

General Practice Inspection (Announced)

Troed y Fan Medical Practice.

Cwm Taf Morgannwg UHB

Inspection date: 29 April 2019

Publication date: 30 July 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
Website: www.hiw.org.uk**

Contents

1.	What we did	4
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	13
	Quality of management and leadership	17
4.	What next?	19
5.	How we inspect GP practices.....	20
	Appendix A – Summary of concerns resolved during the inspection	21
	Appendix B – Immediate improvement plan	22
	Appendix C – Improvement plan	23

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 Troed y Fan Medical Practice at Cottrel Street, Aberfan, Merthyr Tydfil, CF48 4QU, within Cwm Taf Morgannwg University Health Board on the 29 April 2019.

Our team, for the inspection comprised of two HIW inspection managers (one inspection lead and one shadowing), 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

Overall, we found evidence that Troed y Fan medical practice provided safe and effective care. The practice had a well-established team working within a friendly pleasant environment. 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:

- Clean and tidy environment
- Staff are professional and friendly
- Evidence of a strong team with a supportive management structure
- Good standard of record keeping and audit.

This is what we recommend the service could improve:

- Making improvements to the website to ensure it reflects the services on offer
- Displaying feedback from patients and any action taken as a result
- Implement a system of peer review to maintain the good standard of record keeping.

3. What we found

Background of the service

Troed y Fan medical practice currently provides services to approximately 4872 patients in the Aberfan area. The practice forms part of GP services provided within the area served by Cwm Taf Morgannwg University Health Board.

The practice employs a staff team which includes four General Practitioners, two Registered General Nurses, one Health Care Assistant and one Phlebotomist.

The practice provides a range of services, including:

- Chronic disease management clinics for heart disease, diabetes, respiratory/spirometry and blood pressure.
- Child health clinics
- Phlebotomy
- Minor surgery
- Minor injury
- Physiotherapy
- Ultra sound scans
- ECG's
- Antenatal
- Cytology screening
- Family planning
- Vaccinations
- Medicals for pre-employment, sports and driving requirements.

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 staff at the practice, and we saw positive interactions between staff and patients. The practice placed an emphasis on positive patient experience.

The practice had a system in place to obtain patient feedback and we saw appropriate processes in place to manage any patient concerns.

We recommended that the feedback from patients be displayed at the practice.

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 19 completed questionnaires. The 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 either 'excellent' or 'very good'. Patients told us:

"The service I and my family receive at the practice is excellent. Staff and doctors are very patient and understanding. We are very fortunate to be served by this practice"

"Very happy with service provided"

Patients were asked in the questionnaires how the GP practice could improve the service it provides. Suggested improvements included:

“More appointments available with preferred doctor”

“Maybe stay open late one day for people who work till 6.30pm”

Staying healthy

We saw that there were a variety of posters and information leaflets for patients to read and take away with them in the waiting area of the practice. This meant the practice helped to provide information to patients about taking responsibility for their own health and well-being.

The practice had information and advice displayed specifically for carers in the waiting area. Four of the staff employed at the practice were also carers' champions, who carers could contact for advice and support.

Dignified care

We saw staff speaking with people in a professional and friendly manner. Enquiries at reception were dealt with very promptly meaning patients weren't waiting long periods.

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

We considered the physical environment and found that patient confidentiality and privacy had been considered and the physical environment was utilised in the best way possible. The practice manager told us that a room could be used for patients to discuss any personal or sensitive matters in order to protect their privacy.

We saw that doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Curtains were available around the treatment couches.

The practice had a policy on the use of chaperones. The right to request a chaperone was clearly displayed in the reception area for anyone who required this service.

Just over half of the patients who completed a questionnaire told us that they could only 'sometimes' get to see their preferred doctor.

Patient information

The practice had a detailed website and a practice leaflet which contained useful information for patients about the practice and the range of services it offered.

As previously mentioned, there was a range of information posters and leaflets available in the waiting area.

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

We found that the website gave an option to request repeat prescriptions online, however, this wasn't something the practice offered.

Improvement needed

The practice must ensure that the website reflects the services available.

Communicating effectively

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

Every patient who completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand. They also told us that they are involved as much as they wanted to be in decisions made about their care.

Timely care

Each patient who completed the questionnaire told us that they were 'very satisfied' or 'fairly satisfied' with the hours that the practice was open. The majority of patients that completed a questionnaire said that it was 'fairly easy' to get an appointment when they needed one.

We were shown the system for appointments throughout each day. These were separated into pre-booked, booked on the day, late appointments set aside for patients who worked in the day and emergency appointments that were triaged by one of the general practitioners prior to being allocated.

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

We were told that the practice is considering implementing an on-line appointment booking system in the near future.

We considered a number of patient records and found there to be processes in place for referring patients to specialist services; these were acted upon in a timely manner. Results of referrals were collated by the practice manager to ensure patients received any necessary follow up appointments.

Individual care

Planning care to promote independence

The practice is located in a purpose-built building. All facilities are on the ground floor and are accessible for people with restricted mobility. There was limited parking on the street outside the surgery, there were however a number of spaces designated for disabled parking.

The building could be accessed via a ramp and was wheelchair accessible. There were double front doors which were not automatic, however, there was an accessible bell to summon assistance from reception staff who would assist with access.

There were raised chairs in the reception area for patients who were unable to utilise the standard seating. The reception desk did not have a lowered hatch for wheelchair users. We were told that wheelchair users are given access to the side door to reception if so required.

People's rights

It was evident that the practice was aware of its responsibilities around people's rights

Listening and learning from feedback

There was an internal complaints procedure in place and information about how to make a formal complaint was displayed in the waiting area. The practice manager was responsible for investigating complaints and we were shown the recording system for this. The practice had information on the NHS 'putting things right' available for patients

There was also a patient suggestion box on the reception counter next to the repeat prescription box. This invited patients to make comments about the care and treatment they had received at the practice. The practice did not display feedback to patients, either compliments or improvements made.

The practice's patient questionnaire did not have a section for patients to identify their ethnic background or whether they had a disability. We also found that HIW contact information was not available within the complaints procedure.

Improvement needed

The practice should consider displaying feedback for patients from suggestions of how the service can be improved and positive comments.

The practice must ensure that questionnaires afford patients the opportunity to identify protected characteristics.

The practice must have a complaints system that provides HIW contact details.

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.

The sample of patient records we reviewed were of a good standard.

The refrigerated medication storage procedure needs improvement around the daily temperature checks.

Emergency resuscitation equipment needs to be stored in a more accessible location within the practice.

Safe care

Managing risk and promoting health and safety

During a tour of the practice building, we found all patient areas to be clean and uncluttered which reduced the risk of trips and falls. We found the practice building to be well maintained both externally and internally.

The majority of patients who completed a questionnaire felt that it was 'very easy' to get into the building that the GP practice is in.

Fire safety equipment was maintained annually and appropriately located in the building. We were told that staff were aware of their responsibilities and any concerns would be reported to the practice manager or senior member of staff.

Infection prevention and control

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

Staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection. The clinical treatment areas we saw were visibly clean. We did, however, see a urine dipstick left out on a counter after use which could pose a cross contamination risk.

We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitisers were also available around the practice.

Clinical waste was securely stored until it could be safely collected.

There was a clear and detailed infection control policy in place.

We saw that individual staff records had been kept with regard to their Hepatitis B immunisation status, to help protect both staff and patients. This was maintained by the practice manager.

Improvement needed

The practice must ensure that clinical items are disposed of appropriately and promptly after use.

Medicines management

We saw that there was a record of regular checks of equipment and drugs to be used in an emergency. There were two sets of resuscitation equipment, one kept at each end of the building. There were, however, a number of locked doors to get through to access this equipment. We discussed this with the practice who agreed to move this equipment to a more accessible location. We saw staff training records which showed that all staff had received annual training in cardiopulmonary resuscitation (CPR).

We found that drugs were stored securely on the premises. We were told that controlled drugs were not kept at the practice. We found that the medication refrigerator was locked and had appropriate temperature monitoring equipment. There were, however, a number of occasions where the maximum and minimum temperature had not been recorded. These coincided with medical staff not being at the practice and were sporadic. We were assured when speaking to staff that appropriate protocols would be implemented should the temperature be found to have fallen outside of acceptable parameters.

The practice implemented a process of delegation of these responsibilities prior to us leaving the inspection.

Patients could access repeat prescriptions by calling into the surgery or via telephone.

Improvement needed

The practice must ensure the emergency resuscitation equipment is in an accessible location within the practice building.

The practice must ensure that medication fridge temperatures are recorded daily.

Safeguarding children and adults at risk

We found that there were child and adult safeguarding policies and procedures in place and the senior partner was appointed as the safeguarding lead for the practice.

On inspection of a sample of patients' records we were able to confirm that children who had safeguarding needs were flagged up as necessary. We suggested the practice implement a pop up system on appropriate patient records where safeguarding issues have already been highlighted.

We saw that staff had received appropriate child and adult safeguarding training. Clinical staff had all received a higher level of safeguarding training, to level three. This was appropriate for their role.

Effective care

Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events. The practice manager was responsible for the recording of these. We found that any significant incidents were discussed at six weekly team meetings to ensure learning could be shared.

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

Quality improvement, research and innovation

The senior partner at the practice carried out ultrasound scans on site for certain types of ailment with the intention of expediting patients access to further specialist treatments.

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 found that patient records were appropriately stored and protected to prevent unauthorised access.

Record keeping

We looked at a sample of patient records and overall found them to be of a good standard, supporting the care and treatment provided to patients.

We recommended a system of peer review of clinical notes between GP's at the practice to ensure standards are maintained.

Improvement needed

The practice must implement a process of peer review in order to maintain the high standards of record keeping in line with accepted professional standards.

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.

We recommend a more thorough process for keeping records of staff training within the practice.

Governance, leadership and accountability

We found a patient-centred staff team who were committed to providing services of a high standard. We found that the practice as a whole worked as a close cohesive team, with good opportunities for all staff to communicate and contribute to the development of the practice.

Staff we spoke with told us that they felt supported by the management team and had good access to training opportunities. This supportive attitude was evident with a health care assistant being supported through nurse training and a phlebotomist being supported to become a health care assistant.

We saw that regular staff meetings were held at the practice. Meeting minutes were produced for these meetings and shared with staff should they not be able to attend. Staff told us that they felt able to raise any concerns, or raise any issues during these meetings or at any other time. Staff felt that they would be listened to and any concerns or issues addressed by the management team.

The practice undertook an extensive range of audits to help drive improvement. These were implemented and maintained by the practice manager.

We were told that the practice had experienced a partial retirement of one of its nurses and in the near future will lose its senior partner to retirement. There

was no contingency plan in place to deal with this adjustment to resilience at the practice. We recommended that this plan be created in partnership with the local health board to ensure a continuity of service for patients.

Improvement needed

The practice must produce a contingency plan in conjunction with the local health board with a view to maintaining services for patients.

Staff and resources

Workforce

We found that the practice was well-established as a team with many staff members being employed for a number of years.

Staff were able to describe their roles and responsibilities, and demonstrated a good understanding of the practice workings.

Staff told us that they had good access to training, with a combination of online and in-house training sessions arranged. We looked at a sample of staff files and found some certificates to evidence training attended. The practice manager had oversight of training compliance for both clinical and non-clinical staff. GP's held their own training records away from the practice, however, details of their compliance were held by the practice manager.

Staff had regular appraisals and training opportunities identified as a result.

We found that there were staff induction materials available, however, there was no evidence of these being provided to staff. The same applied to policies at the practice, there was no record to show that staff had read them

Improvement needed

The practice must keep a record to evidence staff having been provided with a copy of the induction materials.

The practice must keep a record to evidence staff having read and understood policies appropriate to their role at the practice.

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: **Insert name**

Date of inspection: **Insert date**

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified during this inspection				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Troed y Fan Medical Practice

Date of inspection: 29 April 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
Quality of the patient experience				
	1.1 Health promotion, protection and improvement			
	4.1 Dignified Care			
The practice must ensure that the website reflects the services available.	4.2 Patient Information	The Website is new to the surgery and still in its development stage. We are working to bring this in line with mandatory information required and a more comprehensive form of communication for both surgery and		

Improvement needed	Standard	Service action	Responsible officer	Timescale
		patients		
	3.2 Communicating effectively			
	5.1 Timely access			
	6.1 Planning Care to promote independence			
	6.2 Peoples rights			
<p>The practice should consider displaying feedback for patients from suggestions of how the service can be improved and positive comments.</p> <p>The practice must ensure that questionnaires afford patients the opportunity to identify protected characteristics.</p> <p>The practice must have a complaints system</p>	6.3 Listening and Learning from feedback	<p>We are developing a patient specific notice board (in the waiting room) and to duplicate this information on our Web site creating a question and answer forum for all our patients.</p> <p>We will update our concerns procedure to include HIW contact details</p>		

Improvement needed	Standard	Service action	Responsible officer	Timescale
that provides HIW contact details.				
Delivery of safe and effective care				
	2.1 Managing risk and promoting health and safety			
The practice must ensure that clinical items are disposed of appropriately and promptly after use.	2.4 Infection Prevention and Control (IPC) and Decontamination	In-house training has been re-addressed to emphasise the importance of cross contamination and the importance of disposing samples in a safe and timely manner		
<p>The practice must ensure the emergency resuscitation equipment is in an accessible location within the practice building.</p> <p>The practice must ensure that medication fridge temperatures are recorded daily.</p>	2.6 Medicines Management	<p>Action has been made at the surgery to bring all emergency equipment into 1 centralised single site.</p> <p>Acquisition of a new log based fridge thermometer to ensure all days are monitored and recorded.</p>		
	2.7 Safeguarding children and adults at risk			

Improvement needed	Standard	Service action	Responsible officer	Timescale
	2.9 Medical devices, equipment and diagnostic systems			
	3.1 Safe and Clinically Effective care			
	3.3 Quality Improvement, Research and Innovation			
	3.4 Information Governance and Communications Technology			
The practice must implement a process of peer review in order to maintain the high standards of record keeping in line with accepted professional standards.	3.5 Record keeping	Ongoing development to be arranged by Senior partners to implement in peer review of clinical recording		

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The practice must produce a contingency plan in conjunction with the local health board with a view to maintaining services for patients.	Governance, Leadership and Accountability	Ongoing correspondence with the UHB We are also continuing to advertise		
The practice must keep a record to evidence staff having been provided with a copy of the induction materials. The practice must keep a record to evidence staff having read and understood policies appropriate to their role at the practice.	7.1 Workforce	The Induction evidence will be incorporated into the staff file for evidence Revised criteria with staff/surgery policies with in-house training and signing off new policies/training undertaken		

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

Service representative

Name (print): **Dr T Lock**
Job role: **Senior Partner**
Date: **14.06.2019**