

**General Practice  
Inspection (Announced)**  
Park Lane Surgery;  
Cwm Taf University  
Health Board

Inspection Date: 14 March 2017

Publication Date: 15 June 2017

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

## 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.....	17
5.	Next steps .....	19
6.	Methodology.....	20
	Appendix A .....	22
	Appendix B .....	25

## 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 Park Lane Surgery at Park Lane, Tonyrefail, Porth CF39 8AG on 14 March 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Cwm Taf Community Health Council.

HIW explored how Park Lane Surgery 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

Park Lane Surgery currently provides services to approximately 9,000 patients in the Tonyrefail area. The practice forms part of GP services provided within the area served by Cwm Taf University Health Board.

The practice employs a staff team which includes two GP partners and three salaried GPs; a practice manager, assistant practice manager, a medical secretary; two full time practice nurses, one full time and one part time health care assistant, two full time and five part time receptionists.

The practice provides a range of services, including:

- GP and practice nurse appointments
- Child Health and Immunisation
- Antenatal Clinic
- Baby Clinic
- Diabetes Clinic
- Epilepsy Clinic
- Mental Health Clinic
- Physiotherapy
- Substance Misuse Clinic
- Anticoagulation Clinic
- Coronary Heart Disease
- Elderly Health Clinic
- Hypertension Clinic
- Minor Surgery
- Respiratory Clinic
- Well Woman Clinic

We were accompanied by two local members of the Cwm Taf Community Health Council (CHC) at this inspection.

### 3. Summary

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

Overall, we found evidence that Park Lane Surgery provided high quality and safe services to patients in accordance with the Health and Care Standards.

We found that the practice was well run, managed and led by the practice manager and GP partners. We also found that all members of the team were provided with the opportunity for on-going training. We also found that all members of the team were provided with the opportunity to contribute towards practice plans and that they treated each other, and their patients, with respect and kindness.

This is what we found the practice did well:

- Involvement of an established Patient Participation Group and a Carer's Champion
- The content of patient records was of a very good standard.
- Staff we spoke with were happy in their roles and felt well supported in their day to day work.
- Good leadership and open discussions between all disciplines at the practice.

This is what we recommend the practice could improve:

- Ensuring information for patients complies with Welsh Language Standards for Healthcare.
- Reception facilities for patients who have mobility difficulties or difficulty hearing.
- Employment and recruitment processes and checks.

## 4. Findings

### *Quality of patient experience*

Staff made every effort to get to know patients and their family/carers and we found people were treated with dignity and respect by the team. It was positive that the practice has an established Patient Participation Group and a Carer's Champion.

The practice provided a good range of patient information. However, the practice must make sure that relevant information is available in Welsh in line with Welsh Language Standards (Health Sector) Regulations 2016 (consultation document).

Two members of the local Cwm Taf Community Health Council (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 Park Lane Surgery through the distribution of questionnaires and via face to face conversations with patients and carers.

The CHC have produced a report which provides an analysis of the information they have 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.*

We reviewed the content of electronic patient records from all clinicians who regularly worked at the practice, a total of 36 records. Four sets of records from each of the five doctors, two nurses and two health care assistants, records of six home visits were also examined. We found that the standard of recordkeeping from all members was excellent.

We found that clinical staff had provided patients with sufficient information about their health condition, investigations needed and options for managing their health and wellbeing.

We saw a variety of health promotion/lifestyle information on display in the patient waiting area and individual consultation rooms, for patients to take away with them for future reference.

The practice leaflet was readily available to people, together with information about support services and organisations. The waiting area had a television display providing relevant health promotion information for patients. All such information was found to be relevant and current. However, the practice leaflet was only available in English. The practice confirmed that they would ensure that the leaflet would be translated and available in Welsh in line with Welsh Language Standards for Healthcare.

The practice's website provided information about the practice and the service available; however some of the information was out-dated. We recommend that the practice develops their website further to engage with individuals who prefer electronic resources. The website should be developed to provide information on the range of services available at the practice and also provide easy access to the practice's complaints procedure. It could also provide health promotion information, advice on management of minor illness, signposting to other community practitioners such as pharmacists and optometrists and also provide links to the other community resources, some of whom the practice have good relationships with.

There was very limited information other than in English readily available for patients. Again the development of the website could assist in providing this information in the patient's preferred language directly or for staff to access on a patient's behalf.

New patients to the practice are asked during their initial consultation if they are a carer and this is read coded to the patient's record. There was also a carer's form available at reception that patients could complete.

The practice worked positively with carers. We were able to confirm that the practice had a nominated 'Carer's Champion' who was available to assist patient's carers. Information about the Carer's Champion was displayed on the Carer's Board in the reception area. The Carer's Champion had attended courses with the health board. Information could be included on the practice's website to further promote this service.



The practice had very good links with third sector and voluntary organisations. This helped the practice signpost patients to relevant services with some organisations regularly present at the practice.

We found that the practice partners and management staff adopted a positive approach to the work and development of the GP cluster<sup>1</sup> in the area, as a means of improving services and support to patients in the future. The cluster also provided the practice with regular pharmacy and physiotherapy input.

### **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.*

Overall we found that people were treated with dignity and respect by staff. We observed staff greeting patients, both in person and by telephone, in a polite, friendly and welcoming manner and treating them with dignity and respect.

We considered the physical environment and found that patient confidentiality and privacy had been considered. All the telephone calls received by the surgery were taken in a private room away from the reception area; this meant that calls would be taken confidentially.

The reception area was separated from the waiting area by a built up desk and there were screens fitted to the desk which provided suitable confidentiality during discussions with patients.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. This meant that staff were taking appropriate steps to maintain patients' privacy and dignity during consultations.

The practice had an up-to-date policy on chaperones. Posters in the reception and clinical areas displayed the availability of a chaperone if patients wished. Patient records also evidenced when chaperones had been declined by the

---

<sup>1</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.

patient. The practice confirmed that they would look in to chaperone training for non-clinical staff so they could also undertake this role.

We reviewed some patient notes and there were many examples of consent being documented where appropriate.

### **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 access to care services to be good. Patients were able to book appointments by telephone. However, patients were not able to book appointments on line using [My Health Online](#)<sup>2</sup>. Discussions with the practice manager and lead GP indicated that this was a service that they have considered introducing. This could assist to ease pressure on telephone booking lines.

Patients were able to book appointments on the day or in advance. Patients could state if they had a preference for which GP they wished to be seen by. Where possible staff would attempt to accommodate the request, however if unavailable an appointment would be made with another GP at the practice.

Most referrals made by the practice were electronic and all doctors had immediate access to all the referral forms and local referral policies. The practice had a 'Locum Pack' that explained the referral processes and this is to be commended.

The doctors at the practice use their own clinical judgement when making referrals. During 2016 the practice had a period of several months when there was a high usage of locum doctors and this inevitably impacted on the referral patterns. This situation has now been resolved.

---

<sup>2</sup> <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

## **Individual care**

Standard 6.1 Planning care to promote independence

*Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.*

Access to the building was generally good; the entrance was at the same level as the car-park.

The surgery did not have automatic doors; however if someone required assistance with opening the doors staff were able to help from the reception. We suggest the practice consider automatic or power-assisted doors for ease of access for all.

### ***Improvement needed***

**The practice should consider automatic or power-assisted doors for ease of access.**

All patient areas were on one level and easily accessible throughout. Toilets, including disabled toilets, and baby changing facilities were located near the reception area. There was no hearing-loop available at the practice which could impact upon any patients who are hard of hear hearing.

### ***Improvement needed***

**The practice must provide suitable facilities to assist patients that are hard of hear hearing.**

There were no electronic check-in facilities available at the practice, all patients had to report to the reception staff. The practice is considering electronic check-in facility which could reduce queuing at the reception desk and assist in providing information to patients, including in Welsh and other languages.

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 liaises with district nurses and keeps a record of housebound patients; this is updated monthly. The practice provided home visits for patients who are unable to attend the practice.

The practice does not routinely contact 'hard to reach' patients such as housebound patients or carers, but is considering providing information via the district nurse and/or pharmacy services. The practice is also considering utilising the cluster pharmacist for medication reviews of housebound patients which would also allow for the pharmacist to report back any other health issues.

Staff stated it was rare that patients required a language other than English, however if patients did present as non-English speaking, then staff had access to a telephone translation service. This would also be used for Welsh speaking patients because no staff at the practice could provide a Welsh service.

Throughout the practice there was limited Welsh information and signage. We were informed that the practice has had very limited requests from patients to engage in the service through the medium of Welsh. However, the practice must ensure that it is compliant with Welsh Language Standards (Health Sector) Regulations 2016 (consultation document).

### ***Improvement needed***

**The practice must ensure that patient information and signage is compliant with Welsh Language Standards (Health Sector) Regulations 2016 (consultation document).**

#### 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.*

It was positive to note that the practice had an active Patient Participation Group (PPG) with established terms of reference. We met with two of the members during the inspection and it was positive to hear the initiatives that were underway to engage with a large group of patients. This included improving information on the practice's website and engaging with people via social media.

There was a PPG notice board within the foyer just before patients entered or left the reception area. The PPG had previously undertaken patient feedback questionnaires with the results being fed back to the practice. Results of questionnaires and minutes of PPG meetings are displayed on the notice board.

There was also a comments/feedback box within the foyer area for patients to leave their opinions on the practice.

The practice adhered to the NHS Putting Things Right<sup>3</sup> process on receipt of written complaints. The practice manager kept all written complaints and from the sample of complaints we viewed it was evident that the practice was dealing with written and verbal complaints in a timely manner.

There was no record of verbal complaints received by the practice, the practice must keep a record of these and how they have been dealt with.

***Improvement needed***

**The practice must keep a record of verbal complaints and how they have been dealt with.**

Neither the patient leaflet nor the website made reference to the Putting Things Right process, these need to be updated. It was also noted that responses to complaints did not always advise patients of the Putting Things Right process, this needs to be included.

***Improvement needed***

**The practice must advise patients of the Putting Things Right process as and when required.**

The practice had a whistleblowing policy in place.

---

<sup>3</sup> Putting Things Right refers to the current arrangements in Wales for raising concerns about NHS treatment.

## *Delivery of safe and effective care*

**We found that the staff team at the practice placed considerable emphasis on ensuring the provision of high quality and safe services to patients in accordance with the Health and Care Standards 2016.**

**Services were planned and delivered to take account of the needs of different patient groups and to help provide flexibility, choice and continuity of care. The practice provided urgent patient appointments which were available on the same day.**

### **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.*

During a tour of the practice building, we found all areas where patients can access to be clean and uncluttered which reduced the risk of trips and falls. The practice building was suitably maintained both externally and internally.

We found that safety checks i.e. electrical equipment and fire safety were being undertaken on a regular basis and records maintained.

The practice had a range of up-to-date policies in place, staff members were advised when policies were updated and were required to review the revised versions. Copies of all policies were available on the computer practice's system. However, not all hard copies were the most up-to-date and not all staff had access to where the up-to-date policies were stored on the practice's computer system.

### ***Improvement needed***

**The practice must ensure that staff have direct access to the most up-to-date policy.**

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.*

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. There was also a hand gel dispenser available in the reception area.

The staff files reviewed contained a record of staff being offered Hepatitis B vaccinations. This meant that there was an appropriate system in place to ensure that staff and patients were protected from this blood borne virus.

Standard 2.6 Medicines management

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

On review of patient records we were satisfied that the practice was compliant with legislation, regulatory and professional guidance.

There was a robust process in place for repeat prescriptions. If a repeat prescription was requested beyond the number of repeat issues then this was required to be authorised by one of the doctors at the practice.

The practice worked with the cluster pharmacist to undertake patient medication reviews or poly-pharmacy reviews.

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 up-to-date Child Protection and Protection of Vulnerable Adults (PoVA) policies available to staff. All Wales child protection procedures were available to staff online.

One GP partner is the Safeguarding lead and the other GP partner is the Protection of Vulnerable Adults (PoVA) lead. The practice computer system is updated to 'flag' patients including children and families that are on the Protection Register, which is identifiable to staff accessing the patient's record. This was also the case with vulnerable adults.

Staff had undertaken appropriate Child Protection training. However, in line with guidance by the Royal College of Paediatrics and Child Health<sup>4</sup>, the practice should ensure all GPs have undertaken level 3 training and consider following current best practice of offering level 3 training to their nurses. The practice should consider training non-clinical staff to level 1.

The practice holds and minutes meetings with the health visitors on a regular basis to discuss any vulnerable / at risk children.

Staff at the practice did not wear identification (ID) badges as recommended by HIW's review of child protection procedures in Wales October 2009.

***Improvement needed***

***The practice must ensure that members of staff wear ID badges.***

**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.*

Doctors kept up-to-date with clinical guidelines as part of their professional Personal Development Plan (PDP).

All communication which was received by the practice manager was disseminated to the appropriate members of staff, including in hard copy as preferred by the doctors. The practice doctors would meet at the end of surgery to discuss and deal with issues. All reviews and actions were appropriately detailed on the practice computer system.

We were informed that the cluster group working enables the doctors to meet face-to-face with doctors from neighbouring practices for discussions of relevant clinical matters as well as purely for cluster work.

---

<sup>4</sup> [Safeguarding children and young people; roles and competencies for health care staff.](#)  
[INTERCOLLEGIATE DOCUMENT](#)



We spoke with members of the practice team on the day of our inspection and were able to confirm that staff were encouraged to raise any concerns they may have about patients' and/or their own safety.

More specifically, staff confirmed that there were daily opportunities to address and discuss any patient service issues with the practice manager and/or one of the GPs.

### **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.*

All current patient records were electronic which required a password controlled login. All historic paper records were securely stored away in non-patient areas of the practice.

We found that the standard of recordkeeping from all members was excellent. The consultations were described in appropriate detail with good use of read coding<sup>5</sup>, including for observations e.g. blood pressure which was separately read coded thereby making searches accurate and comparisons with previous consultations easier.

All entries were contemporaneously written, including home visits which were written on the day of the visit. All entries had appropriate login initials to identify who had made the entry, except Health Care Assistants where the system defaulted to one of the doctor's initials. Through the system's audit it was evident who had made the entry, however this was not immediately obvious when the consultation was viewed on the computer screen.

### ***Improvement needed***

**The practice must review the system to ensure that the correct initials are identified when entries are made on to the computer system.**

---

<sup>5</sup> **Read codes** are the standard clinical terminology system used in General Practice in the United Kingdom. It supports detailed clinical encoding of patient information including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms etc

The practice had established systems for the management of external and internal communications. 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. The practice had robust 'Read-coding' process to ensure that information was correctly referenced.

Staff made good use of the flag up facilities on the computer software so that staff opening records were always made aware of relevant important information regarding the patient.

It was evident that there were regular meetings between the doctors working at the practice to review communication and take any learning from any communication received.

## *Quality of management and leadership*

**We found that the excellent leadership provided by the GP partners and the practice manager resulted in a positive working culture.**

**Staff were clear about their roles and day to day responsibilities and they also told us that they felt supported by all members of the practice team.**

**We found there was training in place to ensure staff had the skills and knowledge to undertake their relative roles. However, the practice is required to improve its employment and recruitment processes and checks.**

### **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.*

We found effective leadership and a stable, patient-centred staff team who were committed to providing the best services they could to their patients. Staff were positive about the working environment and felt ownership over the practice, taking responsibility over different areas. Staff told us they felt well respected and supported by their colleagues.

Staff were open and honest about the difficulties the practice experienced during the previous 12 months with lack of doctors and practice nurses. The practice had recruited to vacant positions which had provided stability to the clinical team.

The practice had a range of relevant written policies and procedures to guide staff in their day to day work. This included a whistleblowing policy; Staff told us they felt able to raise concerns with senior staff. However, as detailed above, the governance arrangement of policies requires improvement.

The practice had a small number of administrative staff who had defined roles and tasks. However, knowledge of others' tasks was evident and staff demonstrated the contingency in the administrative staffing resources to cover absences.

It was evident that individual disciplines had regular meetings with their peers. Staff confirmed that internal communication was open, respectful and positive. Staff confirmed that they could meet with the practice manager and GPs and

found them supportive and open to suggestions on changes to the workings of the practice. The practice manager met regularly with all administrative staff and as required to ensure that relevant information was cascaded to the administrative team.

### **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.*

All staff at the practice had a contract of employment. Staff files evidenced that recruitment was undertaken by an open and fair means. Staff files contained important recruitment information such as staff's applications (in the form of a CV, *curriculum vitae*), references and job descriptions. However, the practice did not provide candidates with the opportunity to complete equality and diversity questionnaires on application. We suggest that the practice provides this opportunity to future applicants.

#### ***Improvement needed***

**The practice must provide candidates with the opportunity to complete equality and diversity questionnaires on application.**

There was no evidence that the practice had undertaken Disclosure and Barring Service (DBS) checks on all clinical or administrative staff employed at the practice. The practice must complete appropriate level of DBS checks on all staff working at the practice.

#### ***Improvement needed***

**The practice must complete appropriate level of DBS checks on all staff working at the practice.**

We were informed that the practice checks that all clinical staff were registered with their associated professional body, however the practice did not keep a record of these checks. The practice must keep a record of professional body checks for all relevant persons employed at the practice, permanent or on a temporary basis.

#### ***Improvement needed***

**The practice must keep a record of professional body checks for all relevant persons employed at the practice, permanently or on a temporary basis.**

## 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 Park Lane 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: Park Lane Surgery**

**Date of Inspection: 14 March 2017**

<b>Page number</b>	<b>Improvement needed</b>	<b>Standard</b>	<b>Practice action</b>	<b>Responsible officer</b>	<b>Timescale</b>
<b>Quality of the patient experience</b>					
9	The practice should consider automatic or power-assisted doors for ease of access.	6.1	The practice will obtain quotations for this work. We will inquire about improvement grants with Cwm Taf UHB.	Jan Gooding	6 Months
9	The practice must provide suitable facilities to assist patients that are hard of hear hearing.	6.1	The Rhondda Cluster Group are arranging equipment to assist with access for people with a sensory loss, particularly installing portable loop systems. We are currently awaiting a roll-out date.	Jan Gooding	6 Months



Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
10	The practice must ensure that patient information and signage is compliant with Welsh Language Standards (Health Sector) Regulations 2016 (consultation document).	6.1	We have included Welsh Language posters in our waiting room. We will be updating our practice information leaflet to include the Welsh language. We are liaising with our website designer to include Welsh on our website.	Kim Haines	9 Months
11	The practice must keep a record of verbal complaints and how they have been dealt with.	6.3	We are now keeping a record of all non-written complaints and how they have been dealt with.	Jan Gooding	Complete
11	The practice must advise patients of the Putting Things Right process as and when required.	6.3	We will be directing patients to the 'Putting Things Right' process as part of our complaints procedure.	Jan Gooding	Complete
<b>Delivery of safe and effective care</b>					
12	The practice must ensure that staff have direct access to the most up-to-date policy.	2.1	All staff have been advised how to access all policies, including the most up-to-date ones.	Jan Gooding	Complete
14	The practice must ensure that members of staff wear ID badges.	2.7	The practice will source appropriate name badges for all staff and GPs	Kim Haines	3 Months
15	The practice must review the system to ensure that the correct initials are identified when entries are made on to the computer system.	3.5	The practice contacted our software supplier with instructions on how to add correct staffing initials.	Jan Gooding	Complete

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
<b>Quality of management and leadership</b>					
18	The practice must provide candidates with the opportunity to complete equality and diversity questionnaires on application.	7.1	The practice will liaise with our employment law specialists to obtain appropriate application forms.	Jan Gooding	3 Months
18	The practice must complete appropriate level of DBS checks on all staff working at the practice.	7.1	The practice will contact Cwm Taf UHB or NHSWSSP for advice on Umbrella Services for DBS checks.	Jan Gooding	6 Months
18	The practice must keep a record of professional body checks for all relevant persons employed at the practice, permanently or on a temporary basis.	7.1	The practice will keep a record of professional body registration for permanent clinical staff and will request proof of professional body membership for all temporary clinical staff.	Jan Gooding / Kin Haines	Complete

**Practice representative:**

**Name (print):** Dr Nerys Callen

**Title:** Senior Partner

**Date:** 15.05.2017

## Appendix B

### Community Health Council Report

#### *Report from Cwm Taf Community Health Council*



### **HIW – CHC Joint GP Inspection (CHC Report) Visit Summary**

Practice: Park Lane Surgery, Tonyrefail  
Date / Time: 14 March 2017, 9.30am  
CHC Team: Cwm Taf  
Anne Roberts – Member (Lead)  
Mary Morris – Member  
Purpose of Visit: To provide views to the Healthcare Inspectorate Wales (HIW) Inspection Team, from a patient's perspective.

#### **Patient Feedback**

The CHC team spoke to 25 patients and each one completed a questionnaire during the joint visit. The main findings are as follows:

#### **Concerns**

- All patients complained about difficulty in getting appointments - telephone lines are always engaged and when they get through all the appointments are taken.
- Patients described a lack of continuity of relationship and care with a specific doctor.
- Concerns raised about heavy doors.

#### **Commended**

- The majority of the patients rated the practice to the Healthcare Inspectorate Wales (HIW) Inspection Team as either good or excellent

- The few who did not, said this was due to the appointment system.
- Opening times were rated as generally good or very good
- Waiting times were described by the majority of those surveyed as good or very good
- Most patients were happy with both the reception staff and environmental cleanliness

**Further notes**

- People expressed concern that new houses were being built in the area which might overburden the practice further.
- There is a separate area for telephone calls – upstairs; i.e., not on reception
  - 4 people on phones at peak times 8am-9am & 2.30pm-3-30pm
  - 2 people for the rest of the time

**Observations**

*Environment – External*

**Concerns**

- Limited parking
- No clear signage to surgery from main road.

**Commended**

- Pharmacy situated outside – easy access for patients
- Welcoming porch area.

*Environment – Internal*

**Concerns**

1 patient unhappy about cleanliness of toilets. The toilet facilities appeared to be clean on the day but there was no displayed record of when they had last been checked.

Front door very heavy - can be opened further but difficult for wheelchair users especially those visiting alone.

- Internal doors also heavy and difficult for pram users and wheelchair users

**Commended**

- Seating arrangements
  - Different height chairs

- Comfortable and well maintained.
- Clean uncluttered area and environment.
- Very busy but well organised and patients did not wait long overall.
- Separate time used for baby clinic; outside surgery hours.
- Disabled toilet.

***Additional notes***

- Good cluster group work.
- Reports good links with 3<sup>rd</sup> sector and other professionals.
- Lift is broken (not required for public access).

***Communication & Information on Display***

***Concerns***

- No hearing loop available.
- Screen difficult to see in parts of waiting room.

***Commended***

- Notice Boards well maintained.
- Excellent information on waiting room screen including health information and clear direction for patients.
- Staff were helpful, friendly and welcoming to the team.