



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

Birchgrove Surgery / Cardiff and  
Vale University Health Board

Inspection date: 10 July 2019

Publication date: 11 October 2019

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

## Contents

1.	What we did .....	5
2.	Summary of our inspection.....	6
3.	What we found .....	7
	Quality of patient experience .....	9
	Delivery of safe and effective care .....	18
	Quality of management and leadership .....	24
4.	What next? .....	27
5.	How we inspect GP practices.....	28
	Appendix A – Summary of concerns resolved during the inspection .....	29
	Appendix B – Immediate improvement plan .....	30
	Appendix C – Improvement plan .....	32

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

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **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 Birchgrove Surgery at Caerphilly Road, Birchgrove, Cardiff, CF14 4QJ, within Cardiff and Vale University Health Board, on the 10 July 2019.

Our team, for the inspection comprised of two HIW inspection managers, one of whom was the inspection lead, a GP and practice manager peer reviewers, a lay reviewer and a HIW inspection manager also acting as the 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

Overall, we found evidence that Birchgrove Surgery provided safe and effective care.

The practice had a well-established team working within a friendly pleasant environment, and there was a clear emphasis on providing a positive experience for patients.

We found a small number of areas where improvements could be made.

This is what we found the service did well:

- A clean and tidy environment
- A supportive team working environment
- Patients were treated with dignity and respect
- Good standard of medicines management and record keeping
- Strong leadership and passage of information.

This is what we recommend the service could improve:

- The patient feedback process to include informing patients of the results from feedback
- Evidence that staff have seen and agreed new policies and changes to policies
- Pre-employment checks specifically relating to DBS checks for employees.

## 3. What we found

### Background of the service

Birchgrove Surgery (the practice) currently provides services to over 10,000 patients in the Birchgrove, Rhiwbina and parts of Llanishen areas of north Cardiff. The practice forms part of GP services provided within the area served by Cardiff and Vale University Health Board.

The practice employs a staff team that includes:

- Seven doctors, five partners in the practice and two salaried
- One trainee GP doctor
- One practice manager and one assistant practice manager
- 12 practice staff, including one reception team leader, seven receptionists and four practice administrators
- Three practice nurses including one lead nurse. They are available for advice, inoculations, dressings and cervical smears
- Two healthcare care support workers (HCSW). The HCSW undertakes practical procedures, phlebotomy (taking of blood) urinalysis testing, blood pressure monitoring and ECG recording
- Five staff employed by the health board: Two counsellors, two health visitors and one community midwife
- A cluster pharmacist working from the practice one day per week.

The practice provides a range of services, including:

- Additional Services<sup>1</sup>

---

<sup>1</sup> Additional services are identified at Part 1 (2) NHS ( General Medical Services Contracts) (Wales) Regulations 2004

- Cervical Cytology
- Contraception
- Vaccinations and Immunisations (excluding childhood programme)
- Childhood Immunisations
- Minor Surgery (Curettage & Cautery)<sup>2</sup>
- Child Health Surveillance
- Maternity Services.
- Enhanced Services<sup>3</sup>
  - Minor Surgery (excisions & injections)
  - Near Patient Testing<sup>4</sup>
  - Anticoagulation – Level 2 & 4
  - Learning Disabilities
  - Immunisation.

The practice has a branch surgery at Rhiwbina that was not reviewed during this inspection.

---

<sup>2</sup> Curettage is the use of a curette (a spoon-shaped surgical instrument) to remove tissue by scraping or scooping a superficial lesion from the surface of your skin. The treated area will be the same size as the affected area.

<sup>3</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=6064>

<sup>4</sup> The preferred UK term for point-of-care testing, which consists of imaging, blood and other tests in or adjacent to clinical areas, to reduce patient movement around the health centre/hospital.



## 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.*

Patients we spoke with told us they were treated with dignity and respect by the practice team, and we saw positive interactions between staff and patients. The practice placed an emphasis on providing a positive patient experience.

A range of information was available to patients, to help support them make healthy lifestyle choices.

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

In total, we received 35 completed questionnaires. The vast majority of the patients who completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

Patients were asked in the questionnaire to rate the service provided by this GP practice. Responses were positive; the majority of patients rated the service as excellent or very good. Patient comments included:

*"The care provided by GP is excellent and I am very grateful for this. Appointments are very difficult to obtain, you need to get in as soon as the practice opens for an appointment in four weeks' time. These appointments all go very quickly and you need to keep on trying for days until you are lucky enough to get through to the practice and get an appointment"*

*"Receptionist always polite and helpful. Nurses and doctors all very helpful and professional and very empathetic"*

*"The staff have been excellent, sorting out our many problems. Everyone has been so helpful and kind"*

Patients were asked in the questionnaires how the GP practice could improve the service it provides. Comments suggested for improvement included:

*“Walk in sit and wait clinics for adults. Sometimes hard to get an appointment for myself”*

*“More doctors.”*

## **Staying healthy**

Information was available on posters displayed on the walls within the waiting area and consultation rooms. This was to help patients and their carers to take responsibility for their own health and well-being. Some examples of the information displayed included:

- Smoking cessation
- Immunisations
- Alzheimers.

There were a number of information leaflets available to support the information displayed on the noticeboards, for patients to read and to take away. Community Health Council (CHC)<sup>5</sup> and NHS Wales Putting Things Right<sup>6</sup> leaflets were available in reception, there were also posters displayed advertising this to patients.

Advice and information specifically for carers was also displayed within the waiting area. The practice also had a nominated carers' champion to help provide carers with useful information about local agencies and organisations that may support them with their day-to-day responsibilities. The Carers Champion attends regular local reviews with the cluster for training and development and has a deputy in their absence. The practice implements a clear policy on how patients/relatives of recently bereaved are identified and contacted appropriately. The surgery was accredited with the silver award for Carers by Cardiff and Vale University Health Board in June 2018. The practice requests that patients

---

<sup>5</sup> <http://www.wales.nhs.uk/sitesplus/899/page/71619>

<sup>6</sup> 'Putting Things Right' (PTR), is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales.

complete a form relating to any care needs, on initially joining the practice and when situations change. This then highlights to the practice those patients who may need additional support regarding their caring roles.

The practice offered a range of general medical services that aimed to promote patients' health and well-being, as detailed in the 'What we found' section of this report.

The Practice Development Plan<sup>7</sup> (PDP), three year plan, dated 2017, reflected potential changes locally which are likely to impact on the practice e.g. a new housing developments will further increase the number of patients on the practice list. The plan indicated the need to increase the floor space of the practice.

The practice is also actively involved in the north Cardiff cluster<sup>8</sup> and has the use of a cluster pharmacist for one day a week. The pharmacist work included medication reviews. Additionally, the primary care nurse for older people is a cluster investment, centrally based within the cluster.

## **Dignified care**

All but one of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice.

The majority of patients who completed a questionnaire told us that they could only sometimes get to see their preferred doctor.

We saw staff greeting people in a professional and friendly manner at the reception desk. Everyone we spoke with on the day of the inspection spoke highly of the receptionist.

The reception area was located directly in the waiting room, and at times was very busy. We observed staff talking to patients in hushed tones, to help maintain

---

<sup>7</sup> A review of local need and the provision of services by the practice to create a Practice Development Plan with priorities for action

<sup>8</sup> A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities."

their confidentiality. We were told that should a patient wish to speak in private with a member of staff, they would be taken away from the reception area to protect their privacy. Telephone calls were taken in the front reception area by the receptionist and these conversations with patients could easily be overheard by others in the waiting room. We recommend the practice consider their arrangements to ensure that patient confidentiality is maintained in reception.

Consulting rooms and treatment rooms were located on the ground floor and were away from the waiting area. We saw that doors to the rooms were closed during consultations. This helped protect patients' privacy and dignity during their consultation. The consultation rooms with windows had blinds to maintain privacy during patient appointments and we were told that the blinds were closed during consultations.

#### Improvement needed

The practice is to consider their arrangements in the front reception area to ensure that patient confidentiality is maintained.

#### Patient information

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

The practice had a website and a practice leaflet containing useful information for patients about the practice and the services it offered. A television was also used in reception to update patients on the range of services at the practice. Unfortunately on the day of our visit the television was not working and a replacement monitor had been ordered. We viewed the information that would have been shown through the assistant practice managers' computer where the information flow is monitored. The information included veterans services, diabetes, falls, My Health Online<sup>9</sup> and think pharmacy before GP<sup>10</sup>. There were

---

<sup>9</sup> <https://www.myhealthonline-inps2.wales.nhs.uk/language/selection.html>

<sup>10</sup> Visiting their local pharmacist for minor conditions rather than attending their GP or accident and emergency department.

also several information boards displayed around the reception area, which provided general information to patients about the practice and other services, such as appointments and screening.

As previously mentioned, leaflets with information for patients on health and well-being were available in the waiting area. This included information on local support groups, health promotion advice and self-care management of health related conditions.

Whilst the practice does not have a patient participation group<sup>11</sup>, we were informed that one is being planned to cover the whole of north Cardiff Cluster, in which the practice plays an active role, in the forthcoming year.

### **Communicating effectively**

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

All of the patients who completed a questionnaire felt that things are always explained to them during their appointment in a way that they could understand, and also told us that they were involved as much as they wanted to be in decisions made about their care.

Staff members we spoke with informed us that they are able to access translation services over the phone when requested. The majority of information within the patient waiting room area was bilingual. We were also told that there were two members of staff at the practice that speak Welsh. Additionally, there was a welcoming poster at the entrance to the reception in Welsh and English stating “Please inform a staff member of you language choice”, indicating that the practice had considered the Active Offer<sup>12</sup> for Welsh speakers.

---

<sup>11</sup> A patient participation group is made up of volunteer patients who meet with practice staff at regular intervals to discuss the work of the practice. They aim to feedback patient views & suggestions for improving, changing & developing patient services to the practice. These meetings are not a forum for individual complaints or single issues.

<sup>12</sup><http://www.wales.nhs.uk/sites3/Documents/415/A%20active%20offer%20information%20pack%20-%20Health%20-%20FINAL1.pdf>

The practice had a self-check-in (touch screen) machine in the main reception area that we saw patients use to confirm that they had arrived for their appointment. This machine offered a choice of language options for patients to choose from including English and Welsh on the front screen. Patients we spoke with stated that the receptionist would do anything to help. We saw that receptionists were happy to listen to patients and explain details to patients. We also saw the receptionist help patients with the self-check-in screen.

The practice had a hearing loop to help patients who were deaf or hard of hearing. However, staff told us that they did not know how to operate this equipment. We recommended to the practice that this training should take place to ensure that hard of hearing or deaf patients are able to communicate easily with staff at reception.

Messages, from patients and others, when received, are attached to the patient record which automatically alerts the clinician dealing with their care. Additionally, instant messaging and emails are used to communicate within the practice depending on the urgency. These have to be initialled by the GP on-screen to demonstrate they have been acted upon.

Any incoming results or reports of investigations that require follow-up are sent electronically to the GP who sends a task to the administrative staff clearly indicating the action / follow up required. We were informed that if three attempts to contact the patient by phone fails, a letter is sent to the patient. This is then documented on the patient records.

#### Improvement needed

The practice is to ensure that all staff are able to operate the relevant equipment at the practice including the hearing loop.

### **Timely care**

The majority of the patients who completed the questionnaire told us that they were very satisfied with the hours that the practice was open. However, just over a third of the patients who completed a questionnaire said that it was not very easy or not at all easy to get an appointment when they needed one.

When asked to describe their overall experience of making an appointment almost all of the patients who completed a questionnaire described their experience as very good or good.

The practice opened between 8:30am to 6:00pm, Monday to Friday. A mixture of pre-bookable (routine) and on the day (emergency appointments) were offered. Staff told us that there was usually a two to four week wait if patients wanted to see a designated doctor. Appointments could be made over telephone or by email. The reception team use Care Navigation<sup>13</sup> and aim to appropriately signpost patients in addition to using choose pharmacy<sup>14</sup>.

We did not see patients waiting long in reception for their appointment. The reception staff told us that they would tell patients if there would be a significant delay and they would then offer patients the opportunity to either rebook, or return to the practice later in the day, if they could not wait any longer.

My Health Online is used for booking appointments, appointment reminders and repeat prescriptions, it is also used for text messaging.

We considered a number of patient records and found that there was a robust process in place for referring patients to specialists, and that these were acted upon in a timely manner. In-house second opinions were used, for example for dermatology and minor surgery. Coded information is included in the referral templates used to identify deaf or blind patients, for example. Additional content is added to the body of the referral if an interpreter is required.

## **Individual care**

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

We found there was good disabled access with a number of parking spaces very close to the practice. A designated disabled space was located directly outside the building. There was an automatic door to access the main entrance, and the practice was accessible to patients using wheelchairs, those with mobility difficulties, and for those with pushchairs.

Home visits are available for housebound patients who require the services of a GP, these are triaged by the on call GP. Learning disability and mental health patients receive an annual review, at these reviews any issues identified are

---

<sup>13</sup> <http://www.wales.nhs.uk/sitesplus/866/page/98000>

<sup>14</sup> <https://nwis.nhs.wales/systems-and-services/in-the-community/choose-pharmacy/>

discussed and followed up as necessary. A cluster primary care nurse for older people is also funded by the cluster for those who are frail and infirm to assess their needs at home.

When we interviewed the practice management team they stated that there had been an increase in demand on the Chronic Disease Management Clinics that has led to an expansion of the provision of these clinics. The practice also links with the diabetes specialist at the local hospital in addition to involvement of the diabetes nurse specialist.

## **People's rights**

We looked at a sample of staff records and found that staff had undertaken relevant information governance and confidentiality training (in addition to the care navigation training described above).

There were written policies in place relating to equal opportunities and ethnic monitoring. Our findings throughout this section (Quality of patient experience) indicate that the practice was aware of its responsibilities around people's rights. During our visit we observed patients being treated with respect and efforts were made by staff to protect their privacy. We also saw evidence of the efforts made to provide services to patients, taking into account their individual needs, for instance staff taking patients to a private room for discussions when requested.

Patients could be accompanied by their relatives or carers within the practice and during consultation or treatment if desired. The practice had a chaperone policy and there was a notice informing patients of their chaperoning procedures in the waiting room. Nominated staff had completed chaperone training. The use of chaperones aims to protect patients and healthcare staff when intimate examinations of patients are performed.

## **Listening and learning from feedback**

The practice welcomed comments or suggestions from patients and carers and there was a poster to this effect in reception and all comments were filed. However, there was no process in place for informing patients of the results or action taken as a result of the suggestions. In addition, there was no process in place to survey patients, or to obtain their feedback in general. We recommended that the practice should consider doing this at regular intervals.

All complaints were brought to the attention of the practice manager, who would deal with them in line with the practice's policy. The emphasis was placed on dealing with complaints at source, in order for matters to be resolved as quickly as possible. Complaints information was displayed in the waiting area.



### Improvement needed

The practice must:

- Consider how to feedback to patients with any actions or results from their suggestions
- Complete regular surveys of patients, to obtain their views on the practice, separate from any surveys run by the health board.

## 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 practice had arrangements in place to promote safe and effective patient care. We found a staff team who were patient centred and committed to delivering a high quality service to their patients.

We found that there was a good level of pharmacy support, with a range of services available, provided by the cluster pharmacist.

The practice was clean and tidy, and had good infection control arrangements in place.

The sample of patient records we received were of a good standard, helping to demonstrate a good standard of care.

Effective communication was demonstrated both internally and with the wider clinical team, for the safety and benefit of patients.

## Safe care

### Managing risk and promoting health and safety

All but one of the patients who completed a questionnaire felt that it was very easy or fairly easy to get into the building that the GP practice is in.

During a tour of the practice, we found that all areas accessed by patients were clean and uncluttered, which reduced the risk of trips and falls. Overall, we found the practice building was suitably maintained both externally and internally.

All consultation rooms were on the ground floor with a key operated lift to the first floor administrative area. The front door of the practice had recently changed from a swing door to an automated sliding door to improve access. New patient questionnaires require information that assists the practice in identifying patients with difficulty in accessing the practice.

We saw that the practice manager conducted regular audits of the environment, to help make sure the practice remained in a good state of repair. We also found

that regular checks of the fire safety equipment was carried out, and staff received training during their induction programme. The practice was recently awarded a silver award for Healthy Working Wales<sup>15</sup>, which includes health and safety risk assessments.

The practice had an induction process that requires new members of staff to sign off that they have read and understood all the policies and procedures at the practice. There was a comprehensive risk register and regular assessment of risks noted.

The practice had a business continuity plan that we viewed during the inspection and saw that this was reviewed and updated annually. They also have a branch surgery in Rhiwbina, which is approximately one mile from the Birchgrove surgery, which is of benefit in terms of business continuity should there be an issue with the practice in Birchgrove. The practice manager also stated that training updates for emergency planning include scenario training.

### Infection prevention and control

There were no concerns given by patients over the cleanliness of the GP practice. The majority of patients who completed a questionnaire felt that, in their opinion, the GP practice was very clean.

We were informed by practice management team that the practice uses Aseptic Non Touch Technique<sup>16</sup> training to reduce the risks of healthcare associated infections. We saw the certification for members of staff.

Staff told us that they had personal protective equipment, such as gloves and disposable plastic aprons, to reduce cross infection. The clinical treatment areas we saw were visibly clean and tidy. We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitisers were also available around the practice.

---

<sup>15</sup> <http://www.healthyworkingwales.wales.nhs.uk/workplace-awards>

<sup>16</sup> Aseptic Non Touch Technique (ANTT) is a unique Clinical Practice Framework for ensuring high standards of aseptic technique and has been shown to help reduce Hospital Acquired Infections (HAI).

We saw that the curtains in the treatment rooms were disposable, meaning that they could be easily replaced should they become contaminated or dirty. This demonstrates a good commitment to infection prevention and control. In addition, there was a clear and detailed infection control policy in place and we were informed that there had been an audit of the infection control arrangements in 2018.

We saw that records were kept with regard to staff Hepatitis B immunisation status.

### **Medicines management**

Discussions with staff and consideration of recorded patient information, revealed that the system and processes in place regarding medicines management was of a good standard.

Medication reviews are undertaken annually, by the clinicians. Additionally the cluster pharmacist will undertake regular medication reviews as part of his work one day a week at the practice.

Any medicines management significant events would be discussed at the monthly partners meeting and the outcomes reviewed at the next meeting. Adverse reactions to drugs are reported to the health board via the Yellow Card<sup>17</sup> system. The health board medicines management team are contacted for drug destruction.

We saw that there was a record of regular checks of equipment and drugs used in an emergency. We saw records to show that staff received training on how to deal with patient emergencies (such as collapse), on a regular basis.

We found that drug fridge temperatures, used to store vaccines, were consistently checked on a daily basis. This is to ensure that vaccines are stored at the appropriate temperature to make sure they remain viable for use.

### **Safeguarding children and adults at risk**

---

<sup>17</sup> <http://www.wales.nhs.uk/ourservices/directory/NationalProgrammesandServices/372>

We found that there were child and adult safeguarding policies and procedures in place and regular training undertaken. Such procedures aim to promote and protect the welfare and safety of children and adults who are vulnerable or at risk.

A nominated GP partner is appointed as the safeguarding lead for adults and children at the practice. Arrangements were described for recording and updating relevant child protection information on the electronic patient record system. We were told that with any identified child protection issues or amendments required and alerts were placed or removed within the electronic patient record system where applicable.

## **Effective care**

### **Safe and clinically effective care**

The practice had suitable arrangements in place to report patient safety incidents and significant events. The sharing of safety alerts received into the practice was appropriately managed. We found that any significant incidents were discussed as a team on a regular basis to ensure learning could be shared, this included a review of patient records where appropriate. General information received by the practice manager would be shared via email and in practice team meetings.

The practice would inform the health board of any events that may require entry onto Datix<sup>18</sup> and the health board would enter as appropriate. Internal Significant Event Analysis (SEA) are recorded and discussed internally and learning points shared at the partners meetings along with clinical events, incidents and complaints received.

### **Quality improvement, research and innovation**

The practice is an accredited training practice and undertake the training of GP registrars under the supervision of the University of Wales, College of Medicine. Additionally from time to time, the practice undertakes the training of students intending to become health professionals. The ability to observe consultations is an important part of their training and the co-operation of patients is required.

---

<sup>18</sup> <https://www.datix.co.uk/en/about>

Patients will be advised if their GP is teaching students and will be able to see their GP alone if they prefer.

The practice carried out a range of audits to help drive improvement; these included patient records, infection control, environmental and other clinical audits conducted by the GP partners. Additionally, as mentioned above the cluster pharmacist undertakes the practice prescribing audits and shares results with the practice team. The pharmacist further works with the practice to implement any changes identified to be necessary and re-audited.

### **Information governance and communications technology**

We found that there were clear information governance policies and procedures in place. Staff members we spoke with were aware of how to access this information. We also found that patient records were appropriately stored and protected to prevent unauthorised access.

The three year practice development plan, stated, as part of the access analysis, that the practice estimated that 700 calls were made weekly to patients. The practice stated some of which should be considered telephone consultations, advice and to discuss results with the GP. This information was taken from the telephone recording system. Patients call each morning for telephone advice (whereby they perhaps avoid having to visit the GP). Doctors who have asked a patient to call them back specifically will have a message passed through to the requesting GP.

### **Record keeping**

A GP reads all incoming mail and will highlight anything that the administrative team need to code and / or add to the patient record in addition to scanning the whole document. Medication changes are passed on to the prescribing team who are supported by the cluster funded pharmacist. Summarising of new patient records, was only carried out by members of the administrative team who have received the accredited training in addition to being mentored by trained members of staff. The cluster has also contributed to organising Read Code training. Read Codes are a coded thesaurus of clinical terms and have been used in the NHS since 1985.

In addition to the summarising policy, we were informed by both practice management and the GPs that we spoke with, that spot checks are carried out on the summaries. During our discussion with GPs, we were informed that GPs assess each others records in a group every six months. Additionally, external peer reviews take place during cluster meetings and training sessions and the GPs/nurses will frequently bring back new information for sharing.

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance. We reviewed a sample of patient records and overall, we found them to be of a good standard, supporting the care and treatment provided to patients. We recommended that some improvements could be made to ensure that all records are maintained to a consistent standard. This related to recording the linkage between why medication is prescribed and the diagnosis.

#### Improvement needed

The practice must ensure that patient records record the link between the reason that medication is prescribed and the diagnosis.

## 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 a strong team led by a very organised practice manager whose aim was to provide a positive experience for patients.

Regular meetings were held within the practice, giving the opportunity for staff to discuss concerns and to share information.

## Governance, leadership and accountability

The practice had concerns, reflected in the Clinical Governance Practice Self-Assessment Tool<sup>19</sup> (CGPSAT), relating to the increase of total list size following the closure of two local practices. Additionally, recent staff absences have resulted in the practice employing some temporary staff and the workload on staff has increased. Staff told us that they were happy in their roles, and were supported to develop their skills and undertake training. Whilst staff we spoke with stated that they have had opportunities to undertake training, they believe that these absences has resulted in less time to undertake training recently.

The GP partners and practice manager meet on a monthly basis. The meetings follow an agenda determined by issues that have arisen during the preceding month. Additionally, matters arising from previous minutes are systematically reviewed. The meetings are minuted and records copied to all those present to undertake any relevant action points. In addition to the regular monthly meeting, the senior team meet on an ad-hoc basis to discuss any urgent or significant

---

<sup>19</sup> The All Wales Clinical Governance Practice Self-Assessment Tool (CGPSAT) encourages practices to bridge the gap between understanding and thinking about their governance systems and completing the actions needed to improve them. Practices are asked to consider how mature their systems are by means of a matrix.



issues that may arise. A GP will attend the cluster meetings along with the practice manager. Reception and administrative staff meet monthly and feedback in to the GP business meetings. The practice nurses meet with the GPs on a regular basis but arrange their own meetings to discuss clinical, administrative and patient reviews.

The practice manager has an open-door policy and can be contacted by staff at any time if they should have any concerns in relation to their own health. Up to date policies are in existence (for example stress, workload, alcohol & or drug misuse). In addition, there are clear lines of responsibility so that staff can also contact their immediate manager or the assistant practice manager.

## **Staff and resources**

### **Workforce**

The CGPSAT, as confirmed with the practice manager, stated that a full review and overhaul of practice policies and procedures took place in 2016. These are now reviewed annually at the beginning of the year. Employment policies were reviewed by an external employment lawyer and a staff handbook produced. These continue to be discussed within the annual all staff / clinician meeting. All new employees have a copy of the staff handbook and are guided to the policies and procedures manual at the rear of reception. In addition to the staff handbook being provided on recruitment, new staff are given a full induction session to ensure they are up to date with specific requirements.

Staff were informed by emails or memorandum of any changes to policies and in some instances this is communicated verbally. However, a record to show that staff have read and understood the changes is not kept. We recommended that a written record is kept of the understanding of the changes.

A training matrix is maintained by the practice manager and is updated when staff attend training, and copies of certificates are kept within personnel folders. These include child protection, safeguarding of vulnerable adults, health and safety and fire procedures. The practice manager reviews training plans annually during the appraisal process ensuring that all aspects of training have been updated and where needed any follow-up.

The practice conducts annual appraisals for staff that are fully documented, clinical staff have personal development plans and the practice has a workforce development plan which is reviewed (and documented) during practice meetings. We were shown an appraisal discussion form that is given to staff to complete before the appraisal, together with the general performance assessment that is discussed during the appraisal meeting.

During our inspection, we considered the pre-employment records of two non-clinical members of staff and there was no evidence that the relevant Disclosure and Barring Service (DBS) checks had been carried out. The practice manager confirmed that DBS checks were not routinely undertaken for any non-clinical members of staff such as, practice management, administrative and reception staff. DBS checks were carried out for all clinical staff and the certificates are held on file.

Our concerns regarding carrying out DBS checks on non-clinical members of staff 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.

#### Improvement needed

The practice is to put in place a system to ensure there is evidence, on file, that staff have seen and agreed new policies and changes to policies.

## 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, measurable, 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
No immediate concerns were identified on this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Birchgrove Surgery

**Date of inspection:** 10 July 2019

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>The practice must implement a process to ensure that:</p> <ul style="list-style-type: none"> <li>• Pre-employment checks for all staff include the need for a DBS check appropriate to their roles</li> <li>• All current members of staff have a DBS check undertaken urgently, appropriate to their roles. A record must be kept within the practice.</li> </ul>	<p>Health and Care Standards (April 2015) 7.1 Workforce</p>	<p>DBS checks are routinely undertaken for all clinical staff.</p> <p>Ensure that a DBS check is completed for all members of non-clinical staff on induction at the practice.</p> <p>Where a member of staff is likely to be chaperoning during a consultation, an enhanced DBS check is necessary and will be undertaken.</p> <p>All other staff members to have a standard DBS check in place.</p>	<p>Nichola Williams, Practice Manager</p>	<p>10 November 2019</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):**                      **Nichola Williams**  
**Job role:**                              **Practice Manager**  
**Date:**                                      **19 July 2019**

## Appendix C – Improvement plan

**Service:** Birchgrove Surgery

**Date of inspection:** 10 July 2019

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>				
The practice is to consider their arrangements in the front reception area to ensure that patient confidentiality is maintained.	4.1 Dignified Care	<p>The reception staff are reminded on a regular basis of the importance of patient confidentiality. They are advised to ensure that a patient's identity cannot be determined by any patients who may overhear a conversation whilst sat in the waiting room. Regular reminders will continue to be given within monthly team meetings regarding confidentiality and the procedure to be followed when a private discussion is required.</p> <p>Two out of four telephone points are located in the front reception. We have considered relocating all the telephones</p>	Nichola Williams, Practice Manager	<p>Next meeting due 19.08.19.</p> <p>For further discussion in 2020.</p>



Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>to a room off the reception area involving considerable reconfiguration of the space currently available. Serious thought was given to this plan but it would result in a reduced presence of reception staff front of house which is not in keeping with our personal touch which the patients consistently speak highly of. Should an opportunity arise to reconfigure the property, the layout of reception will be considered once again.</p> <p>The surgery pays for ambient music in the waiting room to distract patients from listening to others conversations. This will be continued.</p> <p>Patients are able to speak with the receptionists away from the main waiting room if preferred. This will continue to be the case.</p>		<p>As existing.</p> <p>As existing</p>
<p>The practice is to ensure that all staff are able to operate the relevant equipment at the practice including the hearing loop.</p>	<p>3.2 Communicating effectively</p>	<p>Staff will be reminded of how the hearing loop is used by patients through demonstration. We will also discuss due</p>	<p>Nichola Williams, Practice Manager</p>	<p>Next meeting 19.08.19</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		consideration to the risk in its use to other hearing aid wearers.		
<p>The practice must:</p> <ul style="list-style-type: none"> <li>Consider how to feedback to patients with any actions or results from their suggestions</li> </ul> <p>Complete regular surveys of patients, to obtain their views on the practice, separate from any surveys run by the health board.</p>	6.3 Listening and Learning from feedback	<p>The practice will contact patients who have provided a suggestion with the outcome. This will be undertaken either by telephone, email or by letter.</p> <p>Annual survey to be undertaken.</p>	Nichola Williams, Practice Manager	<p>With immediate effect.</p> <p>Annually in July with effect from July 2020</p>
<b>Delivery of safe and effective care</b>				
The practice must ensure that patient records record the link between the reason that medication is prescribed and the diagnosis.	3.5 Record keeping	The current computer system does not allow easy linkage between condition and medication. However the practice is due to change computer system in 2020 and this will be considered at that time. NWIS currently consider that we will be moving to our new software provider during March 2020. It is anticipated that we will be able to record the link between the reason that medication is prescribed and the diagnosis on every patient record	Matthew Bennett, Assistant Practice Manager	31 December 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		by 31.12.2020. In the meantime, medication reviews will continue to be routinely thorough taking into account each patients' co-existing medical conditions.		
Quality of management and leadership				
The practice is to put in place a system to ensure there is evidence, on file, that staff have seen and agreed new policies and changes to policies.	7.1 Workforce	Copy of minutes to be signed following any policy change.	Nichola Williams, Practice Manager	With immediate effect.

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): Nichola Williams**

**Job role: Practice Manager**

**Date: 9 August 2019**