Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report

(Announced)

Coach and Horses Surgery, Hywel Dda University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Coach and Horses Surgery, located within Hywel Dda University Health Board on 3 October 2024.

Our team for the inspection comprised of one HIW Senior Healthcare Inspector, two clinical peer reviewers, and one practice manager peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 10 questionnaires were completed by patients or their carers and 8 were completed by staff. Feedback and some of the comments we received appear throughout the report, where appropriate, due to the low response rate.

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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We observed friendly and courteous interaction between staff and patients. All patients felt they were treated **with** dignity and respect, and that the clinician explained things well.

All consulting rooms and clinical areas were closed to maintain patient privacy and dignity during consultation. In addition, a room was available next to reception to hold private conversations with patients if required.

Bilingual signage and patient information were also available, supported by some Welsh speaking staff. Translation services were also accessible to communicate with patients in other languages as necessary.

Patients were provided with a range of health promotion advice throughout the practice, such as healthy living, screening campaigns, a carers information board and mental health signposting. The practice provided a range of clinics for the management of chronic conditions and additional services.

Patients were advised through well-placed posters and verbally that they were welcome to have a chaperone present during their consultation.

Access to routine appointments are provided through the NHS Wales app and by telephone. Urgent appointments are offered by telephone on a same day basis, with dedicated GP time available each day to review urgent queries and to attend home visits. Some patient feedback was provided in relation to appointment access, which the practice should reflect on to understand if wider patient concerns are held.

This is what we recommend the service can improve:

- The practice must ensure that verbal consent for intimate examinations and offer of a chaperone is always recorded into patient medical notes
- The practice should reflect upon the patient feedback provided in relation to appointment access
- The practice should ensure that language and communication needs are routinely recorded on patient medical records.

This is what the service did well:

- There was a range of health promotion advice displayed throughout the practice

- We observed friendly and caring interactions between staff and patients at all times

Delivery of Safe and Effective Care

Overall summary:
The practice environment was well maintained and accessible in all patient areas, except for some small areas for improvement identified. The practice was also visibly clean and free of clutter in all areas.

Staff had received Infection Prevention Control (IPC) training appropriate to their roles, and responsibility for IPC was shared between practice teams. There was an IPC policy in place, which had recently been reviewed. There was, however, no evidence of an IPC audit being completed within the last 12 months, this must be addressed.

There were suitable processes in place to deal with a patient emergency, supported by access to and provision of emergency drugs and equipment, including oxygen, and staff were aware of how to access this equipment.

Overall, we found satisfactory processes in place to support the effective treatment and care of patients. This included processes to disseminate clinical updates, learning, and new guidance. This was aided through quality improvement initiatives, multidisciplinary meetings, and cluster working arrangements. However, we identified a small number of areas to strengthen in relation to clinical record keeping practices.

This is what we recommend the service can improve:
- The practice must ensure an IPC audit is undertaken on an annual basis.
- The practice should undertake a record keeping audit.

This is what the service did well:
- The practice environment was well maintained in all staff and patient areas
- The practice was visibly clean and free of clutter
- Staff were clear on their clinical roles and duties

Quality of Management and Leadership

Overall summary:
There was a clear management and leadership structure in place and staff we spoke with were clear about their roles and responsibilities. The practice team appeared to work cohesively and spoke positively of the open-door approach adopted by their colleagues.

Staff felt satisfied with the quality of care they provided to patients, with all agreeing that care of patients is the practices top priority, and that they would be happy with the standard of care if provided to their own friends or family.

There was evidence of completion of staff training, which was supported by induction and annual appraisals.

Quality improvement processes were in place, with an example of responding to and learning from patient feedback. It was positive to find examples of other improvement programmes, which included, the bronze award for the practice's commitment to supporting carers in the community.

Evidence of partnership working was seen through multidisciplinary team meetings and regular cluster meetings.

This is what the service did well:

- There was a clear management and leadership structure in place and staff we spoke with were clear about their roles and responsibilities
- The practice team appeared to work cohesively, with an open door policy
- Process for feedback, learning and engagement were of a good standard.

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

We received 10 completed patient surveys. All but two patients rated the service received from the practice as very good or good. All patients felt they were treated with dignity and respect, and that the clinician explained things well. Less positive feedback was provided in relation to accessing appointments, further details are highlighted in the timely care section below.

Person-centred

Health promotion
There was a range of health promotion advice displayed throughout the practice. This included information on common illnesses, screening campaigns, mental health, dementia, carer, and veterans support. Information was of good quality and up-to-date.

The practice provided a range of clinics for the management of chronic conditions and additional services. These included asthma, diabetes, cardiology, smear testing, contraceptive, and antenatal clinics. These services were delivered by General Practitioners (GP's), two practice nurses, and a healthcare assistant. District nurses and health visitors were also co-located at the practice.

The practice was accessible to all, with designated disabled parking and step free access into the practice from the car park. All surgeries were on the ground floor and staff told us they would assist patients with mobility needs as required. A ramp was available for use in an emergency at the rear of the practice.

Dignified and respectful care
We observed friendly and caring interactions between staff and patients at all times.

The waiting area enabled most conversations to be held in private between reception staff and patients. A private side room adjacent to reception could also be used as appropriate. Telephone calls for appointments and triage were taken in a private office away from public areas.

During our tour of the practice, we observed surgery and clinic doors that were always closed whilst consultation and treatments were provided.

Patients were advised through well-placed posters and verbally that they were welcome to have a chaperone present during their consultation. We confirmed that staff had received training on how to chaperone appropriately, and that there were male and female staff available. However, we noted that the recording of verbal consent and the offer of a chaperone was not always recorded in the entries on patient medical records.

The practice must ensure that verbal consent for intimate examinations and offer of a chaperone is always recorded into patient medical records in accordance with General Medical Council (GMC) guidelines.

Timely

Timely care

Access to routine appointments are provided through the NHS Wales app and by telephone. Urgent appointments are offered by telephone on a same day basis, with dedicated GP time available each day to review urgent queries and to attend home visits.

To help ensure patients access the right service for their needs, staff would direct their care to the appropriate member of the practice team. In addition, staff confirmed that information is provided to patients to contact 999 when presenting with urgent symptoms, such as heart attack, stroke, or heavy bleeding.

Five patients expressed in our survey that they are unable to obtain routine appointments when needed, with the same number expressing that they cannot obtain an urgent appointment when required. Comments included:

> *"I'd much rather be able to book a routine appointment in advance and to have phone consultations when it feels the best option"*
>
> *"It can take weeks to get an appointment, Hospital asked me to get an appointment for an ECG… was given an appointment in six days, I said the Hospital wants it done asap, receptionist said, go to A&E then, I was in no physical state to go and wait in A&E"*
>
> *"Told ring back tomorrow"*

Whilst the number of survey respondents was overall small, the practice should reflect upon this feedback as a potential indicator of more widely held patient views.

We confirmed that reception staff had received training in care navigation and provided a telephone triage process to ensure patients accessed the most appropriate professional to meet their needs. NHS 111 and 111#2 services were advertised by the practice online and within the practice as a further source of support.

Equitable

Communication and language
Bilingual signage and patient information were available. There were several Welsh speakers at the practice, and the 'Iaith Gwaith' badge and logo were used to promote use of the Welsh Language Active Offer.

Staff told us that they would accommodate any known language or communication needs and were familiar with services such as Language Line to support the need for translation. However, we found that language and communication needs were not routinely recorded on patient medical records.

The practice should ensure that language and communication needs are routinely recorded on patient medical records to ensure needs are met responsively, using Language Line when required.

Delivery of Safe and Effective Care

Safe

Risk management
The practice environment was well maintained in all staff and patient areas. It was accessible, with step free access, and a ramp at the rear of the premises for use in an emergency. However, we noted that the emergency call bell was not working in all consulting rooms. To ensure staff safety, we recommend that this is repaired at the earliest opportunity.

The practice must ensure that emergency call bells are in working order in all consulting rooms.

Fire detection equipment, serviced extinguishers, signage and lighting was in place at the practice. We advised however the waste bins should not be stored directly against the building.

Electrical items were seen to be PAT tested regularly to ensure their on-going safety and effectiveness.

Infection, prevention and control (IPC) and decontamination
The practice was visibly clean and free of clutter in all areas.

There were appropriate processes in place to ensure that all areas of the practice were cleaned to an appropriate standard. This included cleaning schedules for key clinical areas, such as treatment rooms. The well-maintained building further enabled effective IPC management, which included a high standard of hand washing facilities in all areas.

Staff had received IPC training appropriate to their roles, and responsibility for IPC was shared between practice teams.

There was an IPC policy in place, which had recently been reviewed. There was, however, no evidence of an IPC audit being completed within the last 12 months. We recommend that this is completed to ensure that there is practice wide oversight and identification of any IPC matters of concern.

The practice must ensure an IPC audit is undertaken on an annual basis, with an action plan for addressing any issues identified.

Relevant contracts were in place for the disposal of hazardous and non-hazardous waste. Waste was segregated and stored in secure bins at the rear of the practice.

Staff were knowledgeable of the process to follow in the event of a needlestick injury. Occupational health services were available to the practice through the local Health Board, which included access to Hepatitis B vaccinations. Records for this were maintained accordingly.

Medicines management
There was adequate access to and provision of emergency drugs and equipment, including oxygen. This included a defibrillator, which was charged and placed in an accessible location, and routinely checked. When asked, staff were aware of how to access this equipment. All items were within date and regular checks were undertaken by nursing staff to ensure their continued availability and effectiveness. However, we recommend that a printed log of drug and disposable equipment expiry dates is maintained, for ease and continued accuracy of these checks.

There were appropriate processes in place for the management of vaccines and immunisations. This included the ordering, stock and fridge temperature checking, and awareness of what actions to take in the event of mechanical failure. However, one of the clinical fridges was found to be overfilled with stock, preventing effective circulation of cold air. This was brought to the attention of the Practice Manager who explained that a large-scale winter flu vaccination clinic was taking place the following day. This matter was resolved during the inspection.

Whilst there was some evidence supporting the management of controlled drugs, the practice must review its adherence to all regulations. Including, but not limited to, use of a controlled drugs register. We would advise the practice to seek advice from the local Health Board in this regard.

The practice must promptly review their governance arrangements for the management of controlled drugs.

Safeguarding of children and adults
There were policies and procedures in place to manage any safeguarding concerns. These were linked to the All-Wales Safeguarding procedures, and staff were aware of these.

There was a nominated safeguarding lead at the practice, and training was provided to and completed by staff according to their roles and responsibilities.

However, two respondents in our staff survey said they were not aware of who the practice safeguarding lead was, or how to report any safeguarding concerns.

The practice must ensure that all staff working at the practice are familiarised with safeguarding procedures, the safeguarding lead, and additional refresher training should be provided where required.

There was evidence of safeguarding forming part of multidisciplinary team meetings, which took place every two weeks. Whilst relevant updates are placed onto patient records, we recommend that an appropriately detailed set of minutes are recorded to aid oversight and identification of themes, and to share with staff as applicable.

The practice should ensure that multidisciplinary team meeting minutes are recorded to aid oversight and identification of themes and share with staff as applicable.

There were processes in place to monitor Emergency Department (ED) attendance, including frequent ED attenders. There was a process in place to monitor and address incidences of children who were not taken to secondary care appointments by their parents or carers.

Management of medical devices and equipment

Medical devices and equipment were found to be in good working order. There was evidence of calibration and replacement of faulty equipment. Single use items were in use wherever possible.

Effective

Effective care

Overall, we found satisfactory processes in place to support the effective treatment and care of patients. This included processes to disseminate clinical updates, learning, and new guidance. This was aided through quality improvement initiatives, multidisciplinary meetings, and cluster working arrangements. Referrals were managed appropriately, including both standard and urgent referrals, such as suspected cancer. There were contingencies in place to cover staffing absences to facilitate urgent referrals as required.

Processes for reporting incidents through Datix were clear and understood by the practice staff.

Patient records
We reviewed ten electronic patients records. The contents of the records were generally of satisfactory quality. This included clarity and rationale for decisions made relating to patient care. Most records were also up-to-date and contemporaneous. However, we identified a small number of areas to strengthen clinical record keeping. These included:

- Some inconsistency in clarity and quality of record entries
- Not recording consent and offer of a chaperone during intimate examinations
- Read coding was not always used consistently and effectively
- Marker or flags were not always present for some patients and, where relevant, other family members. E.g. for vulnerable adults or children.

The practice should undertake a record keeping audit and consider ongoing audits to ensure record keeping is strengthened and maintained.

All patient medical records were found to be held securely to prevent unauthorised access

Quality of Management and Leadership

Staff feedback

Due to the low response rate, not all staff survey data is included through this section of the report.

Staff felt satisfied with the quality of care they provided to patients, with all agreeing that care of patients is the practices top priority, and that they would be happy with the standard of care if provided to their own friends or family.

Two staff felt more staff were required for them to do their job properly, and that they find their job detrimental to their health.

All staff felt they have received appropriate training to undertake their role, except for safeguarding training highlighted earlier. All confirmed they had received an appraisal in the last 12 months.

Leadership

Governance and leadership
There was a clear management and leadership structure in place, and staff we spoke with were clear about their roles and responsibilities. The practice team appeared to work cohesively and spoke positively of the open-door approach adopted by their colleagues.

We saw evidence of regular team and practice meetings, including use of various platforms for general and urgent communication between staff.

A breadth of policies and procedures were in place to support the effective running of the practice.

Workforce

Skilled and enabled workforce
There was an induction and orientation process in place for new staff. This was supported by a recruitment policy.

Disclosure and Barring Service checks had been completed for staff, according to their role within the practice.

Staff had completed the required levels of mandatory training according to their roles and responsibilities. The practice confirmed that staff were provided with admin time to enable them to complete training within work hours.

Evidence of appraisal activity was seen, and we saw examples of training and development being provided according to their developmental needs.

Staff had completed the required levels of mandatory training according to their roles and responsibilities

There was a logical process in place for ensuring staff received Hepatitis B vaccination where indicated, which was supported by Occupational health colleagues in the local health board.

Culture

People engagement, feedback and learning
Patients were able to provide feedback in a number of ways, including in person, in writing or through a formal complaints mechanism. This was aligned with the NHS Wales 'Putting Things Right' process.

We reviewed a sample of formal complaints. These had been acknowledged within the appropriate timeframe and responded to in a comprehensive manner. Some complaints took longer than expected to respond to, but this was due external factors involving legal advisory services.

It was positive to note that the practice was involved within the local rural community as a means of engaging with patients, particularly for older and vulnerable patient groups. A positive example included links with the local Church to convey important messages.

Information

Information governance and digital technology
An appropriate system was in place to ensure the effective collation, sharing and reporting of patient information, data, referrals and requests. This included the capturing, reporting and monitoring of performance indicators.

Where appropriate, sharing agreements were in place with external bodies to ensure that confidentiality and security of patient information.

Learning, improvement and research

Quality improvement activities
Quality Improvement activities were evidenced in several ways. For example, responding to and demonstrating changes made because of patient feedback. This included outcomes of complaints and serious incidents, which were discussed and recorded in practice meetings with relevant staff. Clinical audits, such as prescription audits, were undertaken on a regular basis. Audit outcomes were shared with clinical teams as required.

It was positive to find examples of other improvement programmes, which included, the bronze award for the practice's commitment to supporting carers in the community.

Whole-systems approach

Partnership working and development
Regular multidisciplinary team meetings took place with a range of health and care practitioners. This includes frailty practitioners, district nurses, mental health and social service practitioners. Whilst we confirmed that relevant entries are made in patient notes, as highlighted earlier, we recommend that meeting minutes are recorded to aid review and identification of any themes.

Cluster arrangements were noted to work well, with regular meetings, attendance, and agreement of new cluster wide projects.

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
Clinical fridges were found to be overfilled with stock	This could affect the efficacy of the medication / vaccines	This was raised with the practice team (Practice Manager and Nurse)	Stock was moved into an alternative fridge and stock levels were depleted the following day.

Appendix B - Immediate improvement plan

Service: Coach and Horses Surgery

Date of inspection: 2 October 2024

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	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate improvements to note					
2.						
3.						
4.						

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):

Appendix C - Improvement plan

Service: Coach and Horses Surgery

Date of inspection: 2 October 2024

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
1.		The practice must ensure that verbal consent for intimate examinations and offer of a chaperone is always recorded into patient medical records in accordance with General Medical Council (GMC) guidelines.	Macro button to be inserted with Z182100 Chaperone offered onto clinical screen in Vision. Each room does have a chaperone sign displayed above examination couch and also displayed in waiting room.	All clinicians	Already implemented
2.		The practice should ensure that language and communication needs are routinely recorded on patient medical records to ensure needs are met responsively, using	Language/communication asked on all new patient questionnaires. Text to be sent out asking patients to reply with chosen language. Also details of Language Line to be available in each clinical room.	Liz Murcott Practice Manager and Maisie Howells Deputy Practice Manager	Six weeks

		Language Line when required.			
3.		The practice must ensure that emergency call bells are in working order in all consulting rooms.	Quotation to be obtained from third party however each clinical room does have an emergency call button on computer in addition to manual one.	Liz Murcott Practice manager	Six months
4.		The practice must ensure an IPC audit is undertaken on an annual basis, with an action plan for addressing any issues identified.	Annual audit to be introduced and written into IPC policy.	Treatment room	Six months
5.		The practice must promptly review their governance arrangements for the management of controlled drugs.	We have reviewed the governance surrounding controlled drugs. We do not keep any schedule 1-3 drugs on site. We are however going to do a detailed audit on prescription handling for all controlled drugs.	GP's/Cluster Pharmacist	Twelve months
6.		The practice must ensure that all staff working at the practice are familiarised with safeguarding procedures, the safeguarding lead, and additional refresher training should be provided where required.	Safeguarding policy be shared with staff and staff "posters" to be displayed reminding staff on contact details etc. Mandatory training on safeguarding to be reviewed.	Liz Murcott Practice Manager	One month

7.		The practice should ensure that multidisciplinary team meeting minutes are recorded to aid oversight and identification of themes and share with staff as applicable.	MDT lead documents directly into the patient's note during the meeting. The practice recognises it has a role in identification of themes from MDT working – this will be shared at our locality meeting to explore cluster wide standardising practice.	All GP's/ Practice Manager	Ongoing
8.		The practice should undertake a record keeping audit and consider ongoing audits to ensure record keeping is strengthened and maintained.	Practice preparing to change to EMIS. Make everyone aware of the macros/read codes on the GP/Nurse front page. Registrars to do a QI project on record keeping. Demand and capacity dashboard to be looked into.	All clinical staff/Practice Manager	Twelve 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): **L Murcott**

Job role: **Practice Manager**

Date: **26th November 2024**