

General Medical Practice Inspection (Announced)

Fairwater Health Centre,
Cardiff & Vale University
Health Board

19 August 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at Fairwater Health Centre, Plasmawr Road, Cardiff, CF5 3JT on 19 August 2015.

HIW explored how Fairwater Health Centre met the standards of care set out in the Health and Care Standards (April 2015).

Inspections of General Medical Practice (GP) inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

2. Context

Fairwater Health Centre currently provides services to approximately 9,150 patients. The health centre has a staff team which includes four GP partners; two salaried GPs; one GP retainer; three practice nurses; one health care assistant; a practice manager; and a number of reception/administrative staff.

Health Visitors and District Nurses (who are employed by the health board) work closely with the staff team at the health centre.

Fairwater Health Centre is an accredited teaching practice. This means that the GP's employed at the practice offer further training to fully qualified Doctors in General Practice and also undergraduate training to Medical Students.

The health centre provides the following services (as cited within the patient information leaflet):

- Care of patients who are ill. Health promotion advice is also provided and appropriate referrals made to other professionals reflecting patient choice wherever possible
- Management of long term health conditions
- Cervical smear screening
- Contraceptive services
- Vaccinations and immunisations (adults and children)
- Child health surveillance
- Maternity services
- Care of patients who are terminally ill

3. Summary

HIW explored how Fairwater Health Centre met standards of care as set out in the Health and Care Standards (April 2015).

Patient's views about the services provided at Fairwater Health Centre were obtained by members of the local Community Health Council (CHC). Overall, patients indicated that they were treated as individuals and were satisfied with the care and support they had received.

HIW also observed the courteous and professional manner adopted by members of the health centre staff team when speaking with patients on a face to face basis, or via the telephone.

Overall, the health centre team placed considerable emphasis on ensuring quality and safety across services provided to patients in accordance with the Health and Care Standards.

We identified areas of service which required improvement. Specifically, we identified the need for staff health and safety (Visual Display Unit) risk assessments, the development of a system for recording information about staff vaccinations and immunity status and improved recording in relation to child protection arrangements.

Patients can be assured that Fairwater Health Centre is generally well run. Staff were clear about their roles and day to day responsibilities. There was also a clear leadership structure and staff felt supported by senior members of the team.

4. Findings

Quality of the Patient Experience

Patient's views about the services provided at Fairwater Health Centre were obtained by members of the local Community Health Council (CHC). Overall, patients indicated that they were treated as individuals and were satisfied with the care and support they had received.

HIW also observed the courteous and professional manner adopted by members of the health centre staff team when speaking with patients on a face to face basis, or via the telephone.

Two members of the Cardiff and Vale Community Health Council (CHC) were present at the health centre on the day of our inspection. Their role was to seek patients' views with regard to services provided by Fairwater Health Centre through the distribution of questionnaires and via face to face conversations with patients and/or their carers. Twelve questionnaires were fully/partially completed. The CHC have produced a report which provides an analysis of the information gathered. That report can be found at Appendix B.

People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical psychological, social, cultural, language and spiritual needs. (Standard 4.1-Dignified Care)

Observation of the way which staff at the open reception area spoke with patients on their arrival, confirmed that every effort was made to speak in soft tones to prevent other people from overhearing the conversation taking place. We also spoke with the office manager who told us that all telephone conversations with patients (incoming and out-going calls), were made within the confines of the office at the rear of the reception area to ensure that patient's information was discussed in a confidential manner at all times. Additionally, there was a sign at reception inviting patients to let staff know if they wished to speak to someone in private.

We found that the doors of the clinical/consultation rooms and treatment rooms were closed at all times when patients were present. This meant that staff ensured that people's privacy and dignity was maintained.

We discussed the use of staff chaperones in relation to patient examinations and found that the health centre had recently taken measures to ensure that clinical staff were used in this role wherever possible. However, we were also

told that a small number of administrative staff had received some training regarding the chaperone role to assist them in understanding its confidential nature and what would be expected of them. This was in acknowledgement that there would be occasions when a member of the clinical staff was not available and patient dignity and support was considered to be of the utmost importance.

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health Services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback. (Standard 6.3-Listening and Learning from Feedback)

The health centre had a procedure in place for patients and/or their carers to raise concerns (complaints). We found that slight amendments were needed as the current policy and procedure did not make reference to the local Community Health Council (CHC) and patients must be made aware of their right to seek CHC support with any complaint they may have. This is in accordance with the current arrangements in Wales for raising concerns about NHS treatment (known as 'Putting Things Right'). We also found that details of the complaints procedure contained details of the former practice manager and were displayed on the automatic doors of the health centre in small print. This meant that patients were offered out dated information and may not be able to see the information easily. The above matters were brought to the attention of the staff team.

Improvement needed

The health centre is required to demonstrate the action taken to ensure that accurate and relevant NHS complaint information is prominently displayed for patients as determined by 'Putting Things Right' arrangements.

There was an appropriate and well established system in place for recording and auditing complaints in order that lessons could be learned and improvements made wherever possible.

The health centre sought feedback from patients via a suggestions box which was located at the reception desk. Blank forms for use by patients or their carers were seen to be available. We were told that the contents of the box were reviewed by a nominated person each week. A loop system at reception was installed at the health centre as a direct result of a suggestion made by the CHC.

Delivery of Safe and Effective Care

Overall, the health centre team placed considerable emphasis on ensuring quality and safety across services provided to patients in accordance with the Health and Care Standards.

We identified areas of service which required improvement. Specifically, we identified the need for health and safety (Visual Display Unit) risk assessments, the development of a system for recording information about staff vaccinations and immunity status and improved recording in relation to child protection arrangements.

Staying Healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)

We reviewed the content of 18 electronic patient records and found that clinical staff had generally provided patients with sufficient information about their health condition, investigations needed and options for managing their health and wellbeing.

Patient records also showed that patients were provided with support and information to stop smoking on an opportunistic basis.

Conversations with staff confirmed that patients with hearing difficulties were able to access a loop system at the reception desk to help them to understand any information given to them. However, there was no portable facility available for use within the consulting/treatment rooms. We raised this matter with staff at the health centre who expressed a willingness to purchase a portable facility to assist patients further.

We saw that there was a multi-lingual 'touch screen' facility in the integral reception/waiting room area so that patients were able to indicate when they had arrived for their appointment. This system also had the facility to prompt patients to speak with reception staff about the need to make specific appointments (for example-medication reviews).

The health centre had a large electronic 'rolling information bar' above reception to alert patients when they were called to a consulting room or

treatment room. Discussions with staff as to how patients with visual difficulties were assisted on arrival, led to a satisfactory description of how such difficulties were conveyed to the practice team in order that the individuals concerned received a verbal prompt instead.

We saw a variety of health promotion/lifestyle information on display in the patient waiting area for people to take away with them for future reference. There was also information available to people with regard to support services and organisations. All such information was found to be relevant and current.

Staff confirmed that the health centre had a nominated 'Carer's Champion' who was available to assist patient's carers; offering them the opportunity to discuss the challenges they faced and providing them with useful information about various agencies and organisations who may be able to support them with their day to day responsibilities.

We found that meetings of representatives associated with the GP cluster¹ in the area had resulted in a bid to secure funding for a cluster-wide patient participation group who would be requested to consider ways of improving services to patients in the future. We were also told that the GP cluster was also seeking funding to enable all practices in the area to treat and support patients in receipt of Warfarin therapy which would result in the provision of local patient care and avoid the need for frequent hospital visits.

Safe Care

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented. (Standard 2.1-Managing Risk and Promoting Health and Safety)

We found that the health centre had not completed statutory risk assessments with regard to health and safety matters. We also spoke with a number of staff at the health centre who used computer equipment for many hours during each working day and discovered that they had not been subject to a Visual Display Unit risk assessment in accordance with health and safety legislation. This was brought to the attention of senior members of the staff team.

¹ A GP practice 'Cluster' is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. GPs in the Clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients.

Improvement needed

The service is required to describe the action to be taken in order to address the absence of staff (VDU) health and safety risk assessments.

We saw that areas of the health centre occupied by patients appeared to be clean and were tidy and uncluttered which reduced the risk of falls within the premises. In addition, the health centre services were provided all on one level with automatic doors at the entrance, fully accessible toilet facilities and doors wide enough for people with mobility difficulties to enter the consultation/treatment rooms.

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections. (Standard 2.4-Infection Prevention and Control (IPC) and Decontamination))

Discussions with staff confirmed that all instruments used during the course of minor surgery procedures were purchased as sterile single use packs which avoided the need for the use of sterilisation/decontamination equipment. A member of staff was also able to describe the training they had personally received in terms of infection prevention and control as well as the procedures adopted to clean working surfaces in treatment rooms at the start, or the end, of each working day.

We saw that hand washing facilities and paper hand towels were available in all clinical areas and toilet facilities to reduce the risk of cross infection and protect both patients and staff.

Conversations with senior members of the staff team highlighted that all clinical staff were expected to ensure they received Hepatitis B vaccinations as required. However, there was no system in place to retain evidence of vaccination or immunity records within individual staff files. This meant that we could not be assured at the time of inspection that the health centre had taken appropriate steps to protect patients and individuals working at the practice.

Improvement needed

The service is required to provide HIW with evidence of Hepatitis B vaccination and subsequent immunity records for all members of the clinical team.

We found that the practice had a copy of the local risk plan for the management of significant health emergencies (such as a flu epidemic) and were told that they would follow public health advice as and when required.

People receive the right medicines for the correct reason, the right medication at the right dose and at the right time. (Standard 2.6)

We spoke with staff who had specific responsibilities for generating repeat prescriptions at the health centre and discussed the local policy in place for effective prescribing with a senior GP. As a result we were satisfied that there was compliance with legislation, regulatory and professional guidance.

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7- Safeguarding Children and Safeguarding Adults at Risk)

The health centre had nominated a lead GP in respect of child protection. We were able to confirm (verbally) that staff had received training with regard to All Wales child protection arrangements and had access to a current policy to support them in their daily work. All staff at the health centre had also completed training in 'Managing Dementia in Primary Care' in the past twelve months as a means of developing the service to support people with dementia, and their carers. However, we were not able to obtain evidence to confirm whether all staff had completed training regarding the protection of vulnerable adults. The health centre was therefore advised to arrange such training in the near future.

Improvement needed

The health centre is advised of the need to ensure that staff are provided with training regarding the protection of vulnerable adults.

Discussions with a senior GP demonstrated that there were good multi-professional arrangements in place which assisted in ensuring that the health centre held appropriate information about child protection matters. However, we found that the electronic recording system in place needed to be regularly checked and changed to reflect, and respond effectively to, individual changing child protection circumstances. This is necessary so that clinical staff have access to the most up to date information about the children concerned.

Improvement needed

The health centre is required to describe the action taken to ensure that clinical staff have access to the most up to date information about children subject to protection arrangements.

Effective Care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1-Safe and Clinically Effective Care)

We spoke with senior staff at the health centre who were able to describe the effective system in place for the sharing and dissemination of patient safety incidents or significant events (email circulation known as intramail). We were also assured that any patient safety incidents were reviewed and discussed at the practice during weekly GP meetings which were attended by other members of the staff team as and when required, so that lessons could be learned and improvements made to the services provided.

We reviewed the content of 18 electronic patient records all of which demonstrated good record keeping as required by professional guidelines.

In addition, we found evidence of the appropriate use of guidance published by the National Institute for Health and Care Excellence in terms of assessing and treating patients.

In communicating with people health services proactively meet individual language and communication needs. (Standard 3.2-Communicating Effectively)

The health centre employed two doctors who spoke Welsh. This enabled the service to offer patients the opportunity to communicate in Welsh if they expressed a wish to do so.

During the course of our inspection, we overheard a member of the administrative staff making arrangements for a patient to be assisted by a translator (via the well established confidential language line telephone service) during their consultation with a GP. We were subsequently told that the need for this service was quite frequent and found to be effective.

Discussion with staff further demonstrated that the health centre computer system was used to highlight specific needs of patients to enable doctors and

nurses to communicate with, and assist, patients as effectively and sensitively as possible.

The health centre had processes in place to operate and manage information and data effectively. This is because we found that there was a suitable system in place for ensuring all incoming clinical information was reviewed by the GPs responsible for the care of specific patients, for continuity purposes. Appropriate actions were then taken as noted within the medical notes of the patients concerned. Additionally, staff described how relevant information from incoming mail and out of hours consultations was conveyed to doctors and recorded in patient's records. We were also made aware of the arrangements made at such times when clinical staff were on annual leave or absent for any other reason. This was to ensure that prompt action would be taken in relation to service delivery.

We spoke with a number of administrative staff and a senior GP about the process of tracking patient referrals to other healthcare professionals. For example we were made aware of the timescales adopted by each of the GPs to dictate or type referrals depending on the severity of a patient's health condition. We were also told that wherever possible a receipt is obtained to confirm that the referral has reached its destination. Referrals would then be tracked within a fourteen day period to determine whether patients have been placed on the appropriate waiting list. There was however no established formal policy in place to guide staff in terms of how standard/non-urgent referrals should be managed or monitored.

The health centre had made a conscious decision not to process referrals via the All Wales electronic gateway² at this point in time, but were keen to use the system at such time in the future when it has improved further. In addition, we were provided with verbal information about audit activity which had taken place in-house and on a GP cluster basis in order to identify areas for improvement regarding patient referral patterns.

We considered the process in place for patients and/or parents of children to receive results from blood tests and other investigations and were able to determine that each GP received the results of any investigations they requested; contacting patients as needed. In addition, we were told that patients were advised to contact the practice to obtain their results.

² Family doctors at **GP practices** across Wales have switched to a new way of referring patients to hospital consultants. The e-referral system, known as the Welsh Clinical Communications Gateway allows clinical messages to be sent securely from the GP to the hospital.

<http://www.wales.nhs.uk/nwis/page/52545>

Conversations with administrative staff indicated that hospital discharge summaries have improved in the past twelve months in terms of detail provided and legibility which assisted in providing on-going care to practice patients.

Patients can be assured that their medical records are stored safely and maintained securely in areas of the health centre which were not accessible to patients or members of the public. We were also made aware of the arrangements in place for archiving and destroying records in accordance with current legislation.

Dignified Care

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner (Standard 4.2- Patient Information)

We were told that the patient information leaflet was produced in normal and large print in response to individual requests.

Consideration of the content of 18 patient records demonstrated that people's personal and social care needs were assessed and measures taken to address those needs with the support of other health and social care professionals as required.

We requested copies of the various types of patient consent form used at the health centre and found that there were forms available to enable patients to provide consent to minor surgery procedures/investigations; specific forms being in place for young persons/children and individuals who might experience difficulties in providing consent (which prompted individuals to indicate any special requirements relating to communication methods or language). When we reviewed a sample of eighteen patient records we also found several good examples of use of consent forms; one set of notes clearly describing how a patient under the age of 16 years was offered the opportunity to involve their parent in discussions about their care.

Timely Care

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right time, in the right place and with the right staff. (Standard 5.1-Timely Access)

Conversations with members of the staff team revealed that patients were able to make advance appointments with GPs and other clinical staff. We were also told that every effort was made to provide a small number of patients with an appointment on the same day that they made contact with the health centre with an 'urgent' health related issue.

We were told that the health centre faced on-going challenges in terms of the number of appointments requested versus the number of appointments available. However, during the past twelve months, two salaried GPs had been recruited to replace one of the former GP partners. This decision had resulted in the provision of additional patient appointments. Telephone advice is given if requested by patients and we were made aware that off-duty GP staff were requested to undertake additional sessions at the health centre in an attempt to meet patient's needs on occasions. People were encouraged to let the practice know if they couldn't attend for an appointment so that the time could be released for others.

We found that the health centre did not have arrangements in place to enable patients to book appointments online (through My Health Online) at the time of our inspection. We were informed that the staff team were considering this method of booking appointments for the future in support of patients' perceived preferences.

Discussion with a senior GP revealed the difficulties faced by the health centre in securing mental health support for their patients. This was essentially due to the limited services available to the practice and the way in which patient referrals needed to be made to the services concerned.

Individual Care

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation (Standard 6.2-Peoples Rights)

We were told that there were a number of patients living in the geographical area served by the health centre with diverse cultural and ethnic backgrounds. Conversation with staff and a senior GP revealed the efforts being made on a multi-professional basis to engage with those individuals and families.

Quality of Management and Leadership

Governance, Leadership and Accountability

Patients can be assured that Fairwater Health Centre is generally well run. Staff were clear about their roles and day to day responsibilities. There was also a clear leadership structure and staff felt supported by senior members of the team.

Effective governance, leadership, and accountability in-keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

We found that there was a range of policies and standard operating procedures in place to guide staff in the course of their day to day work. However, we were informed that the health centre was in the process of updating some, and developing new policies to reflect the changes with regard to health care guidance and statutory responsibilities. For example, the health centre's whistleblowing policy was based on guidelines which were relevant to services in England and failed to contain contact details of Cardiff and Vale University Health Board (which staff may need if they choose to raise concerns with someone outside of the existing team). Similarly, there was no staff grievance policy in place at the time of our inspection.

As already mentioned earlier in this report (page 12), there was no written policy in place regarding how standard/non-urgent patient referrals to other healthcare professionals should be managed and monitored. This may mean that locum GPs or trainee (registrar) GPs would not have easy access to such guidance. Discussion with senior staff did reveal that they were making every effort to address these matters as promptly as possible.

Conversation with a senior GP revealed that registrars completed regular audit activity based on aspects of service provision at the health centre. This was supplemented by in-house audits completed by individual GPs. Examples of those related to antibiotic prescribing, the use of oral anti-coagulant medication and treatments for long term respiratory conditions.

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need. (Standard 7.1-Workforce))

We found there was a training/orientation programme in place to ensure the effective induction of new members of the practice team. This meant that patients were treated by individuals who had received training and support to become familiar with their role and practice processes.

Members of staff we spoke with stated they were happy in their roles and told us that the health centre team worked well together. We were told that staff (administrative) meetings were usually held every two to three months; nurses meetings taking place on a regular basis and GP meetings being held every Monday. We were also told that all staff at the health centre were encouraged to attend the weekly GP meetings and suggest items for discussion. Such arrangements meant that the health centre team had a formal system in place to explore issues/clinical events, and keep up to date with practice processes and their roles.

Conversation with individual staff also confirmed that they felt confident in raising any issues of concern about the delivery of care and treatment to patients on a day to day basis; improvements being made as far as possible.

5. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by Health Inspectorate Wales (HIW)
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff.
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures.
- Exploration of the arrangements in place with regard to clinical governance

These inspections capture a '*snapshot*' of the standards of care within GP Practices.

We provide an overview of our main findings to representatives of the Practice at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the Practice and the Local Health Board via an Immediate Action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

6. Next Steps

This inspection has resulted in the need for the GP practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Fairwater Health Centre will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measurable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

Appendix A

General Medical Practice: Improvement Plan

Practice: Fairwater Health Centre

Date of Inspection: 19 August 2015

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
Page 9	The health centre is required to demonstrate the action taken to ensure that accurate and relevant NHS complaint information is prominently displayed for patients as determined by 'Putting Things Right' arrangements.		<ul style="list-style-type: none">• Complaints notice in waiting room updated to reflect current information and in large font.• Complaints initial response letter updated to include Community Health Council and Public Service Ombudsman Wales contact details• Practice leaflet amended to include CHC contact details	Practice Manager	<ul style="list-style-type: none">• Done• Done• Done

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care					
Page 10	The health centre is advised of the need to ensure that staff are provided with training regarding the protection of vulnerable adults.		<ul style="list-style-type: none"> To be included in the programme of CPET sessions and added to the staff training schedule 	Practice Manager	<ul style="list-style-type: none"> 12 months
Page 12	The service is required to describe the action to be taken in order to address the absence of staff (VDU) health and safety risk assessments.		<ul style="list-style-type: none"> Produce template and Standard Operating Procedure for VDU assessment Conduct VDU assessment for all work stations Review risk assessments at regular intervals 	Practice Manager	<ul style="list-style-type: none"> 6 months
Page 13	The service is required to provide HIW with evidence of Hepatitis B vaccination and subsequent immunity records for all members of the clinical team.		<ul style="list-style-type: none"> Get HepB vaccination records for all clinical staff Add information to staff records Introduce system of review and update 	Practice Manager	<ul style="list-style-type: none"> 3 months
Page 14	The health centre is required to describe the action taken to ensure		<ul style="list-style-type: none"> Regular meetings with both generic and Flying Start Health 		<ul style="list-style-type: none"> Already in place

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	that clinical staff have access to the most up to date information about children subject to protection arrangements.		<p>Visitors of information sharing and discussion of patients. Brief written reports are sent in advance and entered on to the patients notes, with appropriate information entered on to family members' notes</p> <ul style="list-style-type: none"> • Ensure children currently on child protection register are reviewed as part of the health visitor meeting and status is updated accordingly 	<ul style="list-style-type: none"> • Practice Manager 	<ul style="list-style-type: none"> • 3 months
Quality of Management and Leadership					
	No areas were identified for improvement.				

Practice Representative:

Name (print): **Alistair Brook**.....

Title: **Practice Manager**.....

Date:



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Fairwater Health Centre
Date / Time:	19 th August 2015 – 9:30am
CHC Team:	Cardiff and Vale of Glamorgan Jill Shelton – Member (Lead) Alison Walker – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

The CHC members were able to speak to, and undertake a patient survey with, 12 patients during this joint visit.

8 of the 12 patients spoken to indicated that they found the booking of an appointment to be difficult or very difficult. The main concerns of these patients relate to the booking of routine appointments, to see a GP of choice, and the accompanying wait of between 2 - 4 weeks.

Overall, patient experience was generally positive. However, 2 patients provided responses of 'poor' when asked to rate their experience of using this Practice.

One individual indicated that they were unhappy about the treatment and were thinking of transferring to a different Practice. While another patient felt they were not taken seriously following a surgical procedure.

Observations

Environment - External

- There is extremely limited parking at the Practice, which is insufficient at busy times.
- There is level access to the Practice, with no identifiable trip hazards.
- The automatic doors are relatively wide and, subsequently, are easy to negotiate.

Environment - Internal

- Seating is in the form of a fixed, bench type. There is no provision for supportive seating, those with arms and of differing heights, for patients.
- The leaflet rack is rather untidy.
- The open plan reception desk compromises on confidentiality.
- The carpet is in need of cleaning. However, overall the Practice is generally clean and tidy.
- There is clear signage at Reception.
- The notice boards are well maintained and up-to-date.

Communication & Information on Display

- The multi-language, automated check-in system appears a little too high for wheelchair users to reach the top line of the screen.
- There is a hearing loop in place but no signs were seen to indicate it exists. In line with Action on Hearing Loss guidance, a sign should be “positioned where the loop is effective”.
- There is a need for better arrangements, for people who are poorly sighted, as there appeared to be a number of problems with the visual display of appointments.
- The electronic information bar is very clear and has a clear audible beep.
- There is a very good practice leaflet, readily available from the reception desk.