Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection (Announced)

Pontcae Medical Practice

Cwm Taf University Health Board

Inspection date: 20 December 2017

Publication date: 21 March 2018

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**

Fax: **0300 062 8387**
Website: **www.hiw.org.uk**

Digital ISBN 978-1-78903-309-0

Contents

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care.**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice.**
Influence policy and standards:	**Use what we find to influence policy, standards and practice.**

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Pontcae Medical Practice at Dynevor Street, Georgetown, Merthyr Tydfil CF48 1YE within Cwm Taf University Health Board on 20 December 2017.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), GP and practice manager peer reviewers and a lay reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found that patients were satisfied with the service provided. We saw that it was pro-active, innovative and delivered safe and effective care.

There were numerous areas of noteworthy practice which we have included in this report. There were clear lines of leadership and responsibility with an open, approachable and supportive management team.

The service was well run with appropriate structures in place to ensure standards were met and maintained.

There were a few areas of improvement identified.

This is what we found the service did well:

- Patients were happy with the service provided
- Generally the content of patient records was of a good standard
- Staff we spoke with were happy in their roles and felt well supported in their day to day work.
- Staff were proactive in identifying and making improvements to services and were innovative in their approach

This is what we recommend the service could improve:

- Explore improved ways of engaging with all patients but specifically disabled / housebound patients
- Improve front door access including outside lighting

- Audit of patient electronic records, specifically some areas of READ[1] coding of conditions and clinical summaries
- Explore electronic storage of patient notes
- Ensure feminine hygiene disposal facilities are available
- Provide Level 3 Safeguarding training for all clinical staff and chaperone training for all staff.

[1] Read codes are the standard clinical terminology system used in General Practice in the United Kingdom.

3. What we found

Background of the service

Pontcae Medical Practice currently provides services to approximately 12,380 patients in the Merthyr Tydfil area. The practice forms part of GP services provided within the area served by Cwm Taf University Health Board and is considered as a training and mentoring practice for future GPs or GPs returning to work after a prolonged period of absence.

The practice is led by a Practice Manager.

The practice employs a staff team which includes;

Four full time and one part time doctors. Four of these are GP trainers (two are also advanced GP trainers). There are also three salaried doctors and two trainee GP's and one trainee doctor.

The nursing team consists of five nurses and a health care support worker whose role includes phlebotomy, undertaking electrocardiograms (ECG)[2] and Blood Pressures.

A social worker is available at the practice, who works as a Doctors social prescriber.

There is also a large administrative / clerical team.

The practice provides a range of services, including:

General medical care

Advanced minor and minor surgery

Minor illnesses (nurse led clinics)

[2] Electrocardiography is the process of recording the electrical activity of the heart over a period of time using electrodes placed on the skin.

Electronic consultations / telephone advice calls

Pre-hospital Emergency Medical Care (BASICS scheme)

A range of clinics including vasectomy, cardiology, well woman and baby / ante natal

Phlebotomy

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

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. The practice had a system in place to enable patients to raise concerns/complaints but not a robust system for patients to provide feedback on their experiences of the services.

The staff team in its entirety was passionate about the quality of the service they were providing.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the services provided.

In total, we received 13 completed questionnaires, the majority of which were from long term patients at the practice (those that had been a patient for more than two years).

Overall, patient feedback was positive. Patient comments included the following

> *"I have been at this practice for many years and my family and I are very happy with the service provided"*
>
> *"Outstanding service"*
>
> *"Very happy overall"*

Patients were asked in the questionnaires how the GP practice could improve the service it provides. Some patients told us that they would like the practice to have a bigger car park and one patient said they would like the practice to offer appointments on the weekend, and drop in slots to take blood. Another patient commented on the need for improvement in communication between primary and secondary care services.

Staying healthy

We reviewed the content of seven electronic patient records and 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 found detailed recording of patients' medical histories, their current problems and plans for care.

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

The excellent practice website provided patients with further detailed information about the appointments system and services offered. The website also had the option with just one click to be able to translate the page into over 100 different languages. At present patients can book practice nurse appointments online but not doctor appointments. However generally, this is an example of noteworthy practice.

Discussion with the practice team revealed that they had a nominated 'Carer's Champion' to personally assist patients who were carers, or family members who had a caring role. However, all staff also indicated that they were aware of carers from within their practice population and were able to signpost them to various services and sources of help in their area if the champion was not available. There was also information on display in the waiting area for people to take away, to help in their role as a carer.

We found that the GP's and Practice Manager adopted a positive approach to the work and development of the GP cluster[3] in the area, as a means of

[3] GP Cluster groups (usually for patient populations of around 70,000) allows for networking across practices, between practices the local Health Board and other community and secondary care partners, with the goal of developing more effective, cohesive services for patients.

improving services and support to patients in the future. The Senior GP being the Clinical Cluster Lead and the Practice Manager was the Cluster Lead administrator. One example was the social worker who was available to deal immediately with social problems. This was evidence of noteworthy practice.

Dignified care

All but one of the patients that completed a questionnaire told us they felt that they had been treated with respect when visiting the practice. The following mixed comments were provided in the questionnaires about the staff working in the practice:

> *"The receptionists have previously sounded rude and impatient but I put this down to pressure"*
>
> *"I find that the reception staff are always very polite when I phone for an appointment"*

We were able to confirm that the practice had well established systems in place to ensure patients' confidentiality.

Our observation of the way which staff at reception spoke with patients on their arrival, confirmed that efforts were made to speak in soft tones to prevent other people from overhearing the conversation taking place. We also found that all telephone conversations with patients (incoming and out-going calls), were made within the confines of the office at the rear of the enclosed reception area to ensure that patient's information was discussed in a confidential manner at all times.

We saw that there was a small area to the side of the reception desk which, although not lowered gave a moderate amount of privacy which would allow reception staff to easily speak with patients who used a wheelchair.

There were signs in the patient waiting area which alerted patients to their right to request a chaperone be present during their consultation and there was a chaperone policy in place to guide practice staff. We discussed the use of chaperones in relation to patient examinations and found that the practice tried to ensure that clinical staff were used in this role wherever possible. Staff had not received training regarding chaperone duties but it was highlighted as part of the wider training programme for the practice.

Conversations with members of the team revealed that a consultation room would be made available should patients wish to speak to reception/practice staff privately.

We saw that doors to consulting/treatment rooms were closed at times when practice staff were consulting with patients. This meant that appropriate steps were being taken to maintain patients' privacy and dignity.

We found that there were appropriate arrangements in place to obtain consent from patients prior to clinical procedures such as minor operations. The practice also had an up to date policy regarding consent.

Patient information

The majority of patients that completed a questionnaire told us that they knew how to access the out of hours GP service. We saw emergency information in the waiting area, the practices' literature and on the website.

There were no bilingual (Welsh) patient practice leaflets on display at the time of our inspection and staff told us that they had never been requested for information in any language other than English. The practice may still wish to consider displaying some information in Welsh. We did not see any bilingual signage on doors.

GPs informed us that the content of discharge summaries was better than it had been in the past. This assisted with providing continuity of care to patients. However in the records we reviewed we found that summaries were not always as robust as we would expect to see.

Improvement needed

The practice should consider signage and leaflets in the Welsh language.

The practice would benefit from developing a regular programme of audit for the summaries in patient records

Communicating effectively

Patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

We asked patients in the questionnaire whether the GP practice operates a telephone triage system, where patients are asked questions about their medical problem when they try to make an appointment; all 13 patients confirmed that they are asked questions about their medical problem when

making an appointment, and only two patients told us that they did not understand why they were asked these questions.

We found that internal communication systems at the practice appeared to work well. For example, we considered the process in place for patients and/or parents of children to receive results from blood tests and other investigations and were able to determine that each GP received the results of any investigations they requested; contacting patients as needed. We were also told that when a GP was on holiday, test results were reviewed by other GPs. In addition, we were informed that patients were advised to contact the practice to obtain their results. If this had not happened within a reasonable amount of time (depending on the nature of the results) the practice would contact the patient. We also saw in patient records good communication and information sharing between doctors and patients during consultations but this was not always followed with written information for patients to take away and read at their leisure.

Additionally, although one patient had commented negatively in the questionnaire regarding communication between the GP and the hospitals, we saw examples, in patient records, of good communication between GPs and secondary (hospitals) or out of hours (OOH) care). We saw, when any patient was seen by the OOH doctor, the records were electronically linked to the patient's electronic records at the practice. GPs in the practice were then able to view the records and code the diagnosis appropriately. Equally there was a robust system to notify the OOH service of any potentially unwell patients that may require assistance outside of the core practice hours.

We were informed that staff rarely needed to use an interpreting service to assist patients whose first language was not English, to discuss their health related problems with doctors and nurses. However they were able to print information leaflets for some patients and were able to utilise the language line. There were two doctors who could speak Welsh and one which could use British Sign Language (BSL). We thought that this was noteworthy practice.

A hearing loop system was available to patients with hearing difficulties. There was no tannoy system in place to call patients to consultation rooms. Patients were therefore mostly alerted to find their way to a consultation room by means of large print information which appeared on the TV screens in the waiting area. At other times, clinical staff personally escorted patients from the waiting area.

There was a very good informative website and there were proposals to incorporate a section for the very active and engaged Patient Participation Group (PPG) to update patients on current issues.

The practice was also working on a newsletter which would make current information available for patient who do not have access to the website.

In an innovative and forward thinking manner the practice also used social media such as Twitter and Facebook to reach out to patients especially younger patients. This is an example of noteworthy practice.

Timely care

Only one patient that completed a questionnaire told us that they were very dissatisfied with the hours that the practice was open; all other patients told us they were either ‘very’ or ‘fairly’ satisfied with the practice opening hours.

Most patients that completed a questionnaire told us that they found it fairly easy to get an appointment when they needed one. When asked in the questionnaire to describe their experience of making an appointment, all but two patients described their experience as ‘very good’ or ‘good’.

There was a robust system in place to ensure patients received the right care from the right person at the right time. Reception staff were receiving training as care navigators (this was provided from the Cluster) by specialist trainers. This would allow reception staff to signpost patients to the most appropriate person to deal with their problem.

Patients could access e-consultations via the website if they so wished. This meant that patients could electronically contact the practice and the most appropriate member of clinical staff would respond with advice. The practice found that this has saved over 40 appointments since it was established. This again is an example of innovative and noteworthy practice.

There was also a daily telephone consultation system in place which enabled patients to receive advice about their healthcare concern. This was to try to provide patients with support and advice in a timely way. We also found telephone consultations were followed up with a face to face appointment or home visit as and when appropriate.

The practice team were proactive in offering access to My Health Online (MHOL) appointment booking (only for nurse appointments at present) and for ordering repeat prescriptions.

Patient referrals to hospital services were all made via the Welsh Clinical Communications Gateway (WCCG)[4]. All referrals were checked each day by nominated members of the administrative staff to ensure that they had reached the relevant hospital destination. This reduced the risk of any referrals being delayed, or mislaid.

Individual care

Planning care to promote independence

The practice premises were generally accessed directly from the car park; all consultation rooms being located on the ground floor.

Patients with mobility difficulties were able to access the practice via a ramp; however, some patients would need to be accompanied because the door was heavy and not electronically assisted. In addition, in the darker periods of winter and evening surgery the lighting between the outside of the practice and the car park / adjacent chemist was very poor.

We saw lots of health promotion leaflets and relevant information on view in the waiting room to help patients improve their quality of life and emotional well-being. We were able to confirm that the practice's answerphone message was detailed in its advice to patients regarding how to deal with emergency and non emergency healthcare situations.

Improvement needed

The practice should consider improving the entry access to the building and the safety of patients immediately outside with appropriate lighting.

[4] The Welsh Clinical Communications Gateway (**WCCG**) is a national system in Wales for the electronic exchange of clinical information such as referral letters.

People's rights

Discussions held with members of the team, demonstrated that the practice made every effort to work closely with other health and social care professionals and groups to support patients in the community wherever possible. This was evident with the funding of the social prescriber who was based at the practice and could assist with many of the more social problems associated with patient need.

We also found that the practice completed 'in-house' reviews of patients with learning disabilities and mental ill-health. We were also informed that GPs would complete such reviews at the practice, avoiding the busiest times, or at patients' own homes, if considered appropriate. This was in response to their presenting needs.

The above meant that the practice had suitable systems in place to meet the additional needs of vulnerable patients registered at the practice.

Listening and learning from feedback

The majority of patients told us in the questionnaires that they would know how to raise a concern or complaint about the services they receive at the practice.

We found that the practice had a system in place for responding to formal concerns and handling complaints. The practice manager also described how they would attempt to address any concerns raised, in a prompt way. However, we noted that the current practice leaflet (which is under review) does not include the Putting Things Right[5] (PTR) information.

As previously stated the practice had a longstanding Patient Participation Group (PPG) who met with members of the practice team, on a regular basis. We spoke with one member who was very positive regarding the relationship between the group and the practice.

There was no suggestion box at reception; however the practice information leaflet, the website and social media reminded patients that they could make

[5] Putting Things Right refers to the current arrangements in Wales for raising concerns about NHS treatment.

suggestions for improving services. We suggested that a suggestion box be made available for patient who do not have access to electronic communication devices.

Improvement needed

The practice is required to ensure that it includes the Putting Things Right arrangements in the practice leaflet.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

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.

Services were planned and delivered to take account of the needs of patients and to help provide flexibility, choice and continuity of care.

The sample of patient records we reviewed was of a good standard, although there were some areas which would benefit from further detail.

Safe care

Managing risk and promoting health and safety

A brief tour of the building revealed that the integral reception/waiting area was clean and tidy. The waiting area was spacious with three large seating areas.

The building was dated and in some areas would benefit from re-decoration. Storage was a problem but the practice was in the process of scanning all paper documents onto the electronic system, which would generate more space when the paper documents were sent for archiving.

The practice had a range of relevant policies and procedures in place to guide staff in their day to day work. Policies included a business continuity plan which provided staff with advice about what to do in the event of problems such as computer failure, loss of electricity, flooding epidemic and pandemic planning.

The Practice Manager and the Senior GP undertook monthly "walk abouts" of the practice to look at areas which required repair. A check list for the areas considered was viewed by the inspection team. We saw from this list that areas for improvement such as lowering the reception desk for wheelchair users, installations of electric doors had already been identified.

The practice team confirmed that every new employee was provided with a range of relevant policies and procedures to help them understand what was

expected of them in the workplace. We were also informed that employees needed to sign (new and revised) policies at such time when they had been read and understood.

We were also able to confirm that there were appropriate systems and processes in place to protect patients and staff in accordance with health and safety legislation.

The practice has invested heavily in clear user friendly information technology systems which reduce the margins for error and encourage timely responses.

Improvement needed

The practice premises would benefit from redecoration especially in the consulting rooms.

Infection prevention and control

There were no concerns given by patients over the cleanliness of the GP practice; all of the patients that completed a questionnaire felt that, in their opinion, the GP practice was either ‘very clean’ or ‘fairly clean’.

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. However there were no feminine hygiene disposal facilities available.

All relevant members of the practice team had received Hepatitis B vaccinations and we were able to confirm their subsequent level of immunity by looking at the information held. This meant that there was an appropriate system in place to ensure that staff and patients were protected from this blood borne virus.

We looked at the waste disposal systems and found that these were robust.

Nursing staff told us that there was no problem in obtaining gloves or aprons. All minor operations or interventions requiring sterile equipment were for single use and safely disposed of afterwards.

Improvement needed

The practiced should provide feminine hygiene disposal facilities.

Medicines management

We discussed the local policy in place for effective prescribing with a senior GP and looked at a sample of patient records. As a result, we were satisfied that the practice was compliant with legislation, regulatory and professional guidance.

Safeguarding children and adults at risk

The practice had nominated two GPs to lead on adult and child protection matters and each of the GPs had completed protection of vulnerable adults training at level 3, as currently required. However it was confirmed that not all staff had received training with regard to All Wales child and adult protection arrangements. Although there was access to a current policy it did not include contact details for the local safeguarding team to guide them about what to do in the event of the identification of a potential/actual safeguarding issue.

Discussions with a senior GP and the nursing staff demonstrated that there were good multi-professional arrangements in place which assisted in ensuring that the practice held appropriate information about child protection matters.

Improvement needed

The practice should ensure that all members of the practice team receive training on the topics of adult and child safeguarding, at a level relevant to their roles and responsibilities

Effective care

Safe and clinically effective care

We spoke with various members of the staff at the practice who were able to describe the effective system in place for the sharing and dissemination of patient safety incidents or significant events. We were also assured that any patient significant events were analysed and discussed during weekly GP

meetings which were attended by other members of the staff team as and when required, so that lessons could be learned and improvements made to the services provided.

We 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 and they felt able to speak openly regarding any concerns.

The practice manager described how information about national and professional guidance was cascaded to clinical staff, items for discussion being added to the weekly GP meetings and then cascaded to other members of the team via the appropriate meetings. There are quarterly whole team meetings and notes and agendas of these meetings were reviewed.

Medical alerts were automatically filtered to all clinicians' individual email accounts. This ensured that any national information was cascaded in a timely manner.

We saw how the practice kept up to date with patient deaths and hospital admissions, making sure that such information was undertaken electronically to maintain confidentiality.

Conversations with GPs indicated that hospital discharge information was much better than it had been in the past now that it was mainly electronic and was dealt with promptly on receipt at the practice. This meant that patients benefitted from planned continuity of care on their return home from hospital, in accordance with their needs.

We looked at the emergency trolley (this stores medicines and equipment required in an emergency such as a collapse) and found that this was complete. However there was a nebuliser mask (used to administer air to patients) which was out of the manufacturers recommended use by date, this was removed immediately and a new one ordered whilst we were at the practice.

Record keeping

We looked at the content of seven patients' electronic records and found that members of the practice team would have no difficulty deciding what needed to be done next. Overall, patients' records reviewed were accurate, up to date, and understandable in accordance with professional standards and guidelines.

We found that there were robust processes in place with regard to the use, sharing of, and protection of patient information at such times when house calls were made. The same robust processes applied to times when information needed to be shared between the practice and GP out of hour's service. We further found that there was a well established system in place to alert the practice team about patient deaths.

We discussed with the Practice Manager and Senior partner areas which could be improved such as the summarising of new patients notes. At present these are undertaken by the GP secretaries. Although there are new All Wales systems for electronic record sharing, until all practices hold electronic records there remains a need for the summarising of new patient records; this means that clinical staff have all the relevant information required about patients' medical histories to help them plan patients' care safely and effectively.

We also discussed READ coding of patient diagnosis. We found that although diagnoses were being recorded with a READ code, it would be beneficial if, as part of the coding, a level of priority should also be assigned to the diagnosis. For example, we found that important conditions were not coded with the level of priority which would ensure that they would appear on the patients' active 'problem list' which should reflect their most serious on-going health problems. Failing to do this meant that the practice could not easily link patients' long-term medication to the relevant active problem. This is particularly relevant for locums or trainee doctors working in the surgery and their ability to easily get an idea of why patients are taking the medication they are on long-term.

We were able to confirm that patients' records were stored securely, updated and were able to be retrieved in a timely way.

Improvement needed

The practice would benefit from auditing the summaries in patient records

The practice would benefit from reviewing the READ coding to ensure medicine management and disease management are easily aligned.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found that the leadership provided by the GPs 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 a training/orientation programme in place to ensure the effective induction of new members of the practice team. This meant that patients were cared for by staff who had received sufficient training to become familiar with their role and practice processes. Similarly, established members of the team were provided with the opportunity to undertake regular training, relevant to their work and development.

Recruitment processes were robust and on going staff appraisals had been completed in a timely manner.

Governance, leadership and accountability

We found that the leadership provided by the GPs and the Practice Manager respectively, resulted in a positive culture, and an organisation that placed an emphasis on continuous improvements and the delivery of high quality patient centred care.

Specifically, there were good governance arrangements in place in the form of regular audits (for example, those required by the health board and others completed by registrars, practice nurses and the Practice Manager). There were up to date and relevant protocols, procedures and polices in place which underpinned the day to day work of the practice, although the practice needs to develop some of the Human Resource recruitment policies (HR) to fully reflect Equality and Diversity legislation.

Staff were clear about their roles and day to day responsibilities and they also told us that they felt supported and valued in the workplace.

GP partners met together weekly for planning and discussion purposes and staff confirmed that they were consulted on any changes made to the way the practice worked.

With the possible closure of other GP practices in the Cluster area, we were told that the practice was looking at the impact that this may have on their own sustainability due to an increase in their patient numbers.

Some areas of consideration are; supporting one nurse in conjunction with the health board to train as an Advanced Nurse Practitioner, employing Paramedics and the continued use of the social prescriber.

There were good working relationships with the health board and the Senior GP and the Practice Manager attended regular meetings to discuss sustainability and alternative ways of working. The Practice Manager was also the Chair of the Practice Managers Forum which is an opportunity for all Practice Managers to meet and share information.

Improvement needed

The Practice Manager needs to ensure that the recruitment process is in line with Equality and Diversity legislation.

Staff and resources

Workforce

Conversations with the practice manager revealed that staff sickness levels were low. We also found that a number of staff had been working at the practice for many years. This meant that patients were provided with support from a consistent, familiar team of staff.

We were provided with details of the induction training in place which clearly set out the key skills that staff were helped to acquire. We were also provided with details of the nature and frequency of training that staff were expected to complete on an ongoing basis.

We found that there was a system in place to provide staff with an annual appraisal, all were up to date and provided evidence of discussions with employees about aspects of their work and training needs.

4. What next?

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

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

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

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

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

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

5. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how GP practices are meeting the Health and Care Standards 2015. We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within GP practices.

Further detail about how HIW inspects the GP practices and the NHS can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Whilst checking the emergency trolley we found a face mask which is used to administer air had exceeded the manufacturers	This meant that patients may not have received the optimum treatment.	We raised this concern with clinical staff during the inspection and requested this was immediately resolved.	Staff immediately removed the face mask and ordered new stock whilst we were still at the practice.

Appendix B – Immediate improvement plan

Service: Insert name

Date of inspection: Insert date

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
There were no immediate assurances identified on this occasion.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Insert name

Date of inspection: Insert date

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice should consider signage and leaflets in the Welsh language.	4.2 Patient Information	We will consider publishing any new information leaflets in the Welsh Language and add Welsh Language signage to the improvements Schedule	Mr Kevin Rogers	6-12 Months
The practice would benefit from developing a regular programme of audit for the summaries in patient records		We have implemented 3 monthly audits of newly registered patients with manual and GP2GP data summaries – we will audit 10% of all new registrations per Quarter (Approx. 5 patients per GP Partner)	Mr Kevin Rogers	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice should consider improving the entry access to the building and the safety of patients immediately outside with appropriate lighting.	6.1 Planning Care to promote independence	Improving the main access doors are already included in the long-term maintenance schedule. We recently installed 3 floodlights covering the car park and main pathway. We will continue to monitor this as part of our ongoing maintenance reviews.	Dr Kevin Thomas Dr Kevin Thomas	6-12 months Completed
The practice is required to ensure that it includes the Putting Things Right arrangements in the practice leaflet.	6.3 Listening and Learning from feedback	Due to the "text" constraints of the main practice leaflet, we include a section, which refers patients to the separate complaints leaflet – this practice complaints leaflet contains details on putting things right and is available with the main leaflet. We also display the text in full on the practice website and TV Screens. We will consider adding the full text to the practice leaflet and will discuss this with the publisher to include in the next publication. This is expected within the next 6 months.	Kevin Rogers	6 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The practice premises would benefit from redecoration especially in the consulting rooms.	2.1 Managing risk and promoting health and safety	Improving the decor is already included in the long-term maintenance schedule.	Kevin Rogers	Ongoing
The practiced should provide feminine hygiene disposal facilities.	2.4 Infection Prevention and Control (IPC) and Decontamination	Agreed and Installed - Completed	Paula Randall	Completed
The practice should ensure that all members of the practice team receive training on the topics of adult and child safeguarding, at a level relevant to their roles and responsibilities	2.7 Safeguarding children and adults at risk	A program of training is in place within the practice and training appropriate to the position / role will be completed by the end of March 2018. All non-clinical staff have been registered for e-learning and will complete Level 1 by end of March 2018	Kevin Rogers	3 months
The practice would benefit from auditing the summaries in patient records The practice would benefit from reviewing the READ coding to ensure medicine management	3.5 Record keeping	We have implemented 3 monthly audits of Approx 5 patients per GP Partner We have Implemented a direct link between new repeat medication and “problems”.	Dr Kevin Thomas Kevin Rogers	Completed Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
and disease management are easily aligned				
Quality of management and leadership				
The Practice Manager needs to ensure that the recruitment process is in line with Equality and Diversity legislation.	Governance, Leadership and Accountability	We have implemented a standard job application form as suggested during the inspection and have updated the equality and diversity policy to reflect this change	Kevin Rogers	Completed

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Dr Kevin Thomas

Job role: GP Partner

Date: 7/2/18