Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report
(Announced)
Kings Road Surgery (Mumbles), 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 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.

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 Kings Road Surgery (Mumbles), Swansea Bay University Health Board on 10 December 2024.

Our team for the inspection comprised of one HIW senior healthcare inspector and three clinical peer reviewers. The inspection 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 19 questionnaires were completed by patients or their carers and two 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.

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:
Patient feedback was mostly positive. Almost all patients felt they were treated with dignity and respect and all rated the service as ‘good’ or ‘very good’. During our inspection we witnessed staff speaking to patients and their carers in a polite and positive manner.

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.

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 with a separate room available for private discussions.

All respondents to our patient questionnaire, said there were enough seats in the waiting area and that the toilet and hand washing facilities were appropriate for their needs.

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

Some areas of improvement were identified.

This is what we recommend the service can improve:

- The offer of a chaperone is documented on every occasion and the name of the chaperone is recorded
- Ensure there is a policy at the practice to ensure there is appropriate follow up of patients who did not attend or were not brought to their appointments
- The practice must ensure that there is a documented standard and audit of referrals to ensure they are completed and actioned in a timely manner.

This is what the service did well:

- Patients felt they were treated with dignity and respect
- All patients rated the service as ‘good’ or ‘very good’
- Good access into the premises
- The culture and processes supported equality and diversity.

Delivery of Safe and Effective Care

Overall summary:
Our findings demonstrated a dedicated and enthusiastic team who worked hard to provide patients with safe and effective care, in a clean and tidy environment, which was free from clutter.

The practice environment, policies and procedures, staff training, and governance arrangements uphold the required standards of IPC, and maintained the safety of staff and patients. However, some improvement is needed with cleaning schedules.

The patient medical notes were clear, written to a good standard and completed with appropriate information, demonstrating safe and effective management of acute and chronic illness.

There were appropriate resuscitation equipment and emergency drugs in place to manage a patient emergency, such as cardiac arrest. The location could be improved to ensure immediate access.

Improvement was needed to strengthen local safeguarding processes by implementing a local safeguarding policy which would support staff alongside the Wales Safeguarding Procedures.

This is what we recommend the service can improve:

- The practice must ensure that an audit process is implemented for the control of prescription pads and boxes
- The practice must ensure that the safeguarding policy is tailored to the practice to include specific information for the safeguarding of children
- The practice must ensure that the emergency drugs and equipment are relocated to an area that allows ease and speed of access.

This is what the service did well:

- A dedicated and enthusiastic team who worked hard to provide patients with safe and effective care
- The practice environment upheld the required standards of infection control
- The patient medical notes were clear
- Appropriate resuscitation equipment and emergency drugs in place.

Quality of Management and Leadership

Overall summary:

The quality of management and leadership was good, with clear reporting lines and a dedicated and committed practice management and senior team. Staff were also clear about their roles and responsibilities.

The practice understood its responsibilities when processing information and demonstrated that personal data was managed in a safe and secure way, and an information governance policy was in place and was current.

We found evidence of partnership working with the practice's collaboration within a GP cluster. Medical staff attended cluster meetings and provided services on a cluster wide basis.

We issued recommendations for improvement relating to policies and procedures not being practice specific such as the safeguarding and duty of candour policies.

This is what we recommend the service can improve:

- The practice must ensure that all policies are version controlled with the name of the reviewer, date checked, date due review and tailored to the practice
- The duty of candour policy is tailored to the requirements of the practice.

This is what the service did well:

- Good management and leadership
- Clear scope of practice
- Information governance policy to support the secure processing of information.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care at Kings Road Surgery for the inspection in December 2024. In total, we received 21 responses from patients at this setting. All respondents who provided comments agreed they could be published anonymously within the HIW inspection report. Responses were mostly positive across all areas. All who answered rated the service as 'very good' or 'good'. The comments we received on the service were as follows:

> ***"The practice is extremely efficient, prompt appointments whenever needed for myself my husband and my mother. Receptionists always polite and helpful Drs and nurses are excellent in their care for us."***
>
> ***"The support myself and my family received from our doctors, nurses and practice staff is excellent. Any delays experienced are purely down to NHS backlogs very happy with Kings Rd surgery, thank you."***
>
> ***"I have been a frequent attender at Kings Rd Surgery for many years. All members of staff, both medical and ancillary, have always been more than helpful and supportive. Personally, I prefer to see the same GP as it makes it more satisfactory and worthwhile than making changes each visit."***
>
> ***"I feel the doctors and nurses always good and helpful. I feel the receptionists feel that they are quick to control, I am offered a single appointment and can be quite rude if I request any other times.***
>
> ***"I have had appointments been quite difficult to attend due to school pickups and been funny with me when I have requested any other appointment. When cannot attend appointments on the day, told to ring back the next morning because tomorrows appointments are for urgencies only. Have emailed the practice manager as I was unhappy previously. Never heard back. Practice in dire need of a clean-up and fix, cracks and water marks everywhere are not the nicest when waiting to be seen, as well as in practice rooms."***

"I have been with this surgery for over 25 years. I rate them so highly and helpful and so does my family as we are all members of this practice."

"I moved to Mumbles 3 years ago and this practice is in another league from my previous one, I feel very lucky."

Person-centred

Health promotion
Patients who used the service were able to access information to help promote and improve their health, and to lead a healthy lifestyle. There was a wide and extensive range of information available throughout the practice on various notice boards, including promoting healthy lifestyles. The information included notices about the flu vaccine, smoking cessation, alcohol reduction and healthy eating. We were also told that leaflets were given out to patients directing them to other services as appropriate.

All responses in our patient questionnaire agreed there was health promotion and patient information material on display and that they were offered healthy lifestyle advice.

Preparations by the practice to manage the annual winter vaccination programme were suitable and included arrangements for housebound, vulnerable and care home residents. This was also well publicised in the practice.

Patients were signposted to other healthcare professionals by the practice, such as to the local pharmacist who was a prescriber under the common ailments scheme. The practice could also refer patients to physiotherapy, audiology and to mental health providers. There was also information about support groups available, such as fibromyalgia, diabetes and bereavement. There were also resources to signpost people to social prescribing services.

The practice also had access to cluster funded professionals, such as a mental health liaison nurse and pharmacist for medication reviews.

There were processes at the practice to manage and follow up with patients who did not attend or were not brought to their appointments. There was no policy for this at the practice, although the practice did not consider this was a problem locally. However, any patients not attending hospital appointments would be forwarded to the GP and followed up by the practice.

The practice must implement a policy to ensure that appropriate patient follow up is undertaken, where applicable, for those who did not attend or were not brought to their appointments.

Dignified and respectful care
The environment allowed for the rights of patients to be upheld and to be treated with dignity and respect. The clinical rooms provided appropriate levels of privacy, with lockable doors. There were also disposable privacy curtains within the examination rooms and blinds to the external windows. However, the disposable curtains were not dated to show when they were first hung, since these should be changed six-monthly, or sooner if soiled.

The practice must ensure that dates of installation are added to disposable privacy curtains in consultation rooms.

Staff were seen to be discrete and sensitive when speaking with patients. Reception staff were observed welcoming patients in a professional and friendly manner. A room was also available to maintain discreet conversations between patients and staff next to the reception area. Telephone calls were taken in a back office, to ensure privacy with patient phone calls. However, just over half of the respondents to our patient questionnaire felt they could talk to reception staff without being overheard.

The practice offered chaperones in all appropriate circumstances, a chaperone policy was in place to support this, and notices displayed on treatment room doors indicating that this was available. However, the policy was not dated posing a risk that content may be out of date. Our review of patient records also showed that the offer of a chaperone was not always documented when appropriate to do so. All respondents to our patient questionnaire felt they were offered a chaperone for intimate examinations or procedures.

The practice must ensure that the offer of a chaperone is always documented in patient records, and the name of the chaperone is recorded.

In our questionnaire responses, all patients felt they were treated with dignity and respect, and that measures were taken to protect their privacy. In addition, all felt the GP explained things well, answered their questions and that they felt involved in decisions about their healthcare. Some comments we received on patient care are highlighted below:

> ***"As a family we have all received an outstanding service from the doctors, nurses and reception staff at Kings Rd practice. As a medical team we feel that they have always "gone the extra mile" to look after***

us through the three generations of our family. Our palliative care was excellent, as was the support received by a family member after a stroke. We feel fortunate to have such a great team in Kings Rd surgery."

"Staff in general are very polite and professional. Doctor was excellent."

"My late husband received exceptional and empathetic care when he suffered from cancer. I feel that this care was and has continued to be extended to me after his passing and for many years since by a particular GP in the practice."

"All the staff at the practice are very helpful and friendly. The receptionist take time to listen to your queries and if unable to give an answer they come back to you as soon as they have an answer. Doctors and nurses are thorough and very professional, they also contact you at home if the need arises."

Timely

Timely care
Staff described the arrangements in place for patients to access the service. The 'AskMyGP' service was used for daily appointments at the practice, where patients would complete the form online, or if necessary, they could phone the practice and reception staff would transcribe the information onto 'AskMyGP' on their behalf. The forms are triaged by a GP to determine if an appointment is necessary that day. Appointments with the practice nurse could also be booked up to four weeks in advance for asthma and diabetes clinics.

The practice has a good system for triage and referrals of patients. Administrative staff processed the referrals, although during administrative staff absence, referrals were often processed by GPs in addition to their normal duties. A written process should be implemented and audits undertaken of referrals, to ensure they are completed and actioned in a timely manner.

The practice must implement a written process and undertake regular audits to ensure referrals are completed and actioned in a timely manner.

For patients unable to receive same day appointments or for temporary residents, a nearby urgent primary care centre (UPCC) was available. This centre supported many people needing urgent same day appointments, minimising their need to attend the local Emergency Department.

Patients calling the practice requiring urgent mental health support would receive urgent triage and would usually receive a face-to-face appointment. Relevant patients needing referral to secondary care mental health services or the crisis team could use the local health board single point of access service following discussion with the GP or obtain other support by calling NHS 111 option two. The practice would also signpost patients to self-help services, such as online therapy programmes, or charities such as Mind Cymru. The practice was alerted when a patient received mental health crisis intervention, through the Welsh Clinical Communications Gateway (WCCG).

Patients were informed of the different options available to them to access appointments and appropriate advice through the practice website, notices in the waiting room and by speaking to staff.

All respondents to our patient questionnaire felt they could obtain a same-day appointment when they needed to see a GP urgently. All but one said that they could also arrange routine appointments when necessary.

Most patients said they were offered the option to choose the type of appointment they preferred and just over a half were content with the type of appointment offered. All patients felt they were able to access the right healthcare at the right time. One patient commented:

> ***"I requested a face to face, which I said I could do any time except a specific time. The receptionist told me that was the only appointment available when I used the ask my GP service at 8am. I told them it was private but urgent, if I didn't want that appointment, they could offer me one in 5 days. I was told I should have contacted sooner. Didn't end up getting seen, I seeked advice from a different service."***

Regarding access to the practice, all patients were satisfied with the opening hours of the practice and that they could contact the practice when needed. For patients with an ongoing medical condition, all said they could easily access the regular support they needed. Additionally, all felt they knew how to access out of hours GP services if it could not wait until the practice was open.

There was a carers noticeboard on display at the practice, providing a wide range of information to support carers. For the four patients who responded to the survey regarding caring for someone with disabilities, long-term care or terminal illness, only one said they had been offered an assessment of their needs as a carer. However, two said the practice had given them details of organisations or support networks that could provide information and support.

The practice must ensure that all patients registered or known as carers are signposted to carer support services to ensure an assessment of their needs as a carer is carried out.

Equitable

Communication and language
The practice provided information to patients and communicated in a way that is clear, accessible and in a language and manner appropriate to their individual needs. We were given examples of how changes were appropriately communicated to both patients and staff. An online system was used to communicate all information to staff, although most communication occurred verbally.

New patients were provided with detailed information about the practice, and patient information leaflets were available on site. However, we noted that the version on the practice website was out of date. The leaflet provided useful information for patients, such as contact details and opening times, registering as a new patient, appointment options, ordering repeat prescriptions, the services provided, and an overview of the practice team. Staff informed us of the methods of communication used to provide information to patients. As well as face-to-face, information was displayed in the patient waiting area, on entrance foyer noticeboards and promoted through the practice website and social media.

The practice must ensure that the patient information leaflet on the website is updated and monitored to ensure it remains current.

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

Rights and equality
Equality and diversity were promoted through policies, although not version controlled, and staff training. Staff treated everyone equally and fairly.

There was limited parking at the practice with a small staff car park to the rear, and on street parking to the front of the practice. Whilst the practice was on a slope with three distinct levels, there were two access doors and a stairlift which meant that any patients with accessibility issues could still access the practice. All but one patient said that the building was easily accessible, and all felt the practice was 'child-friendly'.
Staff said they were aware of the patients with additional needs, with alerts on the patient records. The rights of transgender patients were also upheld, staff

confirmed that preferred pronouns and names were used from the outset of transition.

Delivery of Safe and Effective Care

Safe

Risk management
There were processes in place to protect the health, safety and wellbeing of all who attended the practice. The practice was in a reasonable state of repair, clean, tidy and free of visible hazards.

The practice had an emergency planning policy in place, in addition to a business continuity plan, which was up-to-date and contained relevant information. We noted that the continuity plan did not name the senior responsible person in the practice and did not highlight relevant key contacts. We therefore advised adding these details to support staff appropriately if needed.

The practice had a clear process for patient safety alerts, with the practice manager being the dedicated member of staff responsible for receiving and sharing these with the GPs for action.

The practice had an emergency planning policy which included dealing with serious and non-serious incidents. This process was GP led and would be discussed at partner meetings. Where appropriate, analysis of incidents would be completed, and delegated to appropriate staff to investigate. All incidents would be recorded in patients notes and reported via Datix. Whilst the process appears to be robust, the policy stated there was a debrief process but there was no evidence of discussions at meetings.

The practice must ensure learning from incidents is shared with staff and documented in meeting minutes to enable those staff members not in attendance, to be updated.

We considered the process in place and safety of lone workers attending home visits to review patients. We were advised that a home visit was triaged by a GP. Staff were aware of when clinicians were attending house calls, however, we found there was no formal policy in place regarding home visits, neither was a risk assessment in place to manage the safety of lone workers.

The practice should develop and implement a home visits policy to ensure staff are aware of the process required before, during and after a home visit, which should include maintaining the safety of both staff and patients.

Infection, prevention and control (IPC) and decontamination
The environment, policies and procedures, staff training and governance arrangements uphold standards of IPC and protect patients using the service. The staff we spoke with had a clear understanding of their responsibilities regarding IPC and personal protective equipment (PPE) available to them. This was also demonstrated in the IPC and hand hygiene audits. Nurses shared responsibility for IPC and staff were aware of this.

Clinical staff had completed appropriate online IPC training. IPC training was also covered at the induction for new starters.

All IPC policies were stored digitally on the shared drive and easily accessible to all staff. The practice used Public Health Wales policies for IPC. Any changes to policies and the procedural aspects of the IPC policy were completed and shared in a timely manner.

Each clinical room was appropriately equipped to maintain hand hygiene and surface cleaning. All floors had a non-slip linoleum covering. There were wipe clean seating and couches in the treatment rooms and pillows with plastic wipeable cases. Clinical rooms had elbow operating taps, which were used where clinical procedures were undertaken.

Cleaning schedules were seen however, these did not include treatment room couches or surfaces. Disposable single use equipment was used for nursing procedures, such as venepuncture, dressing changes and injections.

The practice must ensure that a cleaning schedule is implemented for clinical surfaces and patient treatment couches.

All sharps bins were signed and dated, they were not overfilled and the lids were appropriately closed. A needle stick injury policy was seen. In the event of a needle stick injury, doctors would risk assess the injury and refer to the emergency department if needed. There was a blood borne virus policy in place and there were blood spillage kits in treatment rooms.

Non-clinical waste management was disposed of by contracted cleaners. The nurses were responsible for clinical waste. Sharps bins were secured and locked sharps bins were left in a secure cupboard for collection. Clinical waste bags were placed in a secure bin in the car park for collection. The waste management policy was in date, and contracts were in place for the collection of clinical waste. The most recent waste management audit was also provided.

Newly recruited staff were required to evidence their hepatitis B immunity status. On review of staff files, we found an appropriate system in place to record this information.

All respondents to our questionnaire answered that the setting was clean, and that there were signs at the entrance explaining what to do if they had an infection or were contagious. There were appropriate rooms available to accommodate any infectious patients, and a separate entrance available if required.

Where applicable or if known, all but one respondent said there were hand sanitisers available and agreed that healthcare staff washed their hands before and after being treated. Of those who indicated they had received an invasive procedure at the practice, all agreed that staff used gloves during the procedure.

Medicines management
Processes were in place to ensure the safe prescribing and management of medication. The process for patients to request repeat medication was clear and prescriptions were processed in a timely manner by suitably trained administrative staff, which were reviewed and signed by a GP.

In our patient survey, 84% of respondents said their identity was checked, such as date of birth and address, and all said their allergy status and ongoing medical conditions were checked prior to the GP prescribing new medications.

The practice prescription pad policy was provided, this included retention periods for prescription records. Prescription pads were securely stored in the reception office, however on discussion with staff, no logs were retained. The prescription pad used for home visits was kept in the practice managers office.

The practice must ensure that an audit process is implemented for the control of prescription pads recording when received, issued to a prescriber, or securely destroyed when a GP leaves the practice.

There were no controlled drugs held at the practice, and only a small number of non-emergency drugs were stocked. Medication stock was checked weekly by nursing staff and the checks were appropriately documented. However, the ambient temperatures in rooms containing medicines which do not require refrigeration was not monitored.

The practice must ensure that the ambient temperatures are monitored and recorded in rooms containing medicines not requiring refrigeration.

There was a cold chain policy in place for medication and vaccines that required refrigeration. There were dedicated clinical refrigerators to store applicable medicines and vaccines. Daily checks of the fridge temperatures were completed and documented, this increased to twice daily when in high use. Nursing staff were aware of the upper and lower temperature limits and what to do in the event of a breach to the cold chain and who to report this to. We found that the refrigerators were clean and uncluttered. A spot check on vaccines found these all to be in date, with appropriate stock controls in place.

There was a yellow card system in place to report adverse effects to drugs and all expired drugs, needles and syringes were returned to the pharmacy for safe disposal.

There was appropriate resuscitation equipment and drugs in place for use during a patient emergency, such as a cardiac arrest. These met the primary care equipment standards as outlined by the Resuscitation Council UK guidance. Staff were aware of the location of the equipment. This included the automatic external defibrillator. There was a named nurse responsible for the regular checking and replacement of all resuscitation equipment, consumables and relevant emergency drugs, including the two full cannisters of oxygen. These checks were all adequately recorded in a folder.

We found that the emergency drugs and equipment were stored in a GP's room and without adequate signage on the door. This was not appropriate because the room was used daily to review patients. This could cause delays in accessing the equipment and drugs in the event of a cardiac emergency or impact on patient privacy.

The practice must ensure that the emergency drugs and equipment are relocated to an area that allows ease and speed of access. The new location must be communicated to all staff and signage displayed.

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

Safeguarding of children and adults

We reviewed the safeguarding policy and procedure in place for both children and vulnerable adults. However, the safeguarding policy was a generic copy without specific information for children, but there were contact numbers available for vulnerable adults. Staff had access to Wales Safeguarding Procedures. The training matrix showed that all staff had received relevant safeguarding training, at the appropriate level.

The practice must ensure that the safeguarding policy is updated, specific to the practice and must include specific information for the safeguarding of children.

There was a system in place for identifying adults at risk. We were told that staff were aware of the patient population and would identify patients that had deteriorated and flag these to GP.

When reviewing other processes to safeguard children, there were no at-risk patients and no active safeguarding issues to note during the inspection. However, where a child is identified as at risk, the patient record would alert the clinician so that staff were aware of the issue.

All letters received by the practice for patients who did not attend, or child not brought to appointments within secondary care were forwarded to the GP for review. If action was required a task was set for reception to contact the parent or care giver of the patient.

Management of medical devices and equipment
All clinical staff were responsible for checking medical devices and equipment daily, with electrical equipment having annual portable appliance testing and calibration annually via an external company. We saw calibration logs and stickers on individual pieces of equipment, with an annual contract in place.

Only single use equipment was used for nursing procedures, such a venepuncture. The practice did not undertake minor surgical procedures or insert intrauterine devices. Should any equipment fail, nurses would request a replacement via the practice manager.

Effective

Effective care
The practice had processes in place to support safe and effective care, this included the provision of care at the practice or within the GP cluster and wider primary care services. The practice demonstrated good collaboration with the cluster, working together to improve care for patients. There were buddy arrangements in place with another practice in the cluster.

We found the process for ordering and relaying test results to patients was robust, with the individual GP holding overall responsibility for this. Follow-up appointments and further testing would be arranged if required.

The process used for referrals to secondary care was described; urgent referrals, such as urgent suspected cancers, would be referred through the WCCG. Routine referrals would also be completed in the same manner as the urgent referrals by the referring clinician.

The practice described how it had prepared for changes to legislation for death certification, and we were advised this was working well.

The practice receptionists were aware of life-threatening emergencies (such as, acute asthma, hypoglycaemia) and described how they were able to act promptly and appropriately to these should a patient present with symptoms. The practice answerphone advised patients with "red flag" symptoms suggesting a medical emergency to call 999 rather than wait on the phone. However, in the unlikely event of a patient contacting the surgery when requiring 999, the receptionists would often deal with this on behalf of the patient.

Patient records
We reviewed a sample of 10 electronic patient medical records and multiple consultations for each. Electronic and hard copy records were being stored securely and in compliance with the Data Protection Act 1988 and the General Data Protection Regulations (GDPR).

Overall, the quality of patient medical records was very good, Patient records were clear regarding evidence and reasoning for decisions made. They were of a good quality up to date, complete, legible and contemporaneous. They followed the complete, accurate, relevant, accessible, and timely (CARAT) principles.

Chaperones and the need for them to be offered to patients was discussed as important parameters of good care. Safety netting was noteworthy, as was medication regimes and reviews helped by the pharmacist. There was a comprehensive record of patient history, examinations, investigations and planned treatment, with evidence of diagnostic Read codes,

The records demonstrated that the overall management of chronic diseases, such as Asthma, COPD and Diabetes appeared good. Similarly with medicines management, medication reviews were timely and appropriately Read coded.

Efficient

Efficient
We found that services were arranged in an efficient manner and were person centred, to ensure people felt empowered in their healthcare journey. As well as being referred, patients could self-refer via the website for services.

We found staff worked across services to effectively coordinate care, promoting the best possible outcomes for patients and to prevent unnecessary hospital admissions. Nurses could seek advice from the duty doctor or use the task function on the patient information system to request advice or refer to doctors. Reception staff would follow up on children not attending for vaccines and would contact parents themselves, as well as health visitors being contacted as required.

Quality of Management and Leadership

Staff feedback

HIW issued a questionnaire to staff to obtain their views about Kings Road Surgery. We received four responses from staff at this setting. Whilst the responses given by staff were positive, due to the low number it was not possible to identify any themes.

Leadership

Governance and leadership

There were processes in place to support effective governance, leadership and accountability at the practice. It was also clear there was a supportive and committed management team working in the best interests of staff and patients.

From our discussions with senior staff, we found they were knowledgeable about their roles and responsibilities, and they felt adequately supported to discharge their duties. There were designated leads for specific areas, who were able to provide advice when needed. All the staff we spoke with confirmed they felt able to approach managers with any problems or concerns that arose and that these would be addressed.

The practice had a range of in date policies and procedures in place. Staff had easy access to these via a shared drive. The practice held a schedule of policies. However, there was no version control on the policies, such as who was responsible for the policy and when they were due review. Additionally, some policies were not personalised to the practice. Where information needed to be shared amongst all staff, such as a policy or procedural change, this was completed face to face, through emails with delivery notifications and read receipts, or through the patient record system. These were then stored on the shared drive.

The practice must ensure that all policies are:

- **Version controlled with the name of the author, reviewer, date and due review date**
- **Tailored to the practice and not generic.**

Workforce

Skilled and enabled workforce

From discussions with staff across a range of roles, all agreed they worked within their scope of practice, and there was enthusiasm for study and opportunities to progress skills if desired. Nurses did not attend practice meetings; however relevant minutes were shared with the nurses. Staff reported that they were not aware of any significant events or complaints. Therefore, appeared that there was no shared learning between practice staff.

The practice must implement a process to ensure any significant events or near misses are recorded and reviewed, and any actions or learning is shared with all staff.

Nursing staff highlighted their access to continuous professional development opportunities, and this was appropriately supported. Nurses also accessed the protected learning time events, which presented opportunities for networking with other general practice nurses. There was a positive ethos regarding knowledge and learning, with some staff working towards further clinical development.

The practice manager also supported the progression of the entire workforce. Time was apportioned to enable attendance at relevant training. We were provided with a training matrix which confirmed that most staff had completed all mandatory training, although some needed updating. The practice felt it had enough staff with the right knowledge and skills, available at the right time, to meet demand.

The practice manager must ensure that all staff are supported to complete mandatory training in a timely manner.

We reviewed a sample of staff job descriptions and were told these were reviewed at personal appraisals. New starters would undergo an induction and reviews would take place more frequently until they completed the induction pack and a probationary period. Of the records we reviewed, annual appraisals had been undertaken when due.

There were appropriate recruitment policies and procedures 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 of references and undertaking Disclosure and Barring Service checks appropriate to their role.

Culture

People engagement, feedback and learning

The practice had a complaints procedure which was aligned to the NHS Wales Putting Things Right process. The practice manager was responsible for managing all complaints and this was clear within the complaints policy and procedure

documents. However, we found the complaint procedure on the practice website differed to procedures seen during the inspection. The practice was quite small and had no formal complaints to review. There were verbal complaints occasionally, although were not recorded, as they were rectified at the time they were made. The policy seen indicated that a log of informal complaints which had been resolved should be kept. However, records were not being kept.

The practice must ensure the complaint procedure on the practice website corresponded with the procedure at the surgery.

The practice should implement a complaints log, to capture formal and informal complaints, with clear information about the complaint, person responsible for managing the complaint, any actions taken and lessons learned. This should be stored electronically for ease of access.

Patients, relatives and carers were supported and able to provide feedback about the service in a range of ways. The service was able to demonstrate how they act and learn from any feedback received via a "You said, we did" board. However, four respondents to our patient survey felt they would not know how to complain about poor service.

Staff felt comfortable to speak up regarding any concerns they had and a whistleblowing policy was in place to support this. In addition, staff felt comfortable to share any suggestions they might have and could provide these to their manager for consideration.

The practice manager understood the Duty of Candour (DoC). The DoC policy in place referred to the Care Quality Commission in England, and also references to Scotland, but not Wales. Therefore, the policy did not meet the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. Additionally, staff had not undertaken training on DoC.

The practice must ensure that:

- **The Duty of Candour policy must be amended to reflect the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and is localised to the practice**

- **All staff complete training on the Duty of Candour in line with Welsh legislation.**

Information

Information governance and digital technology

Processes were in place to securely collect, share and report data and information relating to patients. There were various policies and procedures in place supporting this, such as Freedom of Information, Environmental Info Regulation Act 2004, Information Governance and the GDPR.

We saw evidence of patient information being stored securely and the practice's process for handling patient data was available for review on their website.

Learning, improvement and research

Quality improvement activities

The practice held regular meetings with the cluster to help improve services and strengthen governance arrangements. We found that staff engaged with quality improvement by developing and implementing innovative ways of delivering care.

The practice engaged in activities to continuously improve, by developing and implementing innovative ways of delivering care. Automated text patient surveys had been implemented, which were sent to patients following nurse appointments. Feedback from patients showed that the practice was appreciated and doing well. A prescription line was also implemented for ordering repeat prescriptions, where patients could leave voice notes in practice emails, to process prescription requests.

There was a statutory requirement for monthly reporting statistics on activities and performance and there was evidence that the practice had completed these. Whilst there were no standard management audits taking place, there was evidence of clinical audits being completed including international normalised ratio (INR) blood, sore throat and Direct Oral Anticoagulant (DOAC).

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, however, as highlighted earlier, there was no evidence of minutes and action logs to share with staff who were not present.

Whole-systems approach

Partnership working and development

We found evidence of partnership working with the practice's collaboration within a GP cluster. Medical staff attended cluster meetings and provided services on a cluster wide basis. The main beneficial services to the practice from the cluster was audiology, a pharmacist and a long-term chronic condition nurse.

The practice interacted and engaged with system partners through cluster meetings attended by the lead GP and practice manger. Through these, there was a shared understanding of challenges within the system and the needs of the population and to deliver services to meet those needs. We were told that equipment was replenished when needed. Training difficulties were evident across the cluster but there was said to be no time to take out staff from the practice business to train and develop them as frequently as required.

We were informed of good arrangements between the practice and secondary care, which included following health board clinical pathways and third sector organisations, such as charities.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate assurance issues			

Appendix B - Immediate improvement plan

Service: Kings Road Surgery (Mumbles)

Date of inspection: 10 December 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 assurance issues					

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: Kings Road Surgery (Mumbles)

Date of inspection: 10 December 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.	There were processes at the practice to manage and follow up with patients who did not attend or were not brought to their appointments. There was no policy for this at the practice, although the practice did not consider this was a problem locally as any patients not attending hospital appointments would	The practice must implement a policy to ensure that appropriate patient follow up is undertaken, where applicable, for those who did not attend or were not brought to their appointments.	Health and Care Quality Standards – Patient Centred	This policy is in the process of being updated	Practice Manager (PM)	2 months

	be forwarded to the GP and followed up by the practice.					
2.	The disposable privacy curtains within the examination rooms were not dated to show when they were first hung, since these should be changed six-monthly, or sooner if soiled.	The practice must ensure that dates of installation are added to disposable privacy curtains in consultation rooms.	Health and Care Quality Standards - IPC	Curtains are to be ordered for each clinical room. And will be dated and have a system in place for regular changes.	PM	2 months
3.	Our review of patient records also showed that the offer of a chaperone was not always documented when appropriate to do so.	The practice must ensure that the offer of a chaperone is always documented in patient records, and the name of the chaperone is recorded.	Health and Care Quality Standards Patient Centred - Dignity and Respect	GPs and Practice Nurses have been made aware of the necessity to record the offer of the chaperone and the name of the chaperone	PM	Already being recorded

4.	The practice has a good system for triage and referrals of patients. Administrative staff processed the referrals, although during administrative staff absence, referrals were often processed by GPs in addition to their normal duties. A written process should be implemented and audits undertaken of referrals, to ensure they are completed and actioned in a timely manner.	The practice must implement a written process and undertake regular audits to ensure referrals are completed and actioned in a timely manner.	Health and Care Quality Standards - Timely	As there is no secretarial support for GPs, referrals are managed by individual GPs. Practice Manager to check monthly that no referrals are left in draft on WCGG	GPs and PM	Ongoing
5.	For the four patients who responded to the survey regarding caring for someone	The practice must ensure that all patients registered or known as carers are signposted to carer support	Health and Care Quality Standards Patient Centred	The reception staff have been made aware to check the new registration forms	PM	Ongoing

	with disabilities, long-term care or terminal illness, only one said they had been offered an assessment of their needs as a carer.	services to ensure an assessment of their needs as a carer is carried out.		and any conversations regarding caring, that they are signposted to the carer support services.		
6.	New patients were provided with detailed information about the practice, and patient information leaflets were available on site. However, we noted that the version on the practice website was out of date. The leaflet provides useful information for patients, such as contact details and opening times, registering as a new patient, appointment options, ordering repeat prescriptions,	The practice must ensure that the patient information leaflet on the website is updated and monitored to ensure it remains current.	Health and Care Quality Standards – Patient Centred	PM is currently updating website	PM	Ongoing

	the services provided, and an overview of the practice team.					
7.	The practice had an emergency planning policy which included dealing with serious and non-serious incidents. Whilst the process appears to be robust, the policy stated there was a debrief process but there was no evidence of discussions at meetings.	The practice must ensure learning from incidents is shared with staff and documented in meeting minutes to enable those staff members not in attendance, to be updated.	Health and Care Quality Standards - Leadership	Following our practice meetings and discussions of significant events we are going to share information with all the practice team and document this. We will discuss this as a whole practice meeting at next inhouse PTLS	PM GPs	Ongoing
8.	We considered the process in place and safety of lone workers attending home visits to review patients. We were advised that a home visit was triaged	The practice should develop and implement a home visits policy to ensure staff are aware of the process required before, during and after a home visit, which should include maintaining	Health and Care Quality Standards - Safe	Home visit policy to be checked and rewritten.	All staff	Completed

	by a GP. Staff were aware of when clinicians were attending house calls, however, we found there was no formal policy in place regarding home visits, neither was a risk assessment in place to manage the safety of lone workers.	the safety of both staff and patients.				
9.	Cleaning schedules were seen however, these did not include treatment room couches or surfaces.	The practice must ensure that a cleaning schedule is implemented for clinical surfaces and patient treatment couches.	Health and Care Quality Standards - IPC	Cleaning schedule has now been completed	PM	Please see attached.
10.	The practice prescription pad policy was provided, this included retention periods for prescription records.	The practice must ensure that an audit process is implemented for the control of prescription pads recording when received, issued to a prescriber, or	Health and Care Quality Standards - Safe	Register now in place to record when scripts are ordered and when given out. This must be signed by GP and Practice Manager	PM	Ongoing

	Prescription pads were securely stored in the reception office, however on discussion with staff, no logs were retained.	securely destroyed when a GP leaves the practice.				
11.	Medication stock was checked weekly by nursing staff and the checks were appropriately documented. However, the ambient temperatures in rooms containing medicines which do not require refrigeration was not monitored.	The practice must ensure that the ambient temperatures are monitored and recorded in rooms containing medicines not requiring refrigeration.	Health and Care Quality Standards – Safe (Meds Management)	Temperature for these rooms are now being recorded	Practice Nurse (PN)	Ongoing
12.	We found that the emergency drugs and equipment were stored in a GP's room	The practice must ensure that the emergency drugs and equipment are relocated to an area that	Health and Care Quality Standards – Safe (Meds Management)	Signage now in place. Where emergency drugs and equipment are currently kept.	PN / GP	Ongoing

	and without adequate signage on the door. This was not appropriate because the room was used daily to review patients. This could cause delays in accessing the equipment and drugs in the event of a cardiac emergency or impact on patient privacy.	allows ease and speed of access. The new location must be communicated to all staff and signage displayed.		Location is being reviewed but limited by practice building layout.		
13.	We reviewed the safeguarding policy and procedure in place for both children and vulnerable adults. However, the safeguarding policy was a generic copy without specific information for	The practice must ensure that the safeguarding policy is updated, specific to the practice and must include specific information for the safeguarding of children.	Health and Care Quality Standards – Safe (Safeguarding)	New Policy attached	PM	Completed

	children, but there were contact numbers available for vulnerable adults.					
14.	The practice held a schedule of policies. However, there was no version control on the policies, such as who was responsible for the policy and when they were due review. Additionally, some policies were not personalised to the practice.	The practice must ensure that all policies are: • Version controlled with the name of the author, reviewer, date and due review date • Tailored to the practice and not generic.	Health and Care Quality Standards – Governance	Practice Manager is reviewing the policies to write issue dates and review dates.	PM	Ongoing
15.	Staff reported that they were not aware of any significant events or complaints. Therefore, appeared that there was no	The practice must implement a process to ensure any significant events or near misses are recorded and reviewed, and	Health and Care Quality Standards – Culture	Any significant events will in future be discussed with all staff, at all levels and discussions will take	PM GP	Completed

	shared learning between practice staff.	any actions or learning is shared with all staff.		place on learning actions		
16.	We were provided with a training matrix which confirmed that most staff had completed all mandatory training, although some needed updating.	The practice manager must ensure that all staff are supported to complete mandatory training in a timely manner.	Health and Care Quality Standards – Leadership Health and Care Quality Standards – Workforce	This training will be completed in due course,	PM	Will ensure that any new staff will complete the necessary training. All existing staff will complete any mandatory training in very near future.
17.	We found the complaint procedure on the practice website differed to procedures seen during the inspection.	The practice must ensure the complaint procedure on the practice website corresponded with the procedure at the surgery.	Health and Care Quality Standards – Culture	Very difficult to implement a complaints log, without complaints, however Practice Manager will ensure that any concerns	PM	Ongoing

	The practice was quite small and had no formal complaints to review. There were verbal complaints occasionally, although were not recorded, as they were rectified at the time they were made. The policy seen indicated that a log of informal complaints which had been resolved should be kept. However, records were not being kept.	The practice should implement a complaints log, to capture formal and informal complaints, with clear information about the complaint, person responsible for managing the complaint, any actions taken and lessons learned. This should be stored electronically for ease of access.	Health and Care Quality Standards – Leadership Quality Improvement	i.e.not formal complaints will be documented. As will any compliments we receive.		
18.	The DoC policy in place referred to the Care Quality Commission in England, and also references to Scotland, but not Wales. Therefore, the	The practice must ensure that: • The Duty of Candour policy must be amended to reflect the Health and Social Care (Quality and	Health and Care Quality Standards – Leadership Quality Improvement	New duty of candour policy attached. Staff to complete as soon as is needed.	PM	Ongoing

	policy did not meet the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. Additionally, staff had not undertaken training on DoC.	Engagement) (Wales) Act 2020 and is localised to the practice • All staff complete training on the Duty of Candour in line with Welsh legislation.				

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): **Tricia Lewis**

Job role: **Practice Manager**

Date: **14th February 2025**