

Inspection Summary Report

Bryngwyn Surgery, Aneurin Bevan University
Health Board

Inspection date: 19 July 2023

Publication date: 4 Dec 2023



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

Digital ISBN 978-1-83577-222-5
© Crown copyright 2023



Overall, we found Bryngwyn Surgery was committed to providing a caring and professional service to their patients.

There was stair free access to the practice, allowing wheelchair users or those with mobility issues to access the facilities easily.

The team were dedicated and enthusiastic and strived to provide patients with safe and effective care in an environment that was clean, tidy and free from visible hazards. Processes were in place to assure the privacy and dignity of the patient.

Management and leadership appeared robust and staff had clear reporting lines. Staff had access to appropriate training opportunities to fulfil their professional obligations.

Whilst we did identify a small number of improvements needed, overall, we found the practice to be well managed.

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



What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of 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.

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

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).



Quality of Patient Experience



Overall Summary

We found that the service 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 hearing loop and a small number of disabled parking spaces.

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 strongly recommend that the practice removes the requirement to provide photographic identification at the point of registration.

Where the service could improve

- Improved awareness by staff of access to carers 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.

What we found this 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.

Patients told us:

“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.”

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 although 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.

Where the service could 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.

What we found this 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 was 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. Flooring within staff only areas was considered for replacement as this was found to be badly fraying and threadbare in places and not in keeping with health and safety guidelines to protect staff from avoidable trips and falls.

A review of compliance with mandatory training found this 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.

Where the service could 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.

What we found this 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.

Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the appendices of the full inspection report.

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

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

