Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection (Announced)

Penygraig Surgery / Cwm Taf Morgannwg 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 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 Penygraig Surgery at George Street, Tonypandy, CF40 1QN, within Cwm Taf Morgannwg University Health Board on the 15 May 2019.

Our team, for the inspection comprised of two HIW inspection managers (one, the inspection lead), GP and practice manager peer reviewers. Two voluntary members from Cwm Taf Morgannwg Community Health Council[1] (CHC) were also present.

The CHC voluntary members spoke with patients and considered the environment and the information available to patients within the practice. A copy of their report, once published, can be found on the Cwm Taf Morgannwg CHC website[2]. The practice will need to liaise with the CHC regarding the findings and recommendations they have made.

As part of the overall inspection, HIW reviewers also considered some areas of the patient experience. Information relating to this can be found within the body of the report.

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.

[1] http://www.wales.nhs.uk/sitesplus/899/home

[2] http://www.wales.nhs.uk/sitesplus/903/page/45256

2. Summary of our inspection

Overall, we found that the practice was focussed on delivering safe and effective care, however, it was not fully compliant with all Health and Care Standards.

We observed positive and friendly interactions between staff and patients. The environment was welcoming to all, and patient's comments were generally positive about the practice, however, issues were raised about the accessibility of appointments.

The practice was clean and tidy, and there were appropriate infection control measures in place.

Communication between staff within the practice was reported as good, and staff told us they felt supported by the management team.

A robust process was required to ensure that drugs and equipment used in a medical emergency were checked on a regular basis.

Significant improvements were required with regards to pre and post-employment checks of newly appointed staff. This was dealt with under HIW's immediate assurance process. In addition, the practice was required to implement a register to monitor the hepatitis B status of all clinical staff as a matter of urgency.

Additionally, more robust processes were required for the monitoring and recording of staff training, and for ensuring that there was sufficient oversight of staff professional registrations.

This is what we found the service did well:

- Positive and friendly interactions between staff and patients
- Care and treatment was provided in a way that upheld patient privacy and dignity
- Health promotion information was available in the waiting area

- Clean and tidy environment inside the practice
- Commitment by the practice management team to make improvements.

This is what we recommend the service could improve:

- Information on the website and within the patient information leaflet
- Undertaking a disability access assessment
- Information for patients regarding elements of the complaint process and the CHC contact details
- A process for ensuring that complaints are recorded and assessed appropriately
- A process for checking the emergency drugs and equipment
- A robust process for ensuring that records are kept in relation to staff hepatitis B immunisation statuses
- Some areas of patient record keeping
- Creation of a Practice Development Plan
- Robust process for recruitment of new staff, and employment checks of existing staff members
- Staff training records.

3. What we found

Background of the service

Penygraig currently provides services to approximately 4800 patients in the Tonypandy areas of south Wales. 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 two GP partners, one salaried GP, two practice nurses, two health care support workers, a medical secretary, a senior administrator, four administrative members of staff and a practice manager.

The practice provides a range of services, including:

- Asthma clinic
- Baby clinic
- Cervical cytology (smears)
- Chronic Obstructive Pulmonary Disease (COPD) clinic
- Diabetic clinic
- Flu and pneumonia vaccinations
- High blood pressure clinic
- Anticoagulation clinic
- Travel clinic
- Minor surgery
- Family planning clinic.

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 observed friendly and polite interactions between staff and patients. Generally, patients' comment were positive about their experience at the practice. However, concerns were raised by patients about the ability to get appointments with the GPs.

Prior to 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 our inspection, the CHC voluntary members also spoke with patients to find out about their experiences at the practice. The CHC report, once published, can be found on the Cwm Taf Morgannwg CHC website[3].

In total, we received 25 completed questionnaires. The majority of the patients who completed a questionnaire were long term patients at the practice (those who had been a patient for more than two years).

Patients were asked in the questionnaire to rate the service provided by the GP practice. Responses were positive; the majority of patients rated the service as very good.

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 lack of appointments at the practice. Comments suggested for improvement included:

"More doctors for more appointments"

"Better appointment system - appointments on time"

[3] http://www.wales.nhs.uk/sitesplus/903/page/45256

"Easier access to appointment for people who are working"

Staying healthy

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

Dignified care

We observed patients being greeted and welcomed by reception staff in a professional and friendly manner. A number of staff had worked at the practice for many years, and appeared to know their patients well.

Whilst the reception area was located in the waiting room, we found that staff spoke to patients quietly in order to protect their privacy when asking for and confirming personal details. Reception staff told us that a room could be used if required, for patients to discuss any sensitive information in order to protect their privacy.

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

All but two of the patients that completed a questionnaire told us that they could always or sometimes get to see their preferred doctor.

We were able to see that during appointments the doors to the consultation rooms were closed, to help protect patient privacy.

Some of the consultation rooms were divided into two areas, with the treatment couch being in a separate area. This meant that patients were able to undress, when required, in privacy, prior to any treatment or examination. We saw that the doors could be locked to ensure privacy was maintained.

There were a number of staff trained to appropriately provide a chaperone service for patients during intimate examinations, however, this was not clearly advertised to patients.

Improvement needed

The practice must clearly display the chaperone service available to patients.

Patient information

The practice had a website and a practice leaflet which contained information for patients about the practice and the services it offered. The information was in need of a review, to ensure that the opening hours were an accurate reflection of the times the practice was open.

Health promotion and other relevant information was displayed on a number of information boards within the waiting area. Some boards were dedicated to specific topics such as, a carer's board, pregnancy and new parents, and cancer specific information. However, we found that some information was out of date, and other boards were cluttered and difficult to navigate. We recommended that the practice consider reviewing the information displayed to ensure it is easily accessible, relevant and in date. The practice agreed to do this.

We also suggested that the signage around the practice that directed patients to consultation rooms, could be improved. We found that pieces of paper were stuck to consultation doors, which looked tired and tatty. The practice agreed to improve the signage.

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

Improvement needed

The practice must update the website and practice information leaflet to make sure the correct opening hours are reflected.

Communicating effectively

All patients who completed a questionnaire told us that they were always able to speak with 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 can understand. In addition, all but two told us that they are involved as much as they wanted to be, in decisions made about their care.

We were told that there were no patients who requested Welsh communication registered with the practice. However, every effort would be made for people to receive a service in a language of their choice. The practice had access to a

translation service should they need it. We found that there was very little patient health promotion information provided in Welsh and other languages.

The practice had a hearing loop to aid communication for patients with hearing difficulties, and we saw a poster advertising this in the waiting area.

Arrangements were described for ensuring that incoming correspondence to the practice had been read and acted upon. Staff also explained the arrangements that were in place to ensure that messages (from patients and others), were brought to the attention of the doctors, nurse or other visiting professionals, in a timely way.

Timely care

We 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, and they told us they would verbally update patients. However, some patients told us that appointments could often run behind, causing long waiting times

Patients were able to book appointments up to two weeks in advance, however, patients told us that these were often difficult to access. The practice also offered on the day appointments for non-routine consultations. We were told that requests for these appointments were triaged by a nurse, and then patients would be either offered an appointment with a relevant healthcare professional, or signposted to another service. Appointments could also be allocated for a date in the near future, should the nurse deem this appropriate.

We were told that there were good arrangements in place for the nursing staff (responsible for triage), to have discussions with the GP's about any patient concerns. Staff told us that there was an open door policy, and that they would be happy and confident to speak with the GP's, should they need advice regarding those patients being triaged, including the timeliness and appropriateness of appointments.

The majority of patients who completed the questionnaire told us that they were very satisfied or fairly satisfied with the hours that the practice was open. Just under half 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 a third of the patients who completed a questionnaire described their experience as poor or very poor.

We saw posters in the waiting area displaying the details for the Choose Well[4] scheme. This meant that the practice was helping to promote a range of services available to patients, dependent upon their needs. The practice specifically promoted Choose Pharmacy[5] for minor ailments.

Individual care

Planning care to promote independence

The practice was accessible to patients using wheelchairs, those with mobility difficulties, and for those with pushchairs. There was a ramp leading up into the practice and the waiting room. Consultation and treatment rooms were on the same floor. There was no designated parking for patients outside the practice, and they were required to park on the street.

The practice did not have chairs in the waiting area for patients with a variety of needs, such as those with arm rests, or higher level chairs. We found that the practice had not completed a disability access assessment for the environment, and suggested that they should do this, as it may highlight areas within the practice that may need improvement. The practice agreed to do this.

All patients who completed a questionnaire felt that it was very easy or fairly easy to enter the practice's building.

The practice held clinics for patients with specific healthcare needs, such as COPD, asthma and chronic disease, to help support them in the management of their conditions.

Improvement needed

The practice must consider undertaking a disability access assessment and take action where improvements are highlighted.

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[4] http://www.choosewellwales.org.uk/home

[5] http://www.choosewellwales.org.uk/sitesplus/documents/994/Minor%20Ailments%20Services_Leaflet_English.pdf

People's rights

Our findings that are described throughout this section indicate that the practice was aware of its responsibilities around people's rights. As mentioned earlier on in the report, a disability access assessment is required to be undertaken.

Listening and learning from feedback

The practice did not have any formal processes in place to obtain patient feedback. We were told that in the past there was a suggestions box, and that they had conducted patient surveys, however, they no longer carried these out. The practice did not have a patient participation group, which may provide an avenue for the practice and patients to be able to discuss issues relevant to them.

We saw that the practice displayed a complaints poster in the waiting area of the practice. We found that this was displayed by the reception window, and on a patient information board. We did not see that the NHS Wales Putting Things Right[6] information was displayed. The practice did not display information about the Community Health Council, who are able to provide support to patients wishing to raise a complaint.

Whilst the practice maintained individual details of complaints received, we recommended that the process for reviewing complaints should be improved. The practice did not keep a record that demonstrated the actions they had taken, timescales, lessons learned and themes and trends, which is a key process for improving and developing as a practice. The practice manager agreed to implement a process for ensuring that all complaints received are recorded appropriately so that they are able to highlight themes and trends and disseminate information to staff as appropriate.

Improvement needed

The practice must:

- Provide patients with the opportunity to provide feedback on the services they provide

[6] http://www.wales.nhs.uk/ourservices/publicaccountability/puttingthingsright

- Display information regarding the NHS Wales Putting Things Right process, including the provision of leaflets to take away
- Display the contact details for the Community Health Council
- Implement a process to record complaints appropriately, including demonstrating where actions have been taken, themes and trends identified, lessons learned and information shared with staff where necessary.

Delivery of safe and effective care

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

The practice was clean and tidy, and provided care and treatment in an appropriate environment.

Patient records were maintained to an acceptable standard.

Clinical staff reported that there was a positive working relationship, which enabled clinical discussions about patients when required.

We found that improvements were needed to ensure that drugs and equipment used in an emergency were checked on a regular basis.

More robust arrangements were required to ensure that records of staff hepatitis B immunisation statuses were documented.

Some improvements were required to the safeguarding policy, and the appointment of a safeguarding lead within the practice.

Safe care

Managing risk and promoting health and safety

During a tour of the practice, we found that all internal areas accessed by patients were clean and uncluttered, which reduced the risk of trips and falls. However, the area at the back of the building was cluttered and contained a number of potential hazards. We saw there was broken glass and litter present, which had the potential for causing trips and falls. Whilst patients did not routinely access this area, they could access the area through the unlocked gate. The practice agreed to address this issue quickly.

We saw that the practice manager conducted regular audits of the practice environment, to ensure they remained in a good state of repair. We recommended that these audits should include the back of the building to maintain a safe and secure external environment.

We found that regular checks of the fire safety equipment had been carried out. Fire safety training for staff was provided, however, it was unclear how often this

happened. A recommendation is made about training within the Management and Leadership section of the report.

Improvement needed

The practice must ensure that the entrance to the back of the building is secured to prevent unauthorised access.

Environmental audits of the practice must include all non-patient areas to ensure they remain safe and secure.

Infection prevention and control

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.

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

We saw that some of the chairs in the waiting area were torn, which may inhibit effective cleaning and also harbour microorganisms (bacteria/germs), with the potential for cross contamination between patients. We also saw tape applied to the floor in one of the treatment rooms, as the flooring had been damaged. This again could inhibit effective cleaning, with the potential for harbouring microorganisms, and cross contamination.

The practice did not maintain an overall register of the hepatitis B immunisation status for their clinical staff. This is required to protect staff and patients. We saw records were kept for some clinical staff, but not all were available.

Our concerns regarding the above issue 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 must:

- Repair or replace the torn chair coverings in the waiting room
- Repair or replace the taped flooring in the treatment room.

Medicines management

The practice had a pharmacist appointed by the local cluster[7], for one and a half days a week. They were able to assist the practice by carrying out patient medication reviews, hospital discharge summaries, undertaking the anticoagulant clinic. Staff told us that they found this service beneficial.

We reviewed the arrangements for the storage and handling of drugs and equipment to be used in a patient emergency (such as collapse). The Resuscitation Council UK Quality Standards for Resuscitation[8] stipulate, that healthcare organisations/ providers have an obligation to provide a high-quality resuscitation service.

We found that adrenaline vials had passed their expiry date. This was brought to the attention of the practice manager who replaced these immediately. In addition, we found that the practice did not have a process in place for checking and recording the emergency drugs and equipment on a regular basis, to ensure items remained safe and ready to use and within their expiry dates.

We were able to see that cardiopulmonary resuscitation (CPR) training was carried out on an annual basis for all staff.

Medication and inoculations were stored appropriately within a pharmacy fridge which was kept in a nurse's room which was not accessed by patients. However,

[7] A cluster is a group of GPs working with other health care professionals to plan and provide local services.

[8] Resuscitation Council UK Quality Standards for Resuscitation

the room was located in the corridor of the practice, and whilst the fridge had a lock, it was not used. We were told that the door to the room would be shut when not occupied to prevent unauthorised access. We recommended that the fridge door should also be kept locked as an additional security measure.

Improvement needed

The practice must put in place a process for checking the emergency drugs and equipment on a regular basis, which should also be recorded.

The practice must ensure that the medication fridge door is kept locked when not in use.

Safeguarding children and adults at risk

We found that there were child and adult safeguarding policies and procedures in place, however, some information was in need of updating.

The adult safeguarding process was generic and not specific to the practice, and it did not provide sufficient detail for staff to follow in case of need. The practice should also appoint a safeguarding lead within the practice, so that staff have a named individual to seek advice from with regards to safeguarding issues.

Whilst we were able to see that safeguarding training had been undertaken by some staff, training records were unclear and we were not able to determine that training had either been completed or whether it was up to date. A recommendation is made about this within the Management and Leadership section of the report.

Improvement needed

The practice must ensure that:

- The adult safeguarding policy is reviewed to ensure it contains specific information for staff and the relevant lead contact information for the local safeguarding teams
- Appointing a safeguarding lead within the practice.

Medical devices, equipment and diagnostic systems

We saw that the practice had a process in place to ensure that medical equipment was serviced and calibrated to help make sure they remained safe to use.

Effective care

Safe and clinically effective care

The practice had arrangements in place to report patient safety incidents and significant events. The sharing of safety alerts received into the practice was appropriately managed by the practice manager and shared with relevant staff. We found that any significant incidents were discussed during a quarterly significant event meeting, and then cascaded down to the relevant teams or individuals where appropriate.

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

As part of the local cluster group, the practice was able to provide vouchers for local slimming groups for their patients, as a way of encouraging a healthy weight. The cluster had also provided a TV screen for the waiting area, which provided health related information to patients. A blood pressure monitoring machine was also located in the waiting area. This allowed patients to carry out a check themselves, and hand the results into the receptionist, to be given to the clinical staff. Patients did not need to make an appointment for this, and were able to use it, when they wanted to.

Record keeping

We looked at a sample of patient records and overall found the majority to be of an acceptable standard. We recommended where some improvements could be made to ensure the records were maintained to a consistent standard across the practice. This included:

- Detailed documentation of the discussions with patients to demonstrate shared decision making about their care and treatment
- Detailed and specific documentation regarding the advice given to patients during an appointment should their condition/issue become worse
- Ensure that all clinical encounters, including triage, are clearly documented.

Improvement needed

The practice must ensure that patient records are maintained in line with professional standards for record keeping.

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.

Staff within the practice were positive about the support they received from the management team. We found a cohesive team, and there were appropriate communication channels for disseminating information across the practice.

Substantial improvements were required to the recruitment process, which included pre and post-employment checks.

Improvements were also required to the recording of staff training, to ensure that all staff received training in a timely manner.

Governance, leadership and accountability

We found that there was a cohesive practice team, who worked well together and supported each other. There was evidence of good relationships between members of the management team and the practice staff, and we found that staff morale was high during the inspection. Staff told us that communication was good within the practice, and that they felt supported by the management team.

Two GP partners owned the practice, with the responsibility of the day-to-day running being managed by a practice manager. We made a number of recommendations during the inspection to strengthen some management and governance arrangements, which the practice manager was keen and willing to implement. It was positive to find that prior to the end of the inspection the practice manager had started to make some of these changes.

The practice did not have a practice development plan in place. Such a plan would be the result of a review of local needs and service provision, to identify priorities for the practice. The practice, and patients, would benefit from having one in place.

Nursing staff we spoke with told us that they felt supported by the GPs. They told us they were able to raise any clinical concerns with them at any time during the

course of the day. This was done on an informal basis, allowing for free-flowing discussions about patients.

There were a number of meetings held within the practice, to share information between staff. These included clinical and non-clinical staff meetings. We were told that they would invite other parties, such as district nurses, palliative care teams into some clinical meetings when and where appropriate. Staff told us that communication was good within the practice, and felt like they were able to openly discuss any issues that were concerning them.

There were a number of policies and procedures in place, which were available online to staff. As highlighted earlier in the report, some of these were in need of updating to ensure they were relevant to the practice, and contained the most up-to-date information. The practice was reminded to ensure that any changes made to policies or procedures are clearly communicated to all staff.

Improvement needed

The practice must consider creating a Practice Development Plan.

Staff and resources

Workforce

There was a well-established staff team in place, with many staff members being employed for a number of years.

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

We looked at a number of staff training files, and were able to see that some records of training undertaken had been kept. However, the practice did not keep an overall record of training carried out by all staff. It was therefore difficult to conclude that all staff had received all the relevant training within appropriate timescales, and to ensure their skills and knowledge were kept up-to-date. Staff we spoke with, told us that they have access to in-house and online training, and felt supported by the practice to do this.

We were able to see that staff had received regular appraisals of their work.

We found that there were limited processes in place to support the safe recruitment of staff.

It was unclear, through discussions with the practice manager and through reviewing a sample of staff records, whether newly appointed and existing staff had received all the appropriate checks, to support safe recruitment and ongoing employment.

We considered the pre-employment records of one clinical member of staff and there was no evidence that the relevant checks had been undertaken. This included a Disclosure and Barring Service (DBS) check, professional registration check, hepatitis B check, qualifications, training records and indemnity insurance.

A review of other staff files and discussion with the practice manager confirmed that staff who had been employed for long periods of time had not had a DBS check.

Our concerns regarding the above were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in insert Appendix B.

In light of the above issues with regards to recruitment, the practice must ensure that they have a robust process in place for any recruitment and appointment of staff in the future. This must include carrying out the relevant pre and post appointment checks.

Clinical staff are required to register with their professional body, such as the General Medical Council (GMC)[9] or the Nursing and Midwifery Council (NMC)[10]. They must also revalidate their registration with evidence of practice and training at defined intervals. Whilst it is an individual's responsibility to ensure their registration is maintained, the practice did not have a clear process in place to monitor this, to ensure that staff remained registered with their professional body.

Improvement needed

The practice must:

- Maintain a record of staff training, and ensure that staff attend training within appropriate timescales

[9] https://www.gmc-uk.org/

[10] https://www.nmc.org.uk/

- Implement a clear and robust recruitment policy to ensure that all pre and post appointment checks are completed, prior to a new member of staff commencing employment.
- Implement a clear and robust process to monitor and check that staff maintain their professional registration.

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: Penygraig Surgery

Date of inspection: 15 May 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
The practice must produce a register of all clinical staff hepatitis B immunisation and immunity status. Should records show that staff do not have appropriate immunity, appropriate action must be taken by the practice to protect staff and patients.	Health and Care Standards (April 2015) 2.4 Infection Prevention and Control (IPC) and Decontamination	Staff records will be kept on a spreadsheet and updated regularly. All staff will be required to have a Hep B immunity test to confirm adequate cover.	B Dewdney	Immediately – 1 month
The practice must provide evidence to confirm that appropriate employment checks have been carried out for all staff.	Health and Care	As above these staff records will also include DBS checks, GMC number/Pin number, also Medical	B Dewdney	Immediately – 1 month

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must confirm that all current members of staff have DBS checks in place that are appropriate to their roles.	Standards (April 2015) 7.1 Workforce	Defence Union certificates which are up to date.		

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): Bethan Dewdney

Job role: Practice Manager

Date: 22nd May 2019

Atodiad C – Cynllun gwella

Gwasanaeth: Meddygfa Penygraig

Dyddiad arolygu: 15 Mai 2019

Mae'r tabl isod yn cynnwys unrhyw welliannau eraill a nodwyd yn ystod yr arolygiad lle rydym yn gofyn i'r gwasanaeth gwblhau cynllun gwella sy'n nodi'r camau gweithredu y mae'n eu cymryd i fynd i'r afael â'r meysydd hyn.

Yr hyn sydd angen ei wella	Safon	Cam gweithredu'r gwasanaeth	Swyddog cyfrifol	Amserlen
Ansawdd profiad y claf				
Rhaid i'r practis ddangos yn glir y gwasanaeth hebryngwyr sydd ar gael i'r cleifion.	4.1 Gofal ag Urddas	Rydym yn y broses o beintio'r ystafell aros ac rydym wedi prynu byrddau arddangos newydd a fydd yn cael eu defnyddio'n benodol at ddibenion: e.e gwasanaethau hebryngwyr, gwasanaethau allanol, gwybodaeth am y feddygfa, y wybodaeth ddiweddaraf am glefydau, CIC a chwynion, ac ati. Bydd hyn yn ei gwneud yn haws i'r cleifion gael gafael ar wybodaeth berthnasol heb achosi annibendod yn yr ystafell aros.	Mrs B Dewdney	1 – 2 mis

Yr hyn sydd angen ei wella	Safon	Cam gweithredu'r gwasanaeth	Swyddog cyfrifol	Amserlen
Rhaid i'r practis ddiweddaru'r wefan a thaflen wybodaeth y practis er mwyn sicrhau bod yr oriau agor cywir yn cael eu nodi.	4.2 Gwybodaeth i Gleifion	Mae'r wefan wedi'i diweddaru.	Mrs B Dewdney	1 wythnos – cwblhawyd
Mae'n rhaid i'r practis ystyried ymgymryd ag asesiad mynediad i'r anabl a chymryd camau lle y caiff gwelliannau eu nodi.	6.1 Cynllunio Gofal er mwyn hyrwyddo annibyniaeth	Gweithredu fel isod.	Mrs B Dewdney	1 mis
Rhaid i'r practis wneud y canlynol: • Rhoi'r cyfle i'r cleifion roi adborth ar y gwasanaethau mae'n eu darparu • Arddangos gwybodaeth am broses Gweithio i Wella GIG Cymru, gan gynnwys darparu taflenni i fynd adref. • Arddangos manylion cyswllt ar gyfer y Cyngor Iechyd Cymuned. • Rhoi proses ar waith i gofnodi cwynion yn briodol, gan gynnwys dangos ble y caiff camau eu cymryd, ble y caiff themâu a thueddiadau eu nodi, ble y	6.3 Gwrando a Dysgu o Adborth	Byddwn yn rhoi blwch awgrymiadau yn yr ystafell aros er mwyn i'r cleifion roi adborth. Byddwn yn arddangos yr holl wybodaeth megis proses Gweithio i Wella GIG Cymru a manylion a gwybodaeth gyswllt i CIC	B Dewdney B Dewdney B Dewdney/Meddy	1 wythnos 1 – 2 mis 1 mis

Yr hyn sydd angen ei wella	Safon	Cam gweithredu'r gwasanaeth	Swyddog cyfrifol	Amserlen
caiff gwersi eu dysgu a gwybodaeth ei rhannu â'r staff pan fo angen.		Rydym yn trafod ein cwynion yng Nghyfarfodydd Misol y Practis. Rwyf wedi llunio taenlen i nodi themâu, tueddiadau a chamau gweithredu i'w cymryd sydd bellach yn cael eu trafod yng nghyfarfodydd misol y practis.	gon J Walters a K Yanez B Dewdney J Walters K Yanez	Misol
Darparu gofal diogel ac effeithiol				
Mae angen i'r practis sicrhau y caiff y mynediad i gefn yr adeilad ei ddiogelu er mwyn atal unrhyw fynediad anawdurdodedig. Mae'n rhaid i archwiliadau amgylcheddol o'r practis gynnwys pob ardal nad ydynt yn agored i gleifion, er mwyn sicrhau eu bod yn aros yn ddiogel.	2.1 Rheoli risg a hybu iechyd a diogelwch	Mae'r giât hon bellach ar glo.	B Dewdney	1 wythnos – cwblhawyd
Rhaid i'r practis wneud y canlynol: • Trwsio neu newid y gorchuddion cadeiriau sydd wedi torri yn yr ystafell aros.	2.4 Atal a Rheoli Heintiau a Dihalogi	Yn ystod y broses o adnewyddu/newid yr ystafell aros. Cael gwared â'r hen feinciau a gosod ystod o gadeiriau breichiau uchel neu isel newydd yn eu lle. Yn y broses o osod y cadeiriau newydd.	B Dewdney	6 mis

Yr hyn sydd angen ei wella	Safon	Cam gweithredu'r gwasanaeth	Swyddog cyfrifol	Amserlen
• Trwsio neu newid y llawr sydd wedi'i orchuddio â thâp yn yr ystafell driniaeth.				
Rhaid i'r practis roi prosesau ar waith ar gyfer archwilio'r cyffuriau a'r offer brys yn rheolaidd, a dylid cofnodi hyn hefyd. Rhaid i'r practis sicrhau fod drws yr oergell meddyginiaeth yn cael ei gadw dan glo pan nad yw'n cael ei ddefnyddio.	2.6 Rheoli Meddyginiaethau	Mae llyfr cofnodion wedi cael ei roi ar waith. Rydym yn y broses o aros am ragor o allweddi gan y cwmni y gwnaethom ei brynu oddi wrtho.	B Dewdney B Dewdney	1 – cwblhawyd 1 mis
Rhaid i'r practis sicrhau'r canlynol: • Caiff y polisi diogelu oedolion ei adolygu er mwyn sicrhau ei fod yn cynnwys gwybodaeth benodol i'r staff a gwybodaeth gyswllt yr arweinydd perthnasol ar gyfer y timau diogelu lleol. • Penodi arweinydd diogelu yn y practis.	2.7 Diogelu plant a diogelu oedolion sy'n agored i niwed	Anfonwyd polisi diogelu atoch gyda'r newidiadau sydd wedi'u gwneud gan roi gwybodaeth gyswllt y staff. Dr J Walters sydd wedi arwain materion diogelu erioed.	B Dewdney B Dewdney	1 wythnos 1 wythnos

Yr hyn sydd angen ei wella	Safon	Cam gweithredu'r gwasanaeth	Swyddog cyfrifol	Amserlen
Rhaid i'r practis sicrhau y caiff cofnodion cleifion eu cadw yn unol â'r safonau proffesiynol ar gyfer cadw cofnodion.	3.5 Cadw cofnodion	Trafodwyd hyn yng nghyfarfod y practis ac atgoffwyd y staff am y safonau proffesiynol ar gyfer cadw cofnodion.	B Dewdney/Meddygon Teulu	1 mis
Ansawdd rheolaeth ac arweinyddiaeth				
Rhaid i'r practis ystyried creu Cynllun Datblygu Practis.	Llywodraethu, Arweinyddiaeth ac Atebolrwydd	Rwyf eisoes wedi anfon Cynllun Datblygu Personol y Practis, dyddiedig 20/7/17 atoch – sy'n gynllun tair blynedd, ond rwyf hefyd wedi'i ddiweddaru i adlewyrchu'r newidiadau a wnaed.	B Dewdney	1 wythnos
Rhaid i'r practis wneud y canlynol: • Cynnal cofnod o hyfforddiant y staff a sicrhau bod y staff yn mynychu hyfforddiant o fewn amserlenni priodol.	7.1 Y Gweithlu	Mae'r canlynol eisoes wedi cael eu diweddaru: Cofnodion hyfforddiant y staff Cwblhau gwiriadau ar ôl cyflogi Monitro cofrestriad proffesiynol	B Dewdney	1 mis

Yr hyn sydd angen ei wella	Safon	Cam gweithredu'r gwasanaeth	Swyddog cyfrifol	Amserlen
• Rhoi proses recriwtio glir a chadarn ar waith er mwyn sicrhau bod pob gwiriad cyn cyflogi ac ar ôl cyflogi yn cael eu cwblhau cyn i aelod newydd o'r staff ddechrau yn ei swydd. • Rhoi proses glir a chadarn ar waith i fonitro a chadarnhau bod y staff yn cynnal eu cofrestriad proffesiynol.				

Mae'n rhaid i'r adran ganlynol gael ei chwblhau gan gynrychiolydd y gwasanaeth sy'n bennaf cyfrifol ac atebol am sicrhau y caiff y cynllun gwella ei roi ar waith.

Cynrychiolydd y gwasanaeth

Enw (priflythrennau): B Dewdney

Swydd: Rheolwr y Practis

Dyddiad: 05/08/2019