Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report

(Announced)

Harbourside Medical Centre,
Swansea Bay 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 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.

Contents

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 Harbourside Medical Centre, Swansea Bay University Health Board on 10 October 2024.

Our team for the inspection comprised of one HIW senior healthcare inspectors and three clinical peer reviewers. The team was led by a HIW senior 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 15 questionnaires were completed by patients or their carers and 20 were completed by staff. 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.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
Responses were mainly positive in the patient questionnaires and all patients rated the service as ‘very good’ or ‘good’. Patients who used the service were able to access information to help promote their health and wellbeing and lead a healthy lifestyle. A variety of patient information was also available on the practice website.

There was good access into the premises allowing patients with impaired mobility and wheelchair users to easily access the facilities. The patient waiting room was clean and spacious, with a separate room available for private discussions.

We found the practice emphasised health promotion and wellbeing to patients. A wide range of information was displayed, which included smoking cessation, alcohol reduction and healthy eating.

Equality and diversity were promoted through the practice policies and staff training. The practice culture and processes supported the equality and diversity of individuals.

This is what we recommend the service can improve:

- Ensuring the practice website is kept up to date.

This is what the service did well:

- Waiting areas bright and airy
- Good patient access
- Upholding the rights of all patients
- Good health promotion information available.

Delivery of Safe and Effective Care

Overall summary:
The practice environment, along with the policies and procedures, staff training and governance arrangements met the required standards of IPC, ensuring the safety of staff and patients. Appropriate handwashing facilities were available and handwashing technique notices were present within each clinical room.

We considered how the practice ensured staff immunity to hepatitis B and found documented evidence confirming their immunity, which protects both staff and patients.

Processes were in place to ensure the safe prescribing of medication and the process for patients to request repeat medication was clear.

The practice ensured that patients requiring mental health support were appropriately signposted and supported. The practice policies, procedures and culture ensured that people and staff were able to report and manage safeguarding concerns. There were processes in place to support safe and effective care and the practice had links with the wider primary care services.

There was appropriate resuscitation equipment and emergency drugs in place to manage a patient emergency, such as a cardiac arrest.

This is what we recommend the service can improve:

- That the IPC lead is appropriately trained
- Staff are reminded of the location of the resuscitation equipment
- Patient medical records required improvement.

This is what the service did well:

- Good compliance with emergency equipment
- Signposting patients to various services
- Safe prescribing of medication.

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Quality of Management and Leadership

Overall summary:
Staff and managers were clear about their roles, responsibilities, reporting lines and the importance of working within their scope of practice. There were processes in place to support good governance, leadership and accountability, to ensure sustainable delivery of safe and effective care.

Staff were supported to complete training relevant to their role, and records were kept of mandatory and other training. The practice had enough staff with the right knowledge and skills available at the right time to meet demand.

The practice regularly sought patient feedback and we found examples where action and learning took place. Information was displayed in all areas detailing how people could feedback on their experiences and there was a “You Said, We Did” information board displayed, detailing how patient comments had been used to develop and improve the service.

This is what we recommend the service can improve:

- More detail included in the complaints log to identify the status of the complaint together with any themes identified
- Completing regular audits of the quality of data input for accuracy of recording.

This is what the service did well:

- Mandatory staff training compliance
- Duty of candour training completed by staff
- Quality control and review system for policies and procedures
- Recruitment process.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care at Harbourside Medical Centre for the inspection in October 2024. In total, we received 15 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 15 responses. Responses were positive, all respondents rated the service as 'very good' or 'good'. The two comments we received about the service were:

> ***"I find all the staff all very helpful."***

> ***"Friendly helpful staff."***

Person-centred

Health promotion
Patients who used the service were able to access information at the practice to promote their health and wellbeing and a healthy lifestyle. Notice boards and the information screen within reception displayed a wide range of health promotion initiatives, which included smoking cessation, alcohol reduction and healthy eating. There was also information on the practice website for patients. However, the website was outdated, listing former clinical staff and updates to it were delayed until the end of student registration period and the availability of the website designer.

The practice must ensure that the practice website is kept up to date to provide relevant timely information to patients.

We were told that patients without digital access, such as patients without access to the internet and patients without a mobile phone, would be contacted by telephone. There were also leaflets at the practice and the practice could refer patients to other services. Additionally, the practice had organised awareness sessions for patients who were known to have access difficulties. Information was also available on posters, the information screen and through information being attached to prescriptions.

The practice had a 'Did Not Attend' policy to manage patients who did not attend for appointments. This included any children not brought for appointments by their care giver. These patients would be telephoned initially, after the non-attendance, and where necessary the safeguarding lead would be informed and potentially the patient record could be flagged accordingly.

Staff told us that the practice had started offering the winter flu vaccination service. This service was promoted within the practice and on the practice website. The practice was also providing the service at care homes covered by the practice.

All patients in our patient questionnaire agreed that there was health promotion and patient information material on display and said they were offered healthy lifestyle advice. Additionally, all respondents to our staff questionnaire said the practice offered health promotion advice and information about chronic conditions to patients through a variety of mediums.

We were told that the practice worked closely with dementia services and liaised with carers support teams, as well as holding awareness sessions carers. Patients notes would be flagged accordingly and patients were contacted to make them aware of what support was available. We noted several posters displayed in the waiting room giving information to carers on the support available. There was also a section on the website where patients could register details of their carer. The practice intended to publish more information onto their website when the new website is uploaded.

Only three respondents to the patient questionnaire said they cared for someone with disabilities, long-term care needs or terminal illness. All but one of these carers said they had not been offered an assessment of their needs as a carer and said the practice had not been given details of organisations or support networks that could provide information and support.

Our questionnaire asked staff how the practice identified and supported carers. All respondents who answered felt that the practice maintained a register of carers and all but one member of staff said that the practice offered them an assessment of their needs and signpost carers to support organisations. All members of staff said that the practice had a carer's champion.

Dignified and respectful care

There were suitable arrangements in place to maintain patient privacy and dignity. We noted staff maintaining this by closing or locking treatment room doors and staff were seen treating patients with courtesy, respect, and kindness.

The environment supported the rights of patients to be treated with dignity and respect. There were disposable privacy curtains within the examination rooms. A room was also available to maintain discreet conversations between patients and staff next to the reception area. Whilst some telephone conversations could be overheard in reception, we were told that no patient identifiable information would be discussed. In total 71% of patients said that they could talk to reception staff without being overheard. There was also a sign on the reception desk advising patients that a private room was available should they need to have a confidential conversation.

The practice offered both male and female chaperones in all appropriate circumstances and there was a chaperone policy in place. We were told that all staff were appropriately trained. There were signs in reception saying that chaperones were available on request, there were also notices on each clinical room door. All applicable patients said they were offered a chaperone. All respondents to our staff questionnaire said that patients were offered chaperones when appropriate.

Respondents in our patient questionnaire felt they were treated with dignity and respect, that measures were taken to protect their privacy and that the GP explained things well and answered their questions. All felt involved in decisions about their healthcare.

Timely

Timely care
Processes were in place to ensure patients could access care via the appropriate channel in a timely manner and with the most appropriate person.

Arrangements for patients to access services were described, with different access models used. Patients used AskmyGP, a system that allowed patients to contact their GP practice online to book appointments by listing their problem or query. Patients also telephoned the practice and request the type of appointment they would prefer. Triage processes were in place to decide which patients needed face to face consultation, or other means of being treated. The practice access policy was available on the practice website.

There were processes in place to support patients in mental health crisis and, where appropriate, patients were referred to the Community Mental Health Team (CMHT). After assessment by the duty doctor, another option would be to call NHS 111 Wales, option 2 (mental health support line) as required. This was an option that could also be used by the patient themselves if they needed urgent mental health support or by a person needing advice for someone else. Alternative

signposting and support services were also available for patients needing mental health support.

There was a well-documented care navigation pathway available to non-clinical staff. Staff said they were well supported by clinicians and were able to speak to the on-call GP if necessary or if they were uncertain of what actions to take.

We were told that the practice would normally be able to see all children on the same day as they called. If the demand exceeded capacity, children could be referred to the local same day urgent care centre.

Most respondents to our patient questionnaire felt they could obtain a same-day appointment when they needed to see a GP urgently and most said they could also arrange routine appointments when necessary. Some patient comments we received about accessing the GP were:

> ***"I was asked which surgery I would like to attend and was there a time that I wouldn't be available to attend."***

> ***"Timing, can't always get face to face."***

All patients said they were offered the option to choose their preferred appointment type. Most patients said they were content with the type of appointment they were offered.

All but one member of staff agreed that patients were able to access the services the GP practice provided in a timely way.

Equitable

Communication and language
The practice communicated clearly and accessibly, providing information in a language and manner suited to individual patient needs, enabling informed decisions about their care.

Patients were usually informed about the services offered at the practice through the website, social media and by sharing information and updates via a text messaging service. Where patients were known not to have a mobile phone, letters would be sent to individuals, and communication through telephone calls.

There were good processes, with medical oversight, for the flow of patient letters and patient documents circulated around the practice. Information from secondary care was recorded and acted upon appropriately. There was a clear workflow to

clinicians of incoming correspondence. This was supported by a current workflow policy. Hospital letters and discharge summaries were received by administration staff who had received training by one of the GP partners in processing documents, including some relevant Read coding.

We also found that a practice information leaflet was available at the reception desk in a larger font along with a hearing loop. The practice would also make a British Sign language interpreter available by booking in advance. The relevant patient would have a marker identifying this need on their patient record. Other processes were also explained for deaf patients, patients with a learning disability and those with dementia.

We were told that there were two Welsh speaking members of staff at the practice and staff were aware of the ‘active offer’, which meant providing a service in Welsh without someone having to ask for it. These staff were seen wearing a 'iaith gwaith' (or similar) badge to indicate to patients, staff and visitors that they spoke Welsh. The practice had been supported by ‘Helo Blod’ a Welsh translation and advice service to help organisations use more Welsh.

Senior staff we spoke with described the new telephone system at the practice had been well received by patients. The system offered patients a callback instead of the patient having to wait on the phone to reach the front of a call queue.

There was a system in place to ensure that staff had read important messages. Messages would be communicated internally using teams group chats for specific conversation and when read there would be a thumb up sign against each member of staff.

Staff told us that if they were aware of any delays in appointments, they would tell the patients waiting in reception. When considering their experience of appointments, responses to our survey found that all patients said their appointment was on time.

Regarding access to the practice, all patients said they were satisfied with the opening hours of the practice, and all but one patient said that they could contact the practice when needed. For patients with an ongoing medical condition, 67% said they were easily able to access the regular support they needed. Most patients said they knew how to access out of hours services if they needed medical advice or consultation if it could not wait until the practice was open.

All patients said their identity was checked, such as date of birth and address and they said their allergy status and ongoing medical conditions were checked prior to

the GP prescribing new medications. All but one said they had enough time to explain their health needs and all felt they were listened to.

All staff in the questionnaire said that there were alerts on patient records that made staff aware of any communication difficulties.

Rights and equality
The practice culture and the processes in place supported the equality and diversity of individuals. Equality and diversity were promoted through the practice policies and staff training.

The premises were accessible for those with mobility issues or wheelchair users, with all treatment and consultation rooms located on the ground floor. There was a lift to the upper floors for staff to use as necessary. All respondents to our patient questionnaire said there were enough seats in the waiting area and that the toilet and hand washing facilities suited their needs. Additionally, all patients said that the building was easily accessible and that the premises were 'child friendly'.

The practice was proactive in upholding the rights of transgender patients. We were told transgender patients were treated with sensitivity and it was confirmed that their preferred names and pronouns would always be used.

Most respondents in our patients questionnaire felt that they could access the right healthcare at the right time. The one comment received from a patient as to whether they felt they could access the right healthcare at the right time was:

> ***"Able to prebook and I love Ask My GP, it saves having to wait and phone in."***

All staff in the questionnaire said they had fair and equal access to workplace opportunities and that the workplace was supportive of equality, diversity and inclusion. One member of staff commented that their hours had been changed to meet their needs with a personal matter.

Delivery of Safe and Effective Care

Safe

Risk management
There were processes in place to protect the health, safety and wellbeing of all who used the service, including within clinical rooms. The practice was clean and tidy, free of clutter and in a good state of repair. There was a pleasant, light, warm environment within a healthcare building shared with one other practice. Clinical rooms were well stocked with items and equipment.

We reviewed the practice business continuity plan. This adequately covered the business partnership risk, pandemic risk and appropriately detailed contingencies for long-term sickness absence. We were told that this was held as an electronic copy and hard copies were also available. Copies were also retained by two GPs. We were told the practice had used this plan successfully recently, when the records system failed.

The practice manager shared responsibility with the senior partner for receiving patient safety alerts and distributing these to relevant personnel. Significant events were documented as they occurred and they were appropriately discussed and investigated at the time. There was a mechanism in place on the clinical system that would be used should help be urgently required within the practice.

Staff seemed very happy in the workplace, with a positive attitude. They told us how well they were supported by the senior partner and practice manager.

Infection, prevention and control (IPC) and decontamination
The practice environment, policies and procedures, staff training and governance arrangements upheld the required standards of IPC and maintained the safety of staff and patients. The practice also had suitable facilities to allow for segregation of infectious patients where appropriate, to reduce the risk of healthcare acquired infections.

All staff had completed mandatory IPC training. On review of the human resource files and documentation, we found an appropriate system in place to ensure that that all staff were protected against the transmission of hepatitis B.

We reviewed cleaning schedules for all clinical rooms and all were up to date. The results of the monthly cleaning company audits were also seen and in order. Clinical rooms were clear of clutter and surfaces were generally tidy. There were quality hand washing stations with elbow taps in all treatment rooms. Personal

protective equipment (PPE) and hand gels were also available. There were disposable privacy curtains in the treatment rooms.

The practice had a current IPC policy, which included information on blood borne viruses. There was also a process in place for any needlestick injuries with signs in all treatment rooms on the procedure to follow in the event of a needlestick injury. All IPC policies and procedures were available digitally on a shared drive and were accessible to all staff.

We noted that an IPC audit had been completed in September 2024. Whilst the practice nurse was the IPC lead for the practice, and was trained to IPC level three, they had not received specific IPC lead training.

The practice must ensure that the IPC nurse is appropriately trained as an IPC lead.

In our questionnaire, all patients felt the setting was ‘very clean’ or ‘clean’ and that there were notices displayed explaining the procedure if patients attending were contagious. In addition, all patients who responded said that hand sanitisers were available and that healthcare staff washed their hands before and after treating them.

In total five respondents in our patient survey said they had received an invasive procedure, this included blood tests, injections and minor procedures. All patients said that the equipment used was individually packaged or sanitised and that antibacterial wipes were used to clean their skin before the procedure. Additionally, all patients said that staff wore gloves during the procedure.

Regarding the practice’s approach to IPC, all staff agreed that:

- The organisation had a current and effective infection control policy
- There was an effective cleaning schedule in place
- Appropriate PPE was supplied and used
- The environment allowed for effective infection control.

Medicines management
The practice had processes in place to ensure the safe prescribing of medication. The process for patients to request repeat medication was clear and patients could request repeat medication via various methods. Requests for repeat medication were not accepted over the telephone. There were Patient Group Directions (PGDs), to supply or administer medicines to patients without a doctor's

prescription, and Patient Specific Directions (PSDs), a written instruction signed by a prescriber for medicines to be supplied or administered to a named patient, in place, which were in date. The senior partner told us that they completed the mediation reviews. The practice had a comprehensive prescribing policy and four members of non-clinical staff had received repeat prescribing training.

There was a process and audit trail in place that detailed when and who collected repeat prescriptions and details were noted in the patient record.

Prescription pads and boxes of prescriptions were securely stored in a locked filing cabinet. However, there was not a process in place to account for these documents at the practice. This was addressed during the visit and log sheets were raised and completed with the relevant information. A dedicated member of staff was tasked with the accounting and recording of this information. This was dealt with at Appendix A.

Staff we spoke with were aware of the cold chain process in place for medications or vaccines that required refrigeration. There were dedicated clinical refrigerators for certain items, such as vaccines. Twice daily checks were completed of the refrigerators and the documentation we reviewed confirmed this. Whilst there had not been any cold chain breaches the practice did not use a data logger, to monitor and record temperatures inside fridges for effective temperature control and relied on the fridge monitor. The practice should consider procuring data loggers to identify any breaches in temperature limits. Conversations with staff confirmed that they were aware of the upper and lower temperature limits and what to do in the event of a breach to the cold chain. However, there was not a thermometer in the treatment room containing the medication.

The practice must ensure there is a thermometer in the room containing medication to ensure that the upper temperatures are monitored and not exceeded.

The drugs we checked during the inspection were all in date. Expired drugs, syringes and needles were disposed of safely through the local pharmacy.

There were portable oxygen cylinders available and ready to use at the practice. They were appropriately stored within cannister holders. Relevant staff had completed the portable oxygen cylinder training.

Safeguarding of children and adults

The practice policies, procedures and culture ensured that people and staff were able to report safeguarding concerns. In addition to appropriately following the Wales Safeguarding Procedures, there was a local safeguarding policy in place to

direct staff where and how to raise any safeguarding concerns locally. The practice had a named safeguarding lead for adults and children. Staff had received safeguarding training relevant to their roles.

Any child who was on the child protection register would be coded in the practice records. This allowed the clinicians to identify children who were on the child protection register.

The practice had a system in place to identify those at risk by flagging them on their clinical record system. There was also a process for removing the marker when the patient was no longer considered to be at risk.

All staff stated that they were up to date with safeguarding training (adult and child), they knew who the safeguarding lead was for the practice and how to report any safeguarding concerns.

Management of medical devices and equipment
The practice had process in place to safely maintain equipment. Single use disposable equipment was used whenever possible. There were contracts in place for maintenance and calibration of equipment as appropriate and for any emergency repairs and replacement. We found all equipment was in a good condition, well maintained with appropriate electrical checks carried out.

There was appropriate resuscitation equipment and emergency drugs in place to manage a patient emergency, such as a cardiac arrest. These met the primary care equipment standards as outlined by the Resuscitation Council UK guidance. The location of the equipment was clearly signposted. This included the automatic external defibrillator (AED), which was available with age appropriate and in date pads. However, not all staff we spoke with were aware of the location of the equipment.

The practice must ensure that all staff are reminded of the location of the resuscitation equipment.

There were clear audit processes in place for the regular checking and replacement of all resuscitation equipment, consumables and relevant emergency drugs, including oxygen.

We found that staff had completed appropriate training for medical emergencies and all clinical staff had undertaken appropriate basic life support training.

Effective

Effective care
There were processes in place to support safe and effective care, and the practice had links with the wider primary care services and the local cluster.

There was an appropriate system in place for reporting incidents and any shared learning was held via team meetings. The practice used a standard template for the reporting and reviewing of incidents and near misses.

Should a patient contact the practice for emergency care, instead of 999, the care navigation team were aware of the requirements of emergency care.

Patients requiring mental health support in addition to being appropriately signposted and supported were able to access a service called "tidyMinds" a mental health and well-being website for young people in Neath Port Talbot and Swansea. Patients could also be referred to a specialist perinatal inpatient mental health unit situated within Tonna Hospital. There were also posters at the practice and on the practice website signposting patients to various helplines including "Silvercloud", an NHS online mental health service.

The practice ran several clinics including asthma, diabetes, youth and students one stop clinic and an elderly annual MOT.

In our staff questionnaire, all but one member of staff felt they were able to meet all the conflicting demands on their time at work and had adequate materials, supplies and equipment to do their work. Most also felt there were enough staff to allow them to do their job properly and were involved in deciding on changes introduced that affected their work. Comments included:

> ***"There is great teamwork and support when needed for staff. Patients' best interests and care are high priority."***

> ***"Supportive employers, patients' needs are always met to the best of our ability."***

All staff said that care of patients was the organisations top priority and overall were content with the efforts of the practice to keep staff and patients safe. They further agreed they would be happy with the standard of care provided by this practice for themselves or friends or family and all but one member of staff would recommend the practice as a good place to work.

Patient records
We reviewed a sample of ten electronic patient records. These were stored securely and were password protected from unauthorised access. Overall, we

found that the records were clear, written to a reasonable standard and complete with appropriate information. They were contemporaneous and easy to understand by other clinicians reviewing the records. Generally, the narrative, clinical findings, history investigation and treatment plan were of a good quality.

There were some areas for improvement, which we recommend below.

The practice must ensure that:

- **The review of the physicians associate consultations by the GP is appropriately documented**
- **All acute problems are Read coded**
- **Medication reviews are documented in full including discussion with the patient**
- **There is appropriate linkage between repeat medication coding and the patient clinical condition**
- **Language choice of patients is recorded on all patient records**
- **A regular audit of clinical coding is completed to monitor accuracy.**

Efficient

Efficient
Services were arranged in an efficient manner that was person-centred to ensure people felt empowered in their healthcare journey. Senior staff we spoke with described the service provision by RCS Wales, which provided in-work support services, including rapid access to therapies for people in the area. There were also a number of cluster funded staff providing services at the practice, including the home visit paramedic who undertook all home visits for the cluster and a pharmacist who worked one session a week at the practice.

The practice had a number of patients from the nearby student accommodation on SA1 and signposted them to various youth clinics. There was also a cluster supported mental health link practitioner who consulted and signposted patients to other services.

A number of rooms at the practice were also used under service level agreements by other agencies including an osteopathic service and the premises hosted a dental practice.

Quality of Management and Leadership

Staff feedback

HIW issued a questionnaire to obtain staff views on the care at Harbourside Medical Centre for the inspection in October 2024. In total, we received 20 responses from staff at this setting. Some questions were skipped by some respondents, meaning not all questions had 20 responses. Overall, responses given by staff were positive, all respondents felt that they could make suggestions to improve GP services at this setting although fewer felt they were involved in any decision-making surrounding changes that may affect their work. Some comments we received on the service and any improvements it could make are shown below:

> ***"There is great team work at our surgery which I am proud to be part of we all look out for each other and support each other in order to provide the best service for our patients."***

> ***"I love working with my colleagues at Harbourside we all support each other, and our management have an open-door policy. I know if I have queries or concerns, I can go to my manager or work colleague. We all support each other. Our manager unlike other surgeries even comes and works on reception so we are not on our own if someone is ill."***

> ***"GP's need protected time for the full hour of baby clinic, allowing parents to express their concerns about themselves or the child, and for clinical staff to raise concerns or question if needed. Also, GPs to recognise signs of postnatal depression and treat. GPs are under a lot of pressure in this surgery and have high turnover of staff. Patients express difficulty accessing GP services especially for F2F. No sufficient admin time given, expected to be done when patients do not attend or in-between patients."***

> ***"Very supportive team. Clinicians treat you with respect and are keen to share advice and give support. Practice manager is approachable and support her staff with work issues but also support us through our own health and wellbeing. Where possible will help staff out in reception, answering calls sort prescriptions etc. Will muck in with any task across the setting. Practice lead is very supportive and is always contactable for help and will spend time with staff if they need support."***

> ***"More joined up communication between admin staff."***

Leadership

Governance and leadership

There were operational systems and processes in place to support effective governance, leadership and accountability to ensure sustainable delivery of safe and effective care.

Staff we spoke with felt supported and were able to approach leaders with any concerns and that these would be addressed appropriately. Leaders confirmed that there was an open-door policy for staff to share concerns and ideas for the practice.

There were staff engagement programmes and access to wellbeing programmes. The practice had also arranged team events and days out. We were told that staff could also request home working and as most staff were trained in all areas in the practice, they could work in other areas if they wished.

We reviewed a comprehensive suite of policies and procedures, these were reviewed and updated regularly. They were accessible to all staff via the practice intranet. There was an effective document management system in place. The practice also had a list of where policies were on the shared area with review dates.

Monthly clinical meeting minutes were seen and we were told that teams groups were used for various discussion topics including sharing of clinical information. Additionally, every two months there were meetings to discuss clinical events. We were told that there were six protected learning for development sessions every year.

Senior staff we spoke with felt the main challenges and pressures they faced were return of referrals from consultants and they were trying to be persistent with their referrals and logging the issues with the local medical committee. There was also not enough mental health cover in the area and the practice were trying to maximise the link with the mental health practitioner nurse and arranging a pilot with the Child and Adolescent Mental Health Services (CAMHS). Due to delays in starting the pilot, the practice had started to work with MIND, the mental health charity.

All but one member of staff generally agreed that their job was not detrimental to their health. Most staff felt the practice took positive action on health and wellbeing and that their current working pattern allowed for a good work-life balance. They were also aware of the occupational health support available to them.

Workforce

Skilled and enabled workforce
The practice had enough staff with the right knowledge and skills available at the right time to meet demand. There was clear evidence that staff had undertaken all mandatory training. Staff were supported to complete training relevant to their role. Records were kept of mandatory and all other training. We found evidence that annual appraisals for all staff had been completed and any additional training needs were identified to support professional development.

Appropriate recruitment policies and procedures were in place. The practice manager described the required pre-employment checks for any new members of staff, before they joined the practice. This included checking references and undertaking Disclosure and Barring Service (DBS) checks appropriate to their role. The practice also required all staff to certify annually that their DBS status had not changed.

There was clearly close working between the senior partner, practice manager and business manager to review staffing levels, roles and vacancies. There was a clear overlap of staff roles to enable cover at times when this was needed. The practice had enough staff with the right knowledge and skills available at the right time to meet demand.

Responsibilities for management, administration, accountability and reporting structures within the team were clearly defined and understood by team members. The practice nurse indicated that they would welcome additional responsibilities for the qualified and unqualified nursing staff as well as more clinical input and the practice should consider this going forward. From the nursing team perspective, the practice nurse was the lead nurse but they were currently not leading in any area of nurse management. This included not being involved in the appointment or induction of a new health care support worker. There was also no evidence of clinical supervision of the two qualified nurses which is an NMC requirement.

The practice should allow the lead nurse to develop their role in nurse leadership of the practice.

The practice used an online system to manage their training and staff management including induction. Compliance with mandatory training within the practice was good.

All but one member of staff said that they had appropriate training to undertake their role, including both mandatory and role-specific training. A total of 80% of staff said they received an annual appraisal in the last 12 months. Staff commented on the other training that would be useful for their role as follows:

> ***"Any clinical updates relevant to my role."***
>
> ***"As agreed in action plan in appraisal scanning. Workflow to further develop my skills."***
>
> ***"I'm happy with my training."***
>
> ***"Ongoing training in other aspects of software."***
>
> ***"We are always allocated time for training and courses."***

All but one member of staff responding to the questionnaire said that they felt there was an appropriate skill mix at the setting and felt they had the materials supplies and equipment needed to do their job.

Culture

People engagement, feedback and learning
Patients, relatives and carers were able to provide feedback about the service through a number of sources. There was clear evidence that staff had acted and learned from any patient feedback, through the process in place which captured the information on specific forms. Lessons learned and action plans were implemented and the details were shared with all staff. We were told that examples of this included a new telephone system at the practice, which offered a call back feature and new doors at the branch surgery. The practice had a 'you said, we did' notice on the information screen in reception.

An effective complaints process was in place to monitor, review and resolve complaints and feedback. The complaints policy in place aligned with the NHS Wales 'Putting Things Right' procedure. However, whilst the NHS procedure was displayed in reception, the practice complaints policy was not.

The practice must ensure that the practice complaints policy is displayed clearly in the practice reception.

A spreadsheet was maintained with details of the complaint and any action taken. Whilst there had only been eight complaints this year, the spreadsheet would benefit from the addition of a column titled 'theme' so that any themes could be

identified as well as columns such as date acknowledged, date resolved and date closed.

The practice must ensure that the complaints log includes sufficient detail to identify the status of the complaint together with any themes identified.

The practice understood its responsibilities under the duty of candour and the staff questionnaire showed that all staff were aware of the steps to follow should the duty apply. The practice had a duty of candour policy and staff had completed relevant training.

A total of 67% of patients in the survey said that they had been asked by the practice about their experience of the service provided with 80% knowing how to complain about the service. All staff who responded to our survey felt that patient feedback was collected in their practice.

Regarding incidents and concerns, all staff agreed that:

- The practice encouraged them to report errors, near misses or incidents
- The practice treated staff involved in errors, near misses or incidents fairly
- The practice took action to ensure that errors, near misses or incidents did not reoccur
- They were given feedback about changes made in response to reported errors, near misses and incidents.

Information

Information governance and digital technology
The practice understood its responsibility when processing information and demonstrated that they were able to manage data in a safe and secure way. There was a team of data staff who initially dealt with all incoming communications, scanning the information and using workflow to distribute the information to the relevant staff. However, the practice did not audit the quality of data input for accuracy of recording.

The practice must ensure that there are regular audits of the quality of data input for accuracy of recording.

The practice had an up-to-date information governance policy for all information processed by the practice. Additionally, the practice process for handling data was

available for patients to see on the internet, there was also a notice in the waiting room to advise patients.

Learning, improvement and research

Quality improvement activities

The practice engaged in learning from internal and external reviews, including mortality reviews, incidents and complaints. All learning was shared across the practice to make improvements, through weekly meetings, which were thought to be very good.

The practice undertook audits and quality improvement to ensure that the practice was continuing to offer a high-quality service to people. This included audits of complaints, direct oral anticoagulants (DOACs), gabapentin, antibiotic prescribing and warfarin. These would be discussed internally with other clinical team members. The practice was also engaged in a pilot C-Reactive Protein (CRP) testing equipment currently

Whole-systems approach

Partnership working and development

The practice operated closely with the cluster and benefited from one session per week from the pharmacist mainly looked at DOAC prescribing as well as a paramedic who undertook home visits for all the cluster.

The practice also attended regular MDT virtual ward meetings to support patients with their care and to prevent hospital admissions. This was staffed by the health board and supported by the cluster.

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
Prescription pads and boxes of prescriptions were securely stored in a locked filing cabinet. However, there was not a process in place to account for these documents at the practice.	The practice is responsible for ensuring the management and use of prescription forms by preventing theft and misuse through secure storage. They are also responsible for controlling and recording prescription form movement, including recording serial numbers to prevent misuse of the forms.	Practice informed and asked to put the necessary control in place.	This was addressed during the visit and log sheets were raised and completed with the relevant information. A dedication member of staff was tasked with the accounting and recording of this information.

Appendix B - Immediate improvement plan

Service: Harbourside Medical Centre

Date of inspection: 10 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 issues identified.					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Harbourside Medical Centre

Date of inspection: 10 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	Standard / Regulation	Service action	Responsible officer	Timescale
1.	The website was outdated, listing former clinical staff and updates to it were delayed until the end of student registration period and the availability of the website designer.	The practice must ensure that the practice website is kept up to date to provide relevant timely information to patients.	Health and Care Quality Standards - Health Promotion	Completed	Kate Scourfield	Went live 19.11.24
2.	Whilst the practice nurse was the IPC lead for the practice, and was trained to IPC	The practice must ensure that the IPC lead is appropriately trained as an IPC lead.	Health and Care Quality Standards - Infection	Awaiting dates for a face-to-face course but would like to comment that our nurse has	Kate Scourfield	3 months

	level three, they had not received specific IPC lead training.		Prevention and Control	received training up to level 3. I have contacted the IPC Lead for SBUHB and also the Royal College of Nursing to get details of where face to face courses are held as I can only find online courses and I'm still waiting on a response from RCN. I have a meeting arranged with Head of IPC Training for SBUHB on Friday 20.12.24 but have been told ahead of the meeting that there is very little in the way of F2F training unless you are doing degree/masters level.		
3.	There was not a thermometer in the treatment room containing the medication.	The practice must ensure there is a thermometer in the room containing medication to ensure that the upper temperatures are monitored and not exceeded.	Health and Care Quality Standards - Medicines Management	Completed	Gemma Bowen	16.12.2024

4.	Not all staff we spoke with were aware of the location of the equipment.	The practice must ensure that all staff are reminded of the location of the resuscitation equipment.	Health and Care Quality Standards - Management of medical devices and equipment	All staff have been reminded where we keep the resuscitation equipment	Kate Scourfield	16.12.2024
5.	There were some areas for improvement.	The practice must ensure that: • The review of the physicians associate consultations by the GP is appropriately documented • All acute problems are Read coded • Medication reviews are documented in full including discussion with the patient • There is appropriate linkage between repeat	Health and Care Quality Standards - Patient records	This feedback has been provided to the GP Partners who will monitor the records and alongside the PM will conduct audits of the Clinical coding	Kate Scourfield / GP Partners	Ongoing

		medication coding and the patient clinical condition • Language choice of patients is recorded on all patient records • A regular audit of clinical coding is completed to monitor accuracy.				
6.	From the nursing team perspective, the practice nurse was the lead nurse but they were currently not leading in any area of nurse management. This included not being involved in the appointment or induction of a new health care support worker. There was also no evidence of clinical supervision of	The practice should allow the lead nurse to develop their role in nurse leadership of the practice.	Health and Care Quality Standards - Skilled and enabled workforce	PM will arrange for Practice nurse to undertake leadership courses to facilitate her role in future involvement with recruitment in the nursing team. Both Practice Nurses are supervised by Dr Sapan Samaiya who is the Clinical Lead for the surgery. All Chronic Disease reviews conducted by nurses are recorded on daily clinic sheets and passed on to Dr Samaiya	Sr Sapan Samaiya	3 months

	the two qualified nurses which is an NMC requirement.			for medication reviews. Nurses have access to oncall GP for any urgent queries & patient reviews. PM was not aware of any requirement of evidence to support this.		
7.	Whilst the NHS procedure was displayed in reception, the practice complaints policy was not.	The practice must ensure that the practice complaints policy is displayed clearly in the practice reception.	Health and Care Quality Standards - People engagement feedback and learning	PM printed and added the complaints policy the day after the inspection to the patient noticeboard in reception	Kate Scourfield	11.10.2024
8.	A spreadsheet was maintained with details of the complaint and any action taken. The spreadsheet would benefit from the addition of a column titled ‘theme’ so that any themes could be	The practice must ensure that the complaints log includes sufficient detail to identify the status of the complaint together with any themes identified.	People engagement feedback and learning	PM updated the spreadsheet the following day with all of the recommended additional columns	Kate Scourfield	11.10.2024

	identified as well as columns such as date acknowledged, date resolved and date closed.					
	The practice did not audit the quality of data input for accuracy of recording.	The practice must ensure that there are regular audits of the quality of data input for accuracy of recording.	**Health and Care Quality Standards -** Information governance and digital technology	PM & BM will undertake refresher training on how to complete accuracy of data input audits	Kate Scourfield	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): **Kate Scourfield**

Job role: **Practice Manager**

Date: **16.12.2024**