

**General Practice
Inspection (announced)**
Cwm Taf University Health
Board, St David's Surgery

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of 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 to St David's Surgery (The Practice), St David's Street, Ton Pentre, RCT, CF41 7BD on 23 February 2016. The inspection comprised of an HIW inspection manager (inspection lead), a GP peer reviewer, and two representatives from Rhondda Cwm Taf Community Health Council (CHC).

HIW explored how The Practice, 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.

More details about our methodology can be found in section 6 of this report.

2. Context

St David's Surgery, St David's street currently provides services to approximately 4,300 patients in the Pentre and Ton Pentre areas. The practice forms part of GP services provided within the geographical area known as Cwm Taf University Health Board.

The Practice employs a staff team which includes 3 GP partners, one locum GP (up to March 16), two nurses both of whom are part time and seven reception and administration staff, this included a part time healthcare assistant and a practice manager.

The practice provides a range of services, including:

- Contraception clinic
- Baby clinic
- Warfarin clinic
- Cytology clinic
- Minor surgery clinic
- Asthma clinic
- Diabetes clinic
- New patient clinic
- Substance misuse referral clinic.

We were accompanied by two members of the local CHC at this inspection.

3. Summary

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

The CHC spent time speaking to patients about the practice and overall received positive feedback.

Overall, we found evidence to support the conclusion that the practice team placed considerable emphasis on and had a firm commitment to providing a quality service to their patients in accordance with the Health and Care Standards.

We identified areas of service which required review. Specifically, the appointment system, whereby patients attempting to make appointments stated that it could be “a bit hit and miss”. Some patients complained of waiting weeks for an appointment. Sometimes appointments were late, with patients waiting over twenty minutes to see a GP, from their allocated appointment time.

We found that the review and audit process needed to be strengthened in a number of clinical and non-clinical areas; these included formalising and recording of meetings. Minor systems review was also required i.e. Some policy folders required updating with the date of the policy version and the policy number. We observed that a central index sheet numbering system may be helpful in collating policies system.

We found evidence of strong leadership from the GPs and practice manager, overseeing a settled and cohesive staff team. The team were well established and confident about their roles and responsibilities. We noted that the practice manager and the deputy practice manager were clearly knowledgeable in all aspects relating to management and developments within the practice.

4. Findings

Quality of patient experience

The CHC spent time speaking to patients about the practice and overall received positive feedback.

We found that the appointment system and late appointments were the two main concerns. The practice is constantly reviewing the appointment system to see where improvements can be made.

Two members of Cwm Taf CHC were present at The Practice on the day of our inspection. Their role was to seek patients' views with regard to services provided by The Practice through the distribution of questionnaires and via face to face conversations with patients and/or their carers. Twenty questionnaires were completed. The CHC have produced a report which provides an analysis of the information gathered. The report produced by the CHC with detailed findings from questionnaires 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)

We found evidence that the practice considers patient privacy, dignity and confidentiality.

There was a large reception area with seating. The receptionists were accessed via a hatch window and a room is available for patients requiring privacy.

Information was displayed in the waiting area offering a chaperone service where requested. It may be helpful to also consider displaying this notice within the consulting rooms. This information will also be available on the practice website, when this becomes active (expected within 4-8 weeks).

One aspect that the practice may wish to consider is the availability of a male chaperone service as this is limited to when a male GP is on duty. There are no male nurses currently employed at the practice. The practice management may wish to discuss this matter at their local health board meetings.

We saw that all doors to clinical rooms were kept shut during consultations and there were curtains around treatment couches to maintain patient privacy and dignity during clinical examinations.

Recommendation

The practice should review options to increase availability of male chaperones.

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 practice was aware of their responsibilities around handling concerns (complaints) and had a policy and process in place. Information regarding the complaints procedure was displayed next to the reception area and will be available on the practice' information screen, once this becomes "Live". The practice encourages patients to share their views and a suggestion box was available within the reception area.

Complaints are dealt with following a structured process and in a timely manner.

The practice manager notes any verbal comments by the patients. However, there is no formal system in place. We suggested that recording any verbal comments/concerns in a log may be helpful in highlighting any patterns and/or specific areas of concerns.

The practice manager promotes and offers the opportunity for staff to express any concerns and encourages open communication between staff.

Recommendation

The practice manager should consider recording any verbal comments/concerns expressed by patients in a written log. This may assist in highlighting any potential patterns and/or specific areas of concern.

Delivery of safe and effective care

Overall, we found evidence to support the conclusion that the practice team were committed to providing a quality service to their patients in accordance with the Health and Care Standards.

We identified areas of service which required improvement. Specifically, we identified the need to monitor the appointment system and patient appointment time slots.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manager 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)

There was an information board in the reception area for patients and it contained health promotion messages, and information about local community groups. The practice promotes health initiatives such as smoking cessation, breastfeeding and information on healthy lifestyles choices i.e. exercising.

Patients check in for appointments by presenting to reception staff. Vulnerable adults were flagged on the computer system and staff made provision for these patient's i.e. longer appointment times.

There was a register of patients who have caring responsibilities. We also saw information in the reception area directed specifically at carers and the additional needs that they may have. The practice encourages patients to identify themselves as carers. The practice has an identified carers' champion.

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)

The practice's patient information leaflet contained the required information. Information relating to health & safety and fire drills were displayed within the reception area.

The waiting area was clean and tidy with plenty of seating available. Books and toys were available for the children. The patients' toilet was clean and very

accessible. Wheelchair access from the car park was reasonable. However, we observed that car parking was very limited, and that there was no outside lighting from the car park into the entrance area of the surgery. This may be a potential health & safety issue during the dark evenings. We were informed that an annual risk assessment was undertaken.

Recommendation

The practice should review the current risk assessment regarding car parking and associated traffic and look at options to reduce any potential health & safety issues regarding visibility.

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)

There was a written policy detailing the process to follow to ensure that relevant staff are immunised against Hepatitis B. There was immunisation information on each relevant staff member. However, there was no information on the immunisation history of the locum. This information is held by the agency.

All areas throughout the practice appeared visibly clean. We noted that there was hand sanitising gel at various points throughout the practice for patient and staff use. Staff members have access to appropriate protective equipment, when required.

The patients' toilets and the baby changing facility were checked regularly. However, it was noted that there was no written cleaning check system available for this process. It may be helpful to have a record, especially at times of high volume.

Improvement needed

The practice should ensure that it has confirmation that the required immunisation history of all relevant staff is available.

Recommendation

Record outcomes of when the toilets and baby changing facilities are checked. This will be helpful in highlighting if there are any potential cleaning issues.

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

St David's Surgery is a non-dispensing practice. Staff have regular meetings and were aware of and followed the Cwm Taf Local Health Board and National Institute for Health and Care Excellence (NICE) guidelines for medicines management. Systems were in place to ensure regular patient medication review and an effective and safe repeat prescribing system. Compliance was monitored by GP peer review. Staff had completed level 2 Prescribing and Repeat Prescribing training with the local health board. We noted that the practice had not undertaken a recent prescribing audit. It was recommended that this be undertaken. We also suggested that prescription pads be logged in and logged out on home visits. This will assist in tracking a pad in the event that one is lost.

Improvement needed

The practice should undertake regular prescribing audits to assist in promoting a safe and effective prescribing system.

Recommendation

Prescription pads should be logged in and out on home visits, to assist in tracking if a pad is misplaced and/or lost.

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)

There were systems in place to help ensure that safeguarding practices and knowledge amongst the practice staff were up to date and adequate.

There is a practice policy in place and we noted that practice staff had undertaken safeguarding training to level 3 and there was an identified lead for Child Protection.

We noted that a Protection of Vulnerable Adults (PoVA) procedure was available; however a policy was not available at the time of the visit. The practice was in the process of arranging Protection of Vulnerable Adult (PoVA) training for all staff, and has agreed to send confirmation that this has happened to Healthcare Inspectorate Wales (HIW) when completed. We saw that the practice had a system in place to ensure that vulnerable patients were

booked a double slot appointment. There was a pop-up electronic system to assist them to identify vulnerable adults with special needs.

Improvement needed

The practice needs to forward a copy of Protection of its Vulnerable Adults policy to HIW; and arrange and confirm training has been delivered to all staff

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)

There were systems for sharing information between staff at the practice. In the case of clinical staff, this was in the form of regular monthly meetings. The practice manager also attended these meetings. Patient Safety Incidents and Significant Events were reported and discussed at these meetings. Action was taken where appropriate.

New NICE guidelines are distributed to the relevant staff when received. Clinical staff also met for a short period each afternoon to discuss relevant matters of the day, including clinical incidents and concerns and used them as learning opportunities. However, these meetings were informal and ad-hoc. The practice should, where possible, make a note of these meetings. The practice GPs also had regular meetings with the local hospital staff regarding clinical updates and peer review.

We looked at a sample of all practice GP patient records and found that these were of a consistently satisfactory standard. We suggested that the current system for formal peer review is extended to assist, maintain and promote the overall good standards that we saw i.e. record management.

Improvement needed

The clinical staff should record daily practice update meetings.

The clinical staff should extend the current system for formal peer review to include record management.

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

There was no hearing loop system available at the practice. We suggested that the management team may wish to consider making one available for future need.

Some of the staff was able to speak in Welsh and could therefore provide patients with a bilingual service, if required. However, the practice leaflet was available in English only. We were informed that an interpreter would be accessed if required.

We saw evidence of a system used to manage all incoming patient information efficiently. Letters received through the mail were date stamped on the day of receipt, before being passed to the relevant doctor to action.

Patient records were held securely in areas which were only accessible to staff.

Recommendation

Review the need for a hearing loop within the practice.

Improvement needed

The practice should review the specific language needs of their patient population, ensuring that the practice leaflet and other patient information can be made readily available in the Welsh language in accordance with need

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)

There were a variety of patient information leaflets available in the reception and other patient areas of the practice. These were available in English only. Patients noted that the receptionist staff were very helpful with patients stating "they go the extra mile to help".

The sample of patient records we saw at 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. Read codes were used by staff at the practice. Read codes are the standard clinical terminology system used in General Practice in the United Kingdom. The system supports detailed clinical encoding of multiple patient phenomena including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms and observations; laboratory tests and results; diagnoses; diagnostic, therapeutic or surgical procedures performed; and a variety of administrative items (e.g. whether a screening recall has been sent and by what communication modality, or whether an item of service fee has been claimed). The system includes but goes significantly beyond the content of a diagnosis coding system.

We noted that patient consent was recorded on clinical records where required.

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)*

We discussed the appointment system available to patients and were told that this was an open access surgery. The practice offers a same-day appointment service where possible, commencing at 09:00hrs. Eighteen appointment slots are available. The practice also offers pre-booked appointments, emergency appointments and telephone consultations. There was no on-line booking system available. The CHC reviewers reported that some patients expressed dissatisfaction with the booking system. Some patients reported waiting weeks for an appointment and sometimes appointment slot times overran. However, overall the patients stated that the GP service was good, very good or excellent.

Whilst GPs did review their referrals i.e hospital referrals, second opinion, there was no formal referral policy in place and no practice wide audit of referrals was undertaken. A half yearly audit of the practice's hospital referrals should be implemented, with a discussion of the outcomes.

Timely care is supported by the presence of a practice nurse and healthcare assistant who work each day; patients see them to have blood taken, wounds dressed, and when attending various clinics.

Improvement needed

Practice management should monitor the effectiveness of the appointment system including the appropriateness of patient appointment time slots.

Improvement needed

Implement a six monthly review of the practice's hospital referral rate with outcomes noted.

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)

There is a commitment on a multi-professional basis to engage equally with all individuals and families.

Quality of management and leadership

We found evidence of leadership from the GPs and the practice manager. However, we noted that some meetings needed to be formalised and a number of systems required auditing and outcomes documented.

The practice manager leads a good team of staff and demonstrated good leadership for the non-clinical staff. The staff members appeared a happy and cohesive team. The team were well established and confident about their roles and responsibilities. This was reflected in the atmosphere of the practice.

Governance, leadership and accountability

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.

There was strong leadership from the practice manager and the GPs at the practice. This was evident through the confidence with which staff carried out their work. Staff also spoke highly about the GPs and practice manager and told us that it was a supportive, happy place to work. There were various tiers of accountability in place and staff members knew who to go to for help and advice. There were three monthly staff meetings and these were recorded.

The practice is part of a cluster group and cluster meetings are held on a monthly basis. The practice also has an established “buddy” relationship with the Horeb Surgery practice.

There were a number of audits across different areas of the practice. However, as we noted earlier, clinical processes such as patient documentation should be audited regularly. This will help to identify problems early and also provide an opportunity to review standards and make improvements where needed. We noted that some policy folders required updating of policy versions and date numbers on the central index sheet. Environmental audits were carried out on a regularly basis. Risk assessments were in place.

Improvement needed

Extend current processes for audit and embed within the clinical process.

Recommendation

Update policy folders with version numbers and review dates.

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))

The practice is not a training practice. The records we saw confirmed that staff appraisals had been commenced and that there is a commitment to staff development.

5. 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 St David's Surgery 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.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in 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: Health and Care Standards



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

- Information held to date by 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.

Appendix A

General Medical Practice: **Improvement Plan**

Practice: **St David's Surgery**

Date of Inspection: **23 February 2016**

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
9	The practice ensures that it has confirmation that the required immunisation history of all relevant staff is available.	2.4			
9	The practice should undertake regular prescribing audits to assist in promoting a safe and effective prescribing system.	2.6			

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
10	The practice needs to forward copy of its Protection of Vulnerable Adults policy and arrange and confirm that training has been delivered to all staff.	2.7			
Delivery of safe and effective care					
11	The clinical staff should record daily practice update meetings. The clinical staff should extend the current system for formal peer review to include record management.	2.1			
11	The practice should review the specific language needs of their patient population, ensuring that the practice leaflet and other patient information can be made readily	3.2			

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	available in the Welsh language in accordance with need				
11	The clinical staff should record daily practice update meeting. The clinical staff should extend the current system for formal peer review to include record management.	3.1			
12	Practice management should monitor the effectiveness of the appointment system including the appropriateness of patient appointment time slots	5.1			
13	Implement a six monthly review of the practice's hospital referral rate with outcomes noted.	5.1			
Quality of management and leadership					
14	Extend current processes for audit and embed within the clinical				

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	process.				

Practice representative:

Name (print):

Title:

Date:

Report from Cwm Taf Community Health Council

HIW – CHC Joint GP Inspection



Visit Summary

Practice:	St David's Surgery, St David's Street, Ton Pentre
Date / Time:	23/02/2016
CHC Team:	Cwm Taf Community Health Council Peter Young (lead member) Mary Morris (member)
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

The CHC visiting were able to speak to, and undertake a patient survey with, 20 patients during this joint visit.

There were 34 patients booked in for the morning surgery. 2 doctors were dealing with the appointments. Most patients surveyed had been registered with the practice for over 10 years.

Matters of Concern

Some patients stated appointments were a bit 'hit and miss,' some waiting weeks for an appointment but on the whole patients seen within

48 hours. Sometimes appointments were late, with patients waiting over 20 minutes to see a doctor. Today we observed that after 2 hours of appointments, the appointment timings had fallen 20 minutes behind. One patient said that only 10 minutes was allowed per consultation; from what we observed most consultations were longer thus putting the appointments back.

Matters To Be Commended

Receptionist Staff are very helpful with patients stating they go the extra mile to help.

Eighteen patients said that the GP Practice was either good, very good or excellent.

Environment - External

Matters of Concern

Car parking is limited, small number of spaces for patients. There does not appear to be any outside lighting from the car park into the entrance area of the surgery which could be an issue during the dark evenings.

Matter to be Commended

Wheelchair access from the car park into and around the surgery is reasonable with no significant change of floor level.

Environment - Internal

Matters of Concern

There are no areas of concern inside the surgery.

Matters to be Commended

The waiting area is clean and tidy with plenty of seating available. Books

and toys are available for children to use in the waiting area.

Communication & Information on Display

Matters of Concern

No hearing loop available within the Surgery.

Matters to be Commended

Notices relating to Health and safety and complaints procedures are situated above the Reception hatch. There is a lot of information available on the notice boards covering all of the services that are available at the surgery.

Peter Young (lead)

Mary Morris

CHC Members