

**General Practice  
Inspection (Announced)**  
St Thomas Surgery;  
Abertawe Bro Morgannwg  
University Health Board

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2017

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## Contents

1.	Introduction .....	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings .....	5
	Quality of patient experience .....	5
	Delivery of safe and effective care .....	11
	Quality of management and leadership.....	15
5.	Next steps .....	17
6.	Methodology.....	18
	Appendix A .....	20
	Appendix B .....	23

## 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 to St Thomas Surgery at Ysgol Street, St. Thomas, Swansea, SA1 8LH on 31 January 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Abertawe Bro Morgannwg Community Health Council.

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 Thomas Surgery currently provides services to approximately 8,950 patients in the St Thomas and Port Tennant areas. The practice forms part of GP services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice employs a staff team, which includes six GPs, a practice nurse, a practice manager and a team of administration and receptionist staff. There is also a health visitor, a community psychiatric nurse and district nurses attached to the practice.

The practice provides a range of services (as cited in the practice information booklet), including:

- Primary care clinics (e.g. asthma and COPD, coronary heart disease, diabetes)
- Travel advice and holiday vaccinations
- Weight control and dietary advice
- Primary care mental health service and advice
- Enhanced services (e.g. Joint injections and cryotherapy)
- Expert GP clinic (cardiology clinic)

### 3. Summary

We found evidence that St Thomas Surgery provided safe and effective care to patients.

This is what we found the practice did well:

- Patients told the CHC that they were happy with the service provided
- We found staff to be polite and courteous to patients
- Effective cluster working was described
- We saw a good standard of record keeping by GPs and nurses.

This is what we recommend the practice could improve:

- Conduct regular patient surveys
- Make the practice information booklet routinely available in Welsh
- Make arrangements to show that staff have read and understood relevant policies/procedures
- Support staff to attend equality and diversity training.

## 4. Findings

### *Quality of patient experience*

**Overall, patients told us that they were happy with the service provided by St Thomas Surgery. We found that staff were courteous and treated patients with kindness and respect.**

**The practice team made efforts to provide information to patients in different languages.**

**We have recommended that the practice make arrangements to conduct regular patient surveys as part of its quality improvement activity.**

Two members of the Abertawe Bro Morgannwg Community Health Council (CHC)<sup>1</sup> were present at the surgery on the day of our inspection. Their role was to seek patients' views with regard to services provided by St Thomas Surgery through the distribution of questionnaires and via face to face conversations with patients and/or their carers.

Patients were positive about the care and treatment they had received from the practice. The CHC have produced a report which provides a summary of the information gathered. That report can be found at [Appendix B](#).

### **Staying healthy**

Standard 1.1 Health promotion, protection and improvement

*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.*

Information was available to patients via a variety of means to help them take responsibility for their own health and well being. Carers were also identified and able to access support.

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<sup>1</sup> Abertawe Bro Morgannwg Community Health Council is a statutory organisation and monitors the quality of the NHS services provided within the Abertawe Bro Morgannwg area.

<http://www.wales.nhs.uk/sitesplus/902/home/>

Health promotion material was available within the waiting areas of the practice together with information on local and national support groups. Senior staff also told us that patients were provided with verbal and written information about their conditions at consultations with GPs.

Information for carers was prominently displayed in the waiting room. This included details of a local support group, which carers could contact for advice and support in respect of their day to day responsibilities. The practice had a register of carers and we were told that a staff member had been identified as a Carer's Champion. This meant that there was a system in place to identify carers and that there was a designated person who carers could access for advice.

### **Dignified care**

#### Standard 4.1 Dignified care

*People's experience of healthcare 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.*

People visiting the practice were treated with kindness and arrangements were in place to protect patients' privacy.

We observed staff greeting patients in a friendly manner and treating them with dignity and respect.

The reception area was adjacent to the main waiting area. Seats were placed away from the reception desk which provided a degree of privacy for patients when speaking to reception staff. Staff also told us that a separate room could be used should patients wish to speak to reception/practice staff privately. We saw that reception staff were mindful of the need to keep information private when speaking to patients over the phone.

We saw doors to consulting and treatment rooms were closed at all times when practice staff were seeing patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity.

The practice had a written policy on the use of chaperones. This aimed to protect patients and clinical staff when intimate examinations of patients were performed. Information advising patients of the availability of a chaperone was clearly displayed within the waiting room.

Standard 4.2 Patient information

*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 make an informed decision about the care as an equal partner.*

Standard 3.2 Communicating effectively

*In communicating with people health services proactively meet individual language and communication needs.*

The practice gave consideration to the communication needs of patients.

Copies of the practice information booklet were available and we were told that this could be provided in large print on request. The practice leaflet was not available in Welsh. Given that the practice operates in Wales, arrangements should be made to make the booklet routinely available in both Welsh and English.

***Improvement needed***

***The practice should make arrangements to make the practice booklet readily available in both Welsh and English.***

A hearing loop was available but this was not working on the day of our inspection. Senior staff provided an assurance that this would be repaired.

Information for patients and their carers was displayed on notice boards within the practice waiting room. These provided information about the services offered by the practice and the availability of both local and national support groups. Some of the information was routinely available in Welsh and English.

Two of the doctors were Welsh speakers. This enabled the practice to offer patients the opportunity to communicate in Welsh if they expressed a wish to do so. Senior staff explained that interpreting services could be used when needed and that a longer appointment time was allocated to allow additional time for patients who needed to use a translator.

The practice had a website that provided useful information for patients. Whilst the information on the website was generally up to date, the practice should consider developing the website further. We discussed providing further information, such as the practice's concerns (complaints) form and registration form for new patients. Senior practice staff told us that arrangements were being made to develop the website.

We found that arrangements for obtaining patient consent were in place. We informed senior staff that these needed also to be consistent with the Montgomery judgement (2015).<sup>2</sup>

### ***Improvement needed***

***The practice is required to inform HIW of the action taken to ensure that its arrangements for obtaining consent are consistent with the Montgomery judgement.***

The practice had systems in place for the management of external and internal communications/information between members of the team. Arrangements were in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner.

### **Timely care**

Standard 5.1 Timely access

*All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.*

We found the practice offered appointments on the day and could also be booked in advance.

We considered the type of appointments that had been arranged on the day of the inspection. We found that there were a number of appointments that had been made on the day and some that had been booked in advance. Patients could be seen at either the main surgery (St Thomas Surgery) or the branch surgery (West Cross Medical Centre), which is approximately six miles away. We were told that the GPs worked at both surgeries on a rotation basis and that appointments with the nurse were also provided at both sites. This meant that patients had a choice of where they could be seen depending on their circumstances. The practice offered home visits and the arrangements for these were described in the practice information booklet. A paramedic was available to complete home visits so that patients did not necessarily have to wait for a doctor.

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<sup>2</sup> Montgomery v Lanarkshire Health Board - [https://www.supremecourt.uk/decided-cases/docs/UKSC\\_2013\\_0136\\_Judgment.pdf](https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0136_Judgment.pdf)

Overall, comments made by patients to CHC members were positive regarding their experiences of the appointment system. A small number of patients told the CHC they had experienced difficulties in contacting the practice by phone. Most patients confirmed, however, that they were able to see a doctor within 24 hours.

A number of clinics were available to patients with long term health conditions. These were organised and run by nurses who could monitor and offer advice to patients on the management of such conditions. This meant that, where appropriate, patients did not have to wait to be seen by a doctor.

We found that referrals to other healthcare professionals were managed appropriately.

#### Standard 6.2 Peoples rights

*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.*

The practice building was accessible to patients who had difficulties with their mobility.

There was level access to the main entrance of the building. This enabled patients with mobility difficulties (and those patients who use wheelchairs) to enter the premises safely. The practice should consider installing an automatic door to the main entrance of the building to further help patients in this regard.

Senior staff explained that patients' notes could include a flag to identify patients with particular mobility or communication needs. Staff confirmed this system was being used.

Seating within the waiting room was all of the same height. The practice should, therefore, explore whether providing seating of varying heights would be beneficial to patients using the practice.

#### Standard 6.3 Listening and learning from feedback

*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.*

We saw that a suggestion box was available in the waiting room. This provided an opportunity for patients to provide feedback about their experiences of using the practice. The last patient survey was conducted in 2008/09. The practice should therefore conduct a further survey and repeat this at regular intervals to obtain feedback from patients. This is with a view to assessing the services provided and to make improvements as appropriate.

***Improvement needed***

***The practice should conduct a patient survey during 2017 and make arrangements to repeat surveys at regular intervals as part of the practice's quality improvement activity.***

Senior staff explained that the GP cluster<sup>3</sup> group had plans to establish a Patient Participation Group. This would provide a forum through which patients could provide feedback on the service provided by the General Practices in the same locality.

The practice had a procedure in place for patients and their carers to raise concerns (complaints). Leaflets were readily available in the waiting room explaining the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales, also known as *Putting Things Right*<sup>4</sup>. Information on how patients could raise concerns was also included in the practice information booklet and on the website.

We saw that records had been maintained of complaints received by the practice. The records demonstrated that practice staff had dealt with the complaints in a timely manner.

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<sup>3</sup> 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.

<sup>4</sup> Putting Things Right are the arrangements for dealing with concerns (complaints) about NHS care in Wales.

## *Delivery of safe and effective care*

**We found that the practice had arrangements to provide patients with safe and effective care.**

**We identified that safeguarding policies needed revising so that they referred to organisations in Wales rather than England.**

### **Safe care**

Standard 2.1 Managing risk and promoting health and safety

*People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.*

We found arrangements were in place to protect the safety of patients and staff working at the practice.

During a tour of the practice building, we saw that all areas occupied by patients and staff appeared clean, were tidy and uncluttered. This would help to reduce the risk of trips and falls. The practice building appeared to be maintained to a satisfactory standard both internally and externally. Security measures were in place to prevent unauthorised access within the building.

We looked at a sample of written policies relevant to the safety of patients. These were up to date and could be easily accessed by staff.

Senior staff told us that arrangements had been made via the GP cluster for an external service to provide advice on health and safety matters. This service would cover all the practices within the cluster group. Senior staff felt that this would be beneficial in terms of saving time and ensuring expert advice was available.

### ***Improvement needed***

***The practice is required to provide HIW with an update on progress in completing relevant risk assessments.***

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

*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.*

Measures were in place to protect people from preventable healthcare associated infections.

The clinical treatment areas we saw appeared visibly clean. Hand washing and drying facilities were provided in clinical areas and toilet facilities. We also saw that waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly.

Staff had access to policies and procedures on infection control. We saw that personal protective equipment such as gloves and disposable aprons were available to staff to reduce cross infection.

Discussion with senior nursing staff confirmed that all instruments used during the course of procedures were purchased as sterile, single use packs. This avoided the need for the use of sterilisation/decontamination equipment and helped to reduce cross infection.

We saw that a central register had been maintained, which demonstrated staff had received their Hepatitis B vaccinations. We were told that this register would not include locum doctors. We therefore recommended that the vaccination status of any locum doctors who work at the practice also be included as appropriate.

#### Standard 2.6 Medicines management

*People receive medication for the correct reason, the right medication at the right dose and at the right time.*

We found systems were in place for safe management of medicines.

Arrangements were described for the safe prescribing and review of medicines. The practice used an agreed formulary and we were told this was updated regularly to take account of local and national guidance. The practice had access to the health board's prescribing adviser who could provide advice and help on medication prescribing matters.

We were told that the practice used the Yellow Card Scheme<sup>5</sup> to report concerns about adverse reactions to medication. This helped to monitor the

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<sup>5</sup> [The Yellow Card Scheme](#) helps monitor the safety of all healthcare products in the UK to ensure they are acceptably safe for patients and those that use them.

safety and use of prescribed medicines. The practice also had a system for reviewing significant patient safety events, which included medication related incidents.

We saw that prescribing audits had been conducted. These audits helped identify whether medication had been prescribed appropriately, for example antibiotics, and indicated where improvements should be made, if required.

There were a number of ways for patients to order repeat prescriptions and these were described in the practice information leaflet.

The practice had drugs and equipment to respond to a patient emergency (collapse) within the practice. This appeared comprehensive and the practice had checked that this was in accordance with guidelines issued by the Resuscitation Council (UK)<sup>6</sup>. Systems were in place to regularly check equipment and replace drugs that had expired.

Standard 2.7 Safeguarding children and adults at risk

*Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.*

The practice had written policies to guide staff on the procedures to follow in relation to safeguarding children and safeguarding adults at risk. These incorrectly referred to *Primary Care Organisation, Clinical Commissioning Group (CCG)* and the *Care Quality Commission (CQC)*. Whilst, these are relevant to NHS England, they do not exist in Wales. References to these organisations, therefore, need to be changed to reflect the arrangements in Wales. In addition the relevant contact details of local safeguarding teams should be included for easy reference.

***Improvement needed***

***The practice is required to update its safeguarding policies to reflect the correct organisations that exist in Wales.***

We looked at a sample of training records and saw that staff had completed safeguarding training.

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<sup>6</sup> Resuscitation Council (UK), quality standards for cardiopulmonary resuscitation practice and training - <https://www.resus.org.uk/quality-standards/introduction-and-overview/>

## **Effective care**

Standard 3.1 Safe and clinically 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.*

The practice had arrangements in place to report and learn from patient safety incidents and significant events.

Senior staff explained that these were reviewed at regular meetings and learning shared with practice staff via practice meetings.

Senior staff confirmed that the GPs had access to and used the *GP One website*. This website aims to provide GPs with a range of up to date resources relevant to General Practice in Wales.

## **Record keeping**

Standard 3.5: Record keeping

*Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.*

We looked at a sample of electronic patient records. This sample included notes that had been made by the GPs and nurses and included those made following face to face consultations, telephone consultations and home visits.

We saw a good standard of record keeping and it was possible to determine the outcome of the patient consultations. This meant that healthcare professionals seeing patients would be able to identify what had happened at previous consultations to ensure care was followed up as necessary.

Senior staff told us that regular record keeping audits were not done. The practice should make arrangements to regularly audit records as part of its quality improvement activity. These would help identify any issues and show where improvements should be made, if required.

### ***Improvement needed***

***The practice should implement a system of regular audit of patients' records as part of its quality improvement activity.***

## ***Quality of management and leadership***

**A management structure was in place with agreed lines of accountability and reporting. Good team working was described and demonstrated.**

**Staff were able to describe their individual roles and responsibilities and told us they had opportunities to attend training to help them do their jobs.**

### **Governance, leadership and accountability**

Health and Care Standards, Part 2 - 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.*

A management structure with agreed lines of accountability and communication was in place. We found effective leadership, and good team working was described and demonstrated.

Senior staff described that the practice provided the lead GP for the cluster and had good engagement with the other practices within the same cluster. The practice had an up to date practice development plan. This identified aims and objectives, together with actions and timescales for completion.

Senior staff confirmed that practice policies were available on the practice's intranet system and that all staff had access to this. Whilst the practice policies were readily available to staff, there was no system in place to demonstrate that staff had read and understood policies and procedures relevant to their work.

### ***Improvement needed***

***The practice should make arrangements to demonstrate that staff have read and understood practice policies relevant to their work.***

### **Staff and resources**

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

Staff demonstrated that they had the right skills and knowledge to fulfil their identified roles within the practice.

Staff working within the practice were able to describe their particular roles and responsibilities, which contributed to the overall operation of the service. All staff we spoke with confirmed they felt supported by senior staff and had opportunities to attend training to do their jobs. Not all staff had attended equality and diversity training and the practice should make arrangements to support staff to complete this.

***Improvement needed***

***The practice should make arrangements to support staff to attend equality and diversity training.***

Senior staff described the process for recruiting staff. We were told that, where possible, administrative staff were recruited via a vocational training scheme that operated locally. This meant that staff had received relevant training and practical experience prior to being employed by the practice.

We saw that pre-employment checks were conducted that included a Disclosure and Barring Service (DBS) check and references.

A system of staff appraisal was described. This allowed for feedback to be provided to staff on their work performance and agree their development and training needs. We saw appraisal records that demonstrated this process. Staff we spoke with also confirmed they had an annual appraisal of their work.

Conversations with individual staff confirmed that they felt able to raise any work-related concerns with senior staff and were confident these would be dealt with appropriately.

## 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 Thomas 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, measureable, 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 Thomas Surgery, Swansea

**Date of Inspection:** 31 January 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
<b>Quality of the patient experience</b>					
7	The practice should make arrangements to make the practice booklet readily available in both Welsh and English.	4.2	A copy of our practice booklet has been sent away for translation into Welsh	Sandra Kiley	1 month
8	The practice is required to inform HIW of the action taken to ensure that its arrangements for obtaining consent are consistent with the Montgomery judgement.	4.1	We have updated our consent policy	Sandra Kiley	2 months
10	The practice should conduct a patient survey during 2017 and make arrangements to repeat surveys at regular intervals as part	6.3	We will arrange an annual survey	Sandra Kiley	6 months

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	of the practice's quality improvement activity.				
<b>Delivery of safe and effective care</b>					
11	The practice is required to provide HIW with an update on progress in completing relevant risk assessments.	2.1	Risk assessments are being done in conjunction with guidance from our [named] Health and Safety officer	Sandra Kiley	3 months
13	The practice is required to update its safeguarding policies to reflect the correct organisations that exist in Wales.	2.7	Safeguarding polices have been updated to correct organisations in Wales.	SK	
14	The practice should implement a system of regular audit of patients' records as part of its quality improvement activity.	3.5	- Discussed at practice meeting - Aim for annual audit	Dr Lisa Adams	6 months
<b>Quality of management and leadership</b>					
15	The practice should make arrangements to demonstrate that staff have read and understood practice policies relevant to their work.	Governance, Leadership and Accountability	All staff will sign a statement to demonstrate they have read and understood policies relevant to their work	Sandra Kiley	1 month

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
16	The practice should make arrangements to support staff to attend equality and diversity training.	7.1	Staff will complete NHS online training on equality and diversity in April 2017	Sandra Kiley	1 month

**Practice representative:**

**Name (print):** Sandra Kiley

**Title:** Practice Manager

**Date:** 17<sup>th</sup> March 2017