



## **General Practice Inspection (Announced)**

Troed y Fan, Aberfan

Cwm Taf University Health Board

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**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 Troed y Fan Medical Practice at Meddygfa Aberfan Surgery, Cottrell Street, Aberfan, Merthyr Tydfil CF48 4QU, within Cwm Taf University Health Board on the 20 June 2018.

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

Although we saw some areas of noteworthy practice we were not completely satisfied that the service provided safe and effective care in all areas. We found some evidence that the practice was not fully compliant with all Health and Care Standards.

Despite the significant challenges faced by the service in terms of recruiting medical and nursing staff we observed good interactions between staff and patients and witnessed patients being treated with dignity and respect.

In addition, patients who completed a HIW questionnaire largely offered positive comments about the care and treatment they had received; their main concern being the ability to secure an appointment with a member of the clinical team in a timely way.

Effective leadership and management from both the practice owners and the practice manager, was not always clearly visible within the practice with areas of governance and safety requiring improvement. The practice manager was experienced and had been in post for some time. Support by a senior receptionist working as an assistant to the practice manager had recently been put in place and this should help with daily running of the practice.

There were areas of clinical record keeping and recruitment documentation which were significantly lower than the expected professional standards.

Some of the concerns were addressed through HIW's Immediate Assurance process and this can be found in Appendix B of the report.

This is what we found the service did well:

- Provided care and treatment in a dignified and courteous manner

- Although the waiting areas were tired and worn in places, overall the environment was clean and tidy
- There was a good range of information / literature available for patients to take away
- GPs triage<sup>1</sup> patients for appointments to ensure highest priority need is dealt with on the day

This is what we recommend the service could improve:

- Recording of mandatory training / annual appraisals /team meetings
- Staff records
- Appointments and opening times
- Clinical record keeping
- Seating in the waiting room for patients with limited mobility
- Front door access for patients with limited mobility
- Privacy curtain in the nurses' clinical room
- Key concerns regarding succession planning for GPs
- Documented patient records lacking clinical overview / summaries not up to date
- Develop meetings with palliative care teams.

Further details on these requirements for improvement can be found throughout the report and itemised in Appendix A, B and C.

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<sup>1</sup> Telephone triage and telephone consultations aim to improve access to care. The purpose of triage is to ensure that the patient is referred to the appropriate clinician for the appropriate level of care within an appropriate period of time.

## 3. What we found

### Background of the service

Troed y Fan currently provides services to approximately 5,300 patients in the Aberfan 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, a salaried GP (two sessions) two nurses, a practice manager a physiotherapist, phlebotomist and a part time (level four) health care support worker. The practice is run by a practice manager and a team of six receptionists and one senior receptionist.

Health Visitors, District Nurses, Counsellors and a Midwife (who are employed by the health board) and a social prescriber<sup>2</sup> (employed by the local authority), works closely with the staff team at the practice.

The practice provides a range of services, including:

- Chronic disease management: COPD, Asthma, Diabetes
- Family planning / well woman /sexual health
- Blood pressure testing
- Blood tests including anticoagulant
- Flu immunisations
- Baby clinic / childhood immunisations
- Minor surgery

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<sup>2</sup> Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.



- Ultra sound scans.

## 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.*

We found that the practice team made every effort to provide patients with a positive experience of primary healthcare services.

Patients told us that they were treated with dignity and respect by staff. The practice had a system in place to enable patients to raise concerns/complaints and the practice was able to demonstrate that they considered patient feedback to improve services.

Patients made positive comments, particularly about the relationships they had with staff.

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 38 completed questionnaires. The majority of the patients that completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

On the day of the inspection our inspectors also spoke to patients to find out about their experiences at the practice.

Overall, patient feedback was positive; all but three of the patients that completed a questionnaire rated the service provided by Troed Y Fan Medical Practice as excellent or very good. Patient comments provided in the questionnaires included:

*"You get personal service and are respected by staff, wonderful surgery"*

*"I feel that the care provided at the surgery is very good. Also reception staff are very helpful"*

*"They are all friendly, polite and professional"*

However, a couple of patients also provided the following comments in the questionnaires:

*“Recently I attended the surgery and saw a GP. I felt their manner and approach to me showed a total lack of respect, a lack of empathy and did not go out of their way to assist with my ailment/condition. I was debating whether to make a formal complaint.”*

*“It sometimes seems that there's not enough time and doctors are keen to deal with us quickly as they are under pressure. They often assume a lower level of my intelligence and whilst this is somewhat understandable it doesn't inspire confidence”*

Patients were asked in the questionnaires how the GP practice could improve the service it provides. A number of patients raised some common issues with us, notably around the difficulty in making an appointment. Patient comments included:

*“Great surgery. Difficult to make an appointment, waited 2 weeks”*

*“Reserve times for patients who are working a long distance from home. Not easy to book a suitable time when you are working 40 miles away and are in work before opening times”*

*“It would be helpful if there were more slots for appointments as very often you phone at 8 when it's open and get through at 8:15. No appointments sorry”*

However just under two thirds of the patients that completed a questionnaire said that they were always able to get an appointment with the doctor they prefer to see.

## **Staying healthy**

Patients told us that staff talked to them and helped them understand their medical conditions.

We found that patients were being encouraged to take responsibility for managing their own health through the provision of health promotion advice from staff and written information within the waiting area.

People with caring responsibilities were given advice and information about other organisations and services that may be able to provide them with support.

Generally patients can be assured that the service made every effort to anticipate their needs. This is because we were provided with a copy of the practice's development plan which contained information about the approach taken to service delivery. However we were told that the practice had temporarily withdrawn from the GP cluster<sup>3</sup> in the area. This may result in some shared services being withdrawn.

## **Dignified care**

All of the patients that completed a questionnaire felt that they had been treated with respect when visiting the practice.

We saw staff greeting people in a professional yet friendly manner at the reception desk and during telephone conversations.

We considered the physical environment and found that patient confidentiality and privacy, and the physical environment had not been adapted to provide easy access to all. The front door was heavy and difficult to open and we saw a mother with a pushchair having difficulty accessing the building. This would also be the case for a patient with mobility issues. Although reception staff told us that patients could use an area within the reception office to discuss any sensitive issues with patients, should the need arise there was no lowered area at the front desk for patients in wheelchairs to speak confidentially to staff.

We also noticed that the seating area was low and this could prove difficult for patients with mobility issues. We suggested that the practice purchase raised chairs to rectify the issue.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. There were no screens around examination couches to maintain privacy and dignity in the clinical rooms and this needs to be addressed.

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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.

There was a comprehensive written policy on the use of chaperones. The right to request a chaperone (both male and female) was advertised through posters in the waiting area and in consulting/treatment rooms. Staff had received training on this subject.

All of the patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

#### Improvement needed

The practice needs to consider the access to the building and its suitability for patients using mobility aids, or people with pushchairs.

The practice needs to consider purchasing raised seats for the waiting area.

The practice needs to ensure privacy curtains are available around examination couches in the clinical rooms.

#### Patient information

The practice did not have a current up to date website. We recommended that the website be reviewed and updated in order to share practice information with patients. The website should also include information about how to raise a concern or make a complaint. We also recommended that the practice leaflet be updated and made available in Welsh should it be requested.

A television screen was available within the waiting area which offered health information.

There was little evidence of formal contact with house bound patients or those that do not attend the surgery on a regular basis.

The majority of the patients who completed a questionnaire told us they would know how to access the out of hours GP service.

#### Improvement needed

The practice needs to consider reviewing and developing the website.

The practice needs to consider how it can reach house bound patients who are not able to use a computer.

#### Communicating effectively

All but one of the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

None of the staff employed at the practice were Welsh speaking and translation services were available for people wishing to communicate in languages other than English. We found that there was very little patient health promotion information provided in Welsh and other languages. We recommended that more could be done to ensure that equal emphasis was placed on the availability of leaflets in Welsh.

The majority of patients that completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand, and told us that they are involved as much as they wanted to be in decisions made about their care.

The practice had a hearing loop to aid communication with those patients with hearing difficulties.

We found that there were robust processes in place to manage incoming correspondence and information was appropriately entered onto the electronic records management system.

## **Timely care**

Despite some individual comments from patients about the difficulty they face in getting an appointment at a suitable time, all the patients that completed the questionnaire said that they were satisfied with the hours that the practice was open, and that it was easy to get an appointment when they needed one.

When asked to describe their overall experience of making an appointment, all but one of the 38 patients that completed a questionnaire described their experience as 'very good' or 'good'.

We also found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times.

The practice used to offer "walk in" appointments where patients could wait and be seen on the day. Since changes have been made patients told us it was more difficult to make an appointment. At present there is a triage system whereby patients are asked for symptoms which are documented and seen by a GP. They are then directed to appropriate clinical healthcare professional i.e. pharmacist, nurse or GP. Patients were able to pre book routine appointments up to eight weeks in advance, Monday to Friday, morning and afternoon. Same

day appointments were also available. There were also late appointments for people who were in work.

An online booking facility was not available. We suggest that the practice should actively encourage patients to register and use My Health Online<sup>4</sup>, identifying member(s) of staff to champion the service. This would assist to ease pressure on telephone booking lines.

The practice does not use the facility of sending text messages to patients scheduled to attend clinics or for vaccinations. This helps remind patients of their appointments and reduces the likelihood of non attendance.

We found that GPs demonstrated a willingness to visit patients in their own homes at times when they were unable to attend the practice premises to ensure that they received primary care services. Such visits generally took place as a result of the triage system.

Exploration of the arrangements in place to refer patients to secondary (hospital) medical staff for assessment or treatment revealed that the practice partners had similar patterns and processes for referrals.

## **Individual care**

### **Planning care to promote independence**

We were made aware of the regular visits made by GPs, to provide patient care at a local nursing home, as residents were unable to attend the practice.

### **People's rights**

Staff told us that because it is a small close knit community, patients with additional needs (for example learning disabilities, or those with mental health

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<sup>4</sup> <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

impairment) were not identified on the practice information system. This system would help to alert locum, or new staff to arrange suitable health checks and provide them, and/or their families and representatives, with relevant information. We therefore suggest that this system of identification be adopted.

#### Improvement needed

The practice should consider identifying patients with additional needs on the computerised system so that locum /new staff can be made aware of any significant needs.

#### Listening and learning from feedback

We found that the practice did not actively encourage patients, and/or their carers, to provide feedback regarding services received on a regular basis. We suggested that a suggestion/comments box be placed by the front door to encourage patients to provide feedback on their experience.

The practice did not have a patient participation group in place, although the practice had considered this in the past.

The practice had a written procedure but no displayed posters to assist patients and their carers to raise concerns or complaints. We did not see the local Community Health Council<sup>5</sup> (CHC) advocacy service details displayed, nor the NHS 'Putting Things Right'<sup>6</sup> arrangements for raising a concern or complaint. This meant that patients were not well informed of their right to seek advocacy and support with any concerns they may have.

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<sup>5</sup> Cwm Taf Community Health Council is a statutory organisation that monitors the quality of NHS services provided within the Cwm Taf University Health Board area. [Enquiries.CwmTafCHC@waleschc.org.uk](mailto:Enquiries.CwmTafCHC@waleschc.org.uk)

<sup>6</sup> Putting Things Right relates to the current arrangements in Wales for raising concerns about NHS treatment.



We did not explore the system in place for managing complaints that had been received by the practice on this occasion. However it was clear that there was need to improve on the Putting things Right guidance, to ensure complaints and concerns are dealt with in a timely manner.

#### Improvement needed

The practice needs to ensure that NHS Putting Things Right leaflets advising patients on how to raise concerns are available in the waiting area

The practice needs to ensure that its concern and complaint processes are in line with the NHS Putting Things Right guidance

The practice should consider re-establishing the patient participation group.

## 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 were not assured that the practice placed an emphasis on ensuring quality and safety across services provided to patients in accordance with the Health and Care Standards.

We identified the need for improvement in areas of clinical documentation, record keeping and audit.

We also dealt with concerns regarding recruitment processes under our Immediate Assurance process.

### Safe care

#### **NOTE: IMMEDIATE ASSURANCE ISSUES**

Our concerns regarding safe and robust recruitment processes were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

#### **Managing risk and promoting health and safety**

Whilst the majority of patients who returned a completed HIW questionnaire indicated that it was very easy to get into the practice building, several people raised concerns over the difficulties with opening the heavy front door.

A brief tour of the building revealed that the integral reception/waiting area was clean and spacious, although in need of some re-decoration. In addition, there were no automatic doors to assist people with mobility difficulties to enter the building. This meant that patients who used a wheelchair, or people with pushchairs, would need to wait for someone to open the door for them, as they would be unable to hold the door open and make their way into the building. We also saw that there was no lowered area on the reception desk to enable

patients in wheelchairs to speak easily with reception staff. When discussed with the practice team however, we were informed that no concerns/complaints had been made by patients in respect of those matters.

We were told that the practice manager undertook a daily walk through the building to identify any potential risk or hazards and these would be dealt with immediately.

The practice told us they had a contingency plan in place to advise staff about what to do in the event of unexpected events such as fire or loss of power. However this did not identify a nearby building where the practice could continue to work until the issues had been rectified. Additionally we discussed with the practice manager regarding contingency for staff changes including staff wishing to retire, and we were told that staff were already being trained in readiness for changes in roles.

We were able to confirm that formal fire drills had not taken place for some time and staff had not attended fire safety training within the last year. In addition we were also told that a fire evacuation simulation exercise had not taken place for some time.

Clinical rooms were tidy and free from clutter and trip hazards; as previously stated in this report there were no disposable privacy curtains in-keeping with current infection prevention and control guidelines. We saw that key codes were fitted to doors of administrative offices to prevent unauthorised access. However there were unlocked drawer cabinets containing patient records in the corridor en route to the doctors' rooms. Therefore patient records could be accessed by the public. These drawers need to be locked at all times.

We had difficulty accessing all the statutory policies and procedures and therefore we could not be assured that staff had easy access to relevant information to assist them in their work. For the policies we did see, they required reviewing and dating. It would also be beneficial if all policies were centralised for ease of access for staff.

#### Improvement needed

The practice needs to consider ways to enable patients with mobility issues or people with pushchairs to freely access the premises.

The practice needs to ensure that staff receive annual fire training updates, and that fire drills and evacuation simulation exercises are undertaken.

The practice needs to ensure that the drawer cabinets containing patient

records are kept locked at all times

Policies needs to be reviewed, dated and centralised for ease of access.

### **Infection prevention and control**

Discussions with the practice manager and clinical staff confirmed that all instruments used during the course of minor surgery procedures were single use items. This was in order to prevent cross infection.

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

Conversations with the staff team highlighted that all clinical staff were expected to ensure they received Hepatitis B vaccinations as required and this was confirmed in staff files.

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 clean.

### **Medicines management**

We discussed the systems in place for effective prescribing with both GPs. We also reviewed the content of a sample of patients' records and the practice's development plan with regard to prescribing practices. As a result we were satisfied that there were systems in place and compliance with basic training, legislation, regulatory and professional guidance.

However, we were concerned that administrative staff would copy any medication changes resulting from hospital admissions from the discharge sheets onto the patient's notes and these could be obtained on repeat prescriptions for up to six months. These entries were not overseen by a GP. Additionally the administrative staff who undertook the recording of medication had not received appropriate training with regard to repeat prescribing. This meant that any potential administrative error could go undetected for a considerable amount of time.

We were able to confirm that the required annual medicines management meeting had taken place between the practice and the health board prescribing

lead. Additionally the local health board pharmacist called weekly to undertake a variety of audits on pharmaceutical prescribing.

We looked at the equipment and drugs available at the practice which would be used in the event of a patient emergency (for example, patient collapse). As a result, we found that staff completed weekly checks to ensure that drugs remained in date, the defibrillator was in working order, and oxygen was available.

#### Improvement needed

The practice must ensure that GPs have oversight and are accountable for any new medication added or changed to patient records.

Administration staff should be appropriately trained to undertake any recording of medication.

#### Safeguarding children and adults at risk

We found that practice staff had received child and adult protection training (levels 1 and 2), doctors and nurses having completed level 3 adult protection training. One of the GPs was known to be the nominated lead for safeguarding matters.

We saw that local safeguarding telephone contact details were available in the staff office.

We were informed that the practice had not needed to contact the local safeguarding team to discuss, or initiate, safeguarding proceedings in the twelve month period prior to our inspection.

#### Medical devices, equipment and diagnostic systems

The practice had its own ultrasound scanner and this had proven valuable in ensuring timely diagnosis of symptoms. The scanner was new and did not yet require any maintenance certificates. This is an area of noteworthy practice.

## Effective care

### Safe and clinically effective care

The practice did not have arrangements in place to report safety/clinical incidents to the health board via the datix<sup>7</sup> system. This was therefore discussed with members of the team.

The practice did however, have suitable in-house systems in place to discuss patient safety incidents and significant events; ensuring that measures were put in place to prevent further occurrence. However, we identified that improvements could be made in terms of communicating the outcome of staff meetings to the wider practice team. This was in order to create opportunities for learning from significant events/incidents.

Conversations with practice staff revealed that safety alerts were circulated to clinical staff, with action being taken accordingly and reported back to the practice manager. However, alerts or revised NICE guidelines<sup>8</sup> were not saved centrally on the practice's system. Instead, individual members of the practice team would hold the information. We therefore advised that the practice may wish to create a centrally shared computer file so that all staff could access such information to assist them in their work.

#### Improvement needed

The practice should consider formally recording staff meetings including any areas of learning discussed. These minutes should then be cascaded to all staff.

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<sup>7</sup> Datix databases are used to report and manage all incidents, concerns and risks. This is, with the aim of preventing, reducing and controlling risks in order to protect individuals and organisations from unintended harm, damage or loss.

<sup>8</sup> National Institute for Health and Clinical Excellence (NICE) is to improve outcomes for people using the NHS and other public health and social care services. They do this by: Producing evidence-based guidance and advice for health, public health and social care practitioners.

## Record keeping

We looked at a sample of electronic patient records and saw that GP consultation notes were generally very brief, and did not always contain information on history, examination or investigations which were likely to have been carried out. In some there was not enough information to allow another doctor to understand the proposed management plan. The two GP partners explained this as being due to detailed knowledge of their patients. However this would not help any locum or new GPs coming into the practice. We also saw that not all conditions were documented for which prescriptions were issued during consultations, making it impossible to assess appropriateness of all prescriptions.

We found:

- A lack of detailed findings from investigations and examinations
- Free text included within patient consultations were not considered to be helpful in terms of ensuring 'what needed to happen next'
- We saw inconsistent updating of summaries (specifically priority 1 & 2 on this Vision system) and chronic disease registers

We did however see evidence of house visit consultations recorded appropriately on the system.

Administrative staff who READ<sup>9</sup> code the illnesses do not receive formal training, only 'on the job' training. Additionally there was no specific prescribing clerk (this has been discussed in more detail in the medicines management section).

We reviewed two cases whereby the clinical diagnosis had not been READ coded and there had not been appropriate follow up of care and treatment. These were discussed immediately with the GP involved and suitable arrangements made to rectify the situations.

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<sup>9</sup> READ Codes are a coded thesaurus of clinical terms. They have been used in the NHS since 1985). They provide a standard vocabulary for clinicians to record patient findings and procedures, in health and social care IT systems across primary and secondary care.

We did not see evidence, and were told that there are no formal palliative care meetings with community staff, to manage and ensure a seamless service for terminally ill patients. Specialist community nurses caring for terminally ill patients have an "open door" arrangement with the GPs.

#### Improvement needed

The GPs must review clinical records and ensure they contain the relevant detail of consultations, investigations, diagnosis, treatment and any further follow up / ongoing treatment

The practice needs to establish regular palliative care meetings with community services.



## 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.*

Notwithstanding the significant challenges faced by the service in terms of recruiting medical and nursing staff, population size and succession planning, it was evident that the practice team placed an emphasis on sustaining services to its patients.

There was evidence of close working relationships and staff undertook their roles effectively despite the lack of ongoing training.

There were many areas of management which required reviewing which include; recruitment procedures, policies, training, lack of clinical meetings and annual staff appraisal.

Due to the pressure on the practice manager during the course of the inspection HIW decided to curtail the time spent on reviewing governance, leadership and accountability with the understanding that the practice manager and senior GP partners would support the development of this area going forward.

## Governance, leadership and accountability

Conversations with medical staff and other members of the practice team revealed that the service had experienced significant challenges with securing new GPs to work at the practice. This had created considerable difficulties for the practice, however, during the last year a part time salaried GP had joined the practice. Although this has been valuable support, one of the senior partners is planning partial retirement and the extra hours from the salaried GP will, in future, only cover the reduced hours of the retiring partner.

We were told by all staff that the GPs made every effort to motivate the practice team, and demonstrated effective leadership by making themselves available to answer any queries, and inform them of any changes as promptly as possible. However, there was a clear lack of motivation and reluctance to engage with the HIW inspection process with one GP, and we did not see evidence of support for the practice manager from this senior colleague during the visit, despite times when pressure was clear.

Contrary to this, during the feedback session both the practice manager and the GP partner who attended for the whole session, were open for change and engaged with the identified areas of improvement.

Although we were told that the practice GPs and practice manager held a meeting every week to discuss a variety of topics which included patient specific matters, as well as other clinical and business issues, we did not see minutes of these meetings.

We were told that there was a staff meeting arranged every 6-8 weeks. A formal agenda was circulated to all staff for input and minutes taken for staff who could not attend to be kept informed of any changes. This was confirmed by the copies of previous minuted meetings.

There were informal opportunities for medical and nursing staff to discuss clinical cases however formal lessons learned, case reviews or on going patient care meetings were not in place.

We were informed that the practice had, in the past, completed some relevant audit activity to check that the services provided to patients were of the required standard and to identify the need for improvements. However, due to ongoing medical staffing difficulties, such activity was much reduced. We were however, provided with the details of a few audits carried out in the last year.

We asked to review specific policies and procedures and there was a difficulty to find the required documents. We therefore suggested that all policies and procedures be reviewed, dated and stored in a central location (either electronic, paper or both) so that all staff are able to access these documents with ease.

#### Improvement needed

The practice needs to develop formal recorded clinical meetings

The practice needs to develop formal recorded staff meetings.

## Staff and resources

### Workforce

We looked at a number of staff files and found that many of the staff had not provided the practice manager with two references from previous employment. Additionally, with the exception of one member of staff, no one had a Disclosure and Barring Service check (DBS)<sup>10</sup>. This meant that the practice had not undertaken all available means to prevent unsuitable people from working within the practice. However, the practice manager had commenced the DBS process before the inspection had been completed.

HIW addressed these concerns through its Immediate Assurance process and this can be found in Appendix A of the report. We received a satisfactory response from the practice on 26 June 2018.

Although the GPs had undertaken annual appraisals of each others work, there was no current system of staff appraisal for any other member of staff. This meant that staff did not receive feedback on their work performance. Subsequently there were no individual training plans to develop a training matrix. We asked for a list of training for individual staff members and the information was difficult to source with any significant meaning. We therefore suggested that the practice manager develop a training matrix to include individual staff members' mandatory and developmental training needs, dates, and when they are due for training updates.

A number of the staff had worked at the practice for many years, which provided continuity for patients. Staff were able to describe their roles and responsibilities within the wider practice team and indicated that they enjoyed working at the surgery.

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

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<sup>10</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions.

### Improvement needed

The practice manager needs to review and audit all staff files to ensure all recruitment documentation and checks are in place.

The practice manager needs to develop a staff training matrix which should include both mandatory and individually identified training arising from appraisals.

The practice manager needs to develop an annual system of appraisal for staff.

## 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 reviewing staff recruitment files we found that staff did not have all the necessary recruitment and periodic employment checks.	This meant that the practice could not be assured that all staff were of suitable character to work at the practice.	We raised this concern with the practice manager and senior GP immediately and requested that direct actions were taken to resolve this issue.	Although this was dealt with in accordance with HIW Immediate Assurance process the practice manager commenced the action before the end of the inspection.

## Appendix B – Immediate improvement plan

**Service:** Troed y Fan

**Date of inspection:** 20 June 2018

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
<p>Finding</p> <p>Whilst reviewing staff recruitment files we found that staff did not have all the necessary recruitment and periodic employment checks.</p> <p>Specifically:</p> <p>Disclosure and Barring (DBS) criminal record checks prior to employment with Troed y Fan Medical Centre.</p> <p>We also found one member of staff who did not have two relevant references prior to</p>	<p>Standard 7.1</p>			



Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>employment.</p> <p>Improvement needed</p> <p>The practice must ensure enhanced DBS checks are undertaken for all current staff.</p> <p>The practice must ensure that two relevant references are available for all staff.</p> <p>Going forward – newly recruited staff will be required to submit two references, undertake an enhanced DBS check and annual checks with any registered bodies (GMC, NMC, CCfW) will be undertaken prior to employment and periodically as required.</p>		<p>DBS searches are now in progress for ALL members of staff.</p> <p>References are being requested for staff omitting 2 references as HR requirements</p>	<p>Cerys Lamb</p> <p>Cerys Lamb</p>	<p>1 week</p> <p>1 month</p>

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: Practice Manager**

**Name (print): Cerys Lamb**

**Job role: Practice Manager**

**Date: 26.6.18**

## Appendix C – Improvement plan

**Service:** Troed y Fan

**Date of inspection:** 20 June 2018

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
<b>Quality of the patient experience</b>				
<p>The practice needs to consider the access to the building and its suitability for patients using mobility aids or people with pushchairs.</p> <p>The practice needs to consider purchasing raised seats for the waiting area.</p> <p>The practice needs to ensure privacy curtains are available around examination couches in the clinical rooms.</p>	4.1 Dignified Care			

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice needs to consider reviewing and developing the website.</p> <p>The practice needs to consider how it can reach house bound patients who are not able to use a computer.</p>	4.2 Patient Information			
<p>The practice should consider identifying patients with additional needs on the computerised system so that locum /new staff can be made aware of any significant needs.</p>	6.2 Peoples rights			
<p>The practice needs to ensure that NHS Putting Things Right leaflets advising patients on how to raise concerns are available in the waiting area.</p> <p>The practice needs to ensure that its concern / complaint processes are in line with the NHS Putting Things Right guidance.</p> <p>The practice should consider re-establishing the patient participation group.</p>	6.3 Listening and Learning from feedback			

**Delivery of safe and effective care**

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice needs to consider ways to enable patients with mobility issues or people with wheelchairs to freely access the premises</p> <p>The practice needs to ensure that staff receive annual fire training updates and that fire drills and evacuation simulation exercises are undertaken.</p> <p>The practice needs to ensure that the drawer cabinets containing patient records are kept locked at all times.</p> <p>Policies need to be reviewed, dated and centralised for ease of access.</p>	2.1 Managing risk and promoting health and safety			
<p>The practice must ensure that GPs have oversight and are accountable for any new medication added or changed to patient records.</p> <p>Administration staff should be appropriately trained to undertake any recording of medication.</p>	2.6 Medicines Management			

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice should consider formally recording staff meetings including any areas of learning discussed. These minutes should then be cascaded to all staff.	3.1 Safe and Clinically Effective care			
<p>The GPs must review clinical records and ensure they contain the relevant detail of consultations, investigations, diagnosis, treatment and any further follow up / on going treatment</p> <p>The practice needs to establish regular palliative care meetings with community services.</p>	3.5 Record keeping			
<b>Quality of management and leadership</b>				
<p>The practice needs to develop formal recorded clinical meetings.</p> <p>The practice needs to develop formal recorded staff meetings.</p>	Governance, Leadership and Accountability			
The practice manager needs to review and audit all staff files to ensure all recruitment	7.1 Workforce			

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>documentation and checks are in place.</p> <p>The practice manager needs to develop a staff training matrix which should include both mandatory and individually identified training arising from appraisals.</p> <p>The practice manager needs to develop an annual system of appraisal for staff.</p>				

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:**