced staff have also left the practice to pursue roles within secondary care settings. Alleged patient aggression faced by care navigation staff when carrying out their role, was reported as a particular concern by senior staff who tried hard to support those affected.

We saw that the practice had a range of policies and procedures in place that were available to all staff. Of the policies we reviewed during our visit, all had been recently reviewed and were up to date.

Workforce

Skilled and enabled workforce

We spoke with staff across a range of professions working at the practice and found that staff were knowledgeable of their roles and responsibilities and worked hard to provide a quality service to patients.

Our review of staff personal files found these to be stored securely. Of the files we reviewed, all contained a valid job description that accurately described their role as well as a contract of employment. Where required, we saw that staff had undergone disclosure and barring service checks and references had been obtained from previous employment. We were told that staff appraisals were currently behind schedule due to a number of staff changes within the senior management team that had taken place within the last year.

The practice must ensure that all staff are provided with an annual appraisal.

A clinical supervision policy ensured that staff had access to support when required. The practice independent clinical pharmacist and advanced nurse practitioner also had regular access to the lead GP. Advice and support was provided throughout the day and was reported to be very supportive. Clinical staff were reported to have time allocated within their contracts to allow for study leave or to complete programmes of continuous professional development to meet revalidation requirements of professional bodies. An example was provided of training undertaken by nursing staff in respiratory care to better assist with the management of chronic diseases.

Staff new to the practice would be required to undertake a comprehensive induction programme. This would be documented and signed off by a senior member of staff.

We were assured that staff would be supported in raising a concern should the need arise and were provided with the practice Whistleblowing policy. This had been recently reviewed and was available to all staff.

Culture

People engagement, feedback and learning

The practice had a complaints policy and procedure available to patients. The complaints policy was in line with the NHS Putting Things Right process. We noted that the policy contained a timescale for response and a named member of staff responsible for investigating the complaint and details of how the complaint could be escalated should a resolution not be found. However, it was found to be generic in nature and not specific to the local health board area. Furthermore, we saw that the complaints leaflet contained at the back of the policy had not been updated with the practice details and therefore required review. This was supported by the responses provided by the HIW questionnaire, with over a third of

respondents indicating that they would not know how to complain should they want to.

The practice must review and update the Complaints Policy to ensure the details provided are relevant to the local health board area.

We saw that the practice held complaints on file electronically and were provided with a sample for review. We saw that complaint responses were monitored for compliance in line with agreed timescales. Within the sample of complaints we reviewed, all contained a suitable response that aimed for resolution in the first instance. Patients were also provided with the NHS Putting Things Right leaflet to allow them to escalate their complaint should they wish.

Staff informed us that patient feedback and suggestions were encouraged. A logbook held by the reception team allowed for the logging of informal and verbal complaints, comments and suggestions. However, the practice did not currently have a method for displaying to patients when comments or suggestions had been acted upon. Most of the respondents to the HIW questionnaire indicated that they had not ever been asked by the practice about their experience of the service provided.

We would recommend that the practice implements a more robust method of gathering patient feedback. We would also recommend that the practice implements a 'You said, We did' display to encourage patients to provide feedback and contribute to practice improvements.

The practice benefitted from a small patient participation group. We were told that key practice changes would be sent to the patient participation group for comment prior to implementation, however as the group was currently small, feedback could be limited. Senior staff expressed that they welcomed applications from patients to participate with the group in shaping the practice.

We spoke with senior practice staff to understand how the arrangements in place for compliance with the Duty of Candour requirements implemented because of the recently enacted Health and Social Care (Quality and Engagement) (Wales) Act 2020. We saw that the practice had in place a Duty of Candour policy that met the requirements of the guidance. This was clear and set out the roles and responsibilities of staff. Staff we spoke with understood the Duty of Candour and their roles in meeting this duty. We saw evidence that some practice staff had received training on the Duty of Candour and were assured that all staff were aware of how to raise a concern should something go wrong.

Information

Information governance and digital technology

To enable the practice to effectively support the delivery of services to patients and aid staff training, calls received were recorded. This was covered by a Call Recording Policy which detailed retention periods and how patients could access their recordings should they wish.

A monthly management report would be sent to the practice from the company responsible for handling telephone calls to the practice. This would highlight call waiting times and the number of telephone calls to the practice.

Correspondence received by the practice would be scanned into the patients medical records within a prompt and timely manner on the day of receipt prior to passing to administrative staff for any actions required.

A shared drive system was used by the practice for the sharing of key practice policies for all staff and email was the usual method for the dissemination of information. A practice communications and email use policy laid out acceptable use and only trained staff were permitted to respond to emails.

We were told that a data protection officer was in place. This was provided by Digital Health and Care Wales and a recently completed information governance toolkit allowed the practice to identify any areas requiring improvement with staff completing annual information governance training. A data protection impact assessment had also been recently completed.

Should patients wish to access their records this was dealt with according to the Subject Access Request process and timescales and would require a written request accompanied by necessary identification.

Learning, improvement and research

Quality improvement activities

We spoke with senior staff and were provide with evidence of audits that had been completed to demonstrate quality improvement activities undertaken by the practice.

We reviewed a selection of practice audits including waste management and a complaints audit. These had been recently undertaken and provided evidence of a robust audit programme that encouraged continuous improvement.

Whole system approach

Partnership working and development

We reviewed the processes in place to identify how the practice worked with wider healthcare teams and external partners to develop a whole system perspective in achieving good, reliable, and sustainable outcomes that met the evolving needs of the community.

Staff were said to engage well with other agencies such as the wider allied teams, however senior staff had raised concerns with the health board due to a lack of continuity of care and liaison with the health visiting team.

Collaborative partnerships with the wider primary care teams as part of the neighbourhood care network was found to be robust and enabled practices to share learning across practice areas to understand and meet patient needs.

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: Bryngwyn Surgery

Date of inspection: 19 July 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 assurance issues were identified on this 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: Bryngwyn Surgery

Date of inspection: 19 July 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
Use of telephone or video translation service.	We recommend that the practice ensures that staff are aware of the facilities in place to assist patients with a language barrier.	Appropriate use of language line has been reiterated to practice staff and we have put clear signage in reception with directions for staff and patients	Michele Richards IT and Patient Services Manager	Completed
Privacy and dignity.	We recommend that privacy curtains be placed around the examination couch in this room to ensure patient privacy and dignity is upheld. We recommend that the practice has in place a policy or system in place	Curtains have been purchased and maintenance job booked This is going to be discussed at our next annual meeting and a plan going forward for calling	Michele Richards IT and Patient Services Manager	1 month

	to ensure that patient dignity is upheld when the electronic patient call system is not operational	patients when the system is down will be developed with the whole team		
Access / barriers to care.	As this is no longer required by the health board, and to ensure that patients were not discouraged from accessing care, we recommend that the practice removes the requirement to provide photographic ID for new patient registrations.	We have stopped asking for any identification when registering new patients.	Michele Richards IT and Patient Services Manager	Complete
High level dust on curtain rails in clinical areas.	We recommend the practice put in place a cleaning regime to include cleaning and/or dusting of high-level areas.	Our cleaning regime already includes dusting of high level areas. We have since met with the cleaning company and they have agreed to review the cleaners performance at regular intervals to ensure cleanliness.	Michele Richards IT and Patient Services Manager	Complete
Carpets present in staff area on first floor, fraying, loose and requiring replacement.	To aid staff welfare and prevent trips and falls we would urge the practice to consider replacing this existing flooring present to the first floor of the practice.	This has been added to our business development plan and will be addressed in due course	Michele Richards IT and Patient Services Manager	1 year

Adjoining flat and security issues.	The practice must ensure that security of the practice premises is maintained and access prevented from the adjoining residential property.	We have had a fire risk assessment conducted by an external company who have recommended the same. The work is booked for the first week of January.	Michele Richards IT and Patient Services Manager	3 Months
Security of prescription pads.	We recommend that the practice logs the batch numbers of prescription pads to ensure security and tracing should the need arise.	The practice now has a prescriptions policy which includes the logging of prescription pad numbers.	Michele Richards IT and Patient Services Manager	Complete
Storage of meds in unlocked cupboard.	To ensure these are stored securely, we recommend that medication is stored within a locked cupboard when not required.	All medication now stored in recently purchased locked cupboard. Refrigerators are also lockable.	Michele Richards IT and Patient Services Manager	Complete
Processing and follow up of referrals / audit of referrals.	We would recommend that the practice considers an audit of referrals made via WCCG to ensure these have been appropriately handled and processed by the secondary care teams. This would be especially appropriate in relation to referrals following the Urgent Suspected Cancer (USC) pathway. In	Referral audit underway	Majd Jadoon Senior Partner	3 months

	addition, we recommend that the practice considers auditing referral rates to secondary care to highlight key themes and trends.			
Lack of staff appraisals.	The practice must ensure that all staff are provided with an annual appraisal.	Staff appraisals are now underway	Michele Richards IT and Patient Services Manager	Ongoing
Complaints policy requiring review.	The practice must review and update the Complaints Policy to ensure the details provided are relevant to the local health board area.	We have reviewed our complaints policy and updated the attached leaflet which was missing some information	Michele Richards IT and Patient Services Manager	Completed
'You said, we did' board.	We would recommend that the practice implement a 'You said, we did' display to encourage patients to contribute to practice improvements.	'You said, we' did is being implemented using social media and website. We will update the board in reception after our next patient survey	Michele Richards IT and Patient Services Manager	3 Months

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): Michele Richards

Job role: IT and Patient Services Manager

Date: 26/10/2023