

General Practice Inspection (Announced)

Meddygfa'r Llan, Church Surgery,
Hywel Dda 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 Meddygfa'r Llan, Church Surgery, at Portland Street, Aberystwyth, SY23 2DX, within Hywel Dda University Health Board on the 17 July 2019.

Our team, for the inspection comprised of three HIW inspection managers (one of whom was the inspection lead), GP and practice manager peer reviewers and a HIW inspection manager 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 Church 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:

- Treating the patients with dignity and respect
- Positive interactions between staff and patients
- Good standard of patient record keeping
- Clear management structures within the practice.

This is what we recommend the service could improve:

- Obtaining feedback from patient satisfaction surveys and informing patients on the outcomes of these surveys
- Fully complete the complaints process with the result and outcome.

3. What we found

Background of the service

Meddygfa'r Llan, Church Surgery (the practice) currently provides services to just over 10,000 patients in the Aberystwyth area of Ceredigion. The practice forms part of GP services provided within the area served by Hywel Dda University Health Board.

The practice employs a staff team which includes:

- Six GPs including four partners, one salaried retainer and one salaried GP, equivalent to five whole time equivalent GPs
- One nurse practitioner. A nurse practitioner (NP) is an advanced practice registered nurse trained in the diagnosis and management of common medical conditions, including chronic illnesses
- Four practice nurses including two minor illness nurses. They are available for advice, immunisations, dressings, cervical smears and ear syringing
- Two health care support workers (HCSW). The HCSW undertakes practical procedures, phlebotomy (taking of blood) urine tests, blood pressure monitoring and ECG recording
- Fourteen administrative staff including two pharmacy technicians an administrative manager and a reception manager.

Additional staff employed by the health board including district nurses, health visitors and counsellors, were also based at the practice.

The practice is also a training practice for students from Cardiff University (Medical Students¹ Year 3 and Medical Students Year 5) and a trainee counsellor.

¹ <https://www.cardiff.ac.uk/study/undergraduate/courses/2020/medicine-mbbch>

An independent pharmacy also shared the building to dispense medicines.

The practice provided a range of services, including:

- Child Health (Developmental and immunisation clinics are held jointly by a doctor and the health visitors.)
- Flu Clinics
- Minor Surgery
- Asthma, COPD, Diabetes, Hypertension and Coronary Heart Disease
- Travel Clinic
- Cervical Screening
- Smoking Cessation
- Family Planning and Emergency Contraception
- Blood Pressure Checks
- Contraception
- Diabetes Clinics
- Ear care
- Immunisations.

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.

There was a variety of patient information leaflets displayed at the practice, for the patients to take away with them, relating to various conditions.

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 48 completed questionnaires. The vast majority of the patients that completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

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

"I have always found the staff at reception and the GPs very helpful - to include specialist nurses"

"Everyone from receptionists to nurses and doctors are all really helpful"

"As a carer for two elderly parents I find the staff and GPs most helpful when they need appointments"

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

"More Welsh speaking Doctors"

"Open Saturday mornings"

"More late surgeries"

The practice was located within a converted church, and has been completed to a modern, high standard. There was step free access to the front of the practice, and automatic doors enabled easy access for those with mobility issues. The practice was set over three floors (with patient access to the lower two floors) was spacious and had a bright and airy feel throughout.

Staying healthy

There was a wide range of patient information located in the waiting areas and around the practice. This included a range of health promotion material, such as smoking cessation, alcohol awareness, cancer screening and veteran's health. The practice also had a poster with a number of QR codes², providing a wide range of information about the practice and also health related information specifically aimed at students. This meant that patients would be able to scan the codes on their mobile devices to obtain information and read at a time convenient to themselves. There were a number of 'Help Me Quit Wales' smoking cessation posters on display.

There was a comprehensive display of third sector information and services, including drug and alcohol dependency, friendship service, Macmillan and British Heart Foundation. There was also a dedicated carers' information board on display. Additionally, the upstairs waiting room displayed a range of baby health material which included, immunisation, meningitis and breastfeeding advice.

The practice also had a poster with a number of QR codes³, providing a wide range of information about the practice and also health related information. This meant that patients would be able to scan the codes on their mobile devices to obtain information, and read the information at a time convenient to themselves.

The waiting room on the ground floor was well equipped with cushioned chairs and high back chairs. There was comprehensive well-being, health promotion

² QR codes are the black square that you find on websites, posters, that can be scanned with a smartphone/device and takes you straight to a range of information i.e. practice website, self-help groups, healthy lifestyle information

³ QR codes are the black square that you find on websites, posters, that can be scanned with a smartphone/device and takes you straight to a range of information i.e. practice website, self-help groups, healthy lifestyle information

and related patient information on display, and for patients to take away. This was available in both English and Welsh. A television screen also displayed patient information about the practice and also served to call patients through to the appropriate treatment room when ready.

The nursing staff undertook a number of health promotion initiatives. These included; encouraging attendance for smear tests, obesity and promoting healthy eating, controlling diet to prevent diabetes, and smoking cessation, with a NHS advice card available signpost patients to the pharmacist.

Dignified care

All but one of the patients who completed a questionnaire, and patients that we spoke with, felt that they had been treated with dignity and respect by staff at the practice. However, the majority of patients told us that they could only sometimes get to see their preferred doctor.

The reception area was situated at the entrance to the practice and was away from the immediate vicinity of the main waiting area. This enabled reception staff to have more private conversations with patients. There was also a sign on the reception desk which asked patients to inform the reception staff should they wish to speak in a private room. Telephone calls were taken and answered in the area behind a glass partition off the reception desk, further ensuring privacy for patients.

All treatment and consultation room doors were closed during appointments, which ensured patient privacy and dignity was maintained. Each treatment couch also had a disposable privacy curtain to further preserve patient dignity.

Reception staff were observed speaking to patients in a kind and professional tone. They also spoke with patients in their language of choice, for example in Welsh, whenever required. There were several Welsh speakers at the practice wearing a Welsh 'Cymraeg' badge, indicating that they could, and were prepared, to speak Welsh with patients.

Patient information

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

A patient self-check in machine was available, in both Welsh and English next to the reception area.

Names of the GP's were displayed on the outside of the practice. A full staff list, including specialities, was also available on the practice website. Practice specific information was available in both English and Welsh, including a patient information poster, which highlighted information about the practice and opening times.

Patients benefit from late night opening until 8pm on a Wednesday. The on-site pharmacy, also extended their opening hours in line with that of the practice on the Wednesday night.

The practice staff told us that there was an average of 8000 hits annually on their website, and 160 patients have signed up to My Health Online⁴. In view of the large number of hits onto the website, the practice is advised to consider encouraging more patients to use the online services. Text messaging was used during annual flu⁵ campaigns.

Communicating effectively

Just under a third of the patients who completed a questionnaire told us that they were only sometimes able to speak with staff in their preferred language. As highlighted earlier, there were a number of Welsh speakers at the practice. However, there were no Welsh speaking GPs, and we were informed that other staff were available to support with Welsh language barriers if required. Additionally, nearly all patients we spoke with during our visit stated that they were able to speak in their language of choice.

The Language line⁶ was also used, to support communication with patients whose first language was not English. Evidence on the use of this communication tool was noted during our visit. The practice also had a hearing loop to aid communication for patients or visitors who were hard of hearing. Information was available in braille on request, there was also braille signage at the practice.

⁴ <https://www.myhealthonline-inps2.wales.nhs.uk/web/ps/welcome>

⁵ <http://www.wales.nhs.uk/sitesplus/888/page/96850>

⁶ <https://www.language-line.com/uk>

All patients who completed a questionnaire and those who we spoke with, felt that things were always explained to them during their appointment. This was in a way that they could understand, and also that they were involved as much as they wanted to be in decisions made about their care.

Letters from the local hospital were reviewed by the administrative team, and the diagnosis was coded. Any hospital medication changes were sent to the prescribing team, and any actions for the nurse or GP, were directed to the appropriate clinician. We reviewed five discharge letters, and all had the appropriate information contained within them.

Timely care

All of the patients who completed a questionnaire told us that they were very satisfied or fairly satisfied with the hours that the practice was open, and the majority said it was very easy or fairly easy, to get an appointment when needed. However, the patients we spoke with and who completed a questionnaire on the day, were not as satisfied with having to make an appointment to see a GP on the day, and would prefer to make appointments in advance. Patient comments included:

“It can be difficult at times”

“I prefer to be able to call at any time”

“Calling on the day can be a bit nerve racking”

However, one patient said that:

“As soon as I phone first thing, I get one – very good – no problem”.

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.

We did not see patients waiting for a long time in reception for their appointment. The reception staff we spoke with told us that they would tell patients should there be a significant delay. They would also offer patients the opportunity to return to the practice later in the day.

The practice mainly operates a system where patients must phone in or walk in on the day, to book an appointment time. Appointments could only be pre-booked at the doctor’s request, for example, if carers have to attend with the patient, or when external agencies such as, the Red Cross accompany a patient.

Individual care

Planning care to promote independence

As highlighted earlier in the report, the practice had step-free access and automatic doors, enabling easier access for wheelchair users and those with mobility issues. There were treatment rooms on the ground and first floor of the practice. There was no elevator available therefore, staff told us that patients with mobility issues can be reviewed or treated in the ground floor treatment rooms.

The practice had a nominated carers' champions to help provide carers with useful information about local agencies and organisations that may support them with their day-to-day responsibilities. Patient registration forms requested information regarding additional needs, such as a carer. Where applicable, a flag was put on the clinical system, to indicate any additional needs.

People's rights

Patients we spoke with on the day of our inspections did not know who to contact if they wanted to make a complaint or raise a concern. However, they said that they would approach reception staff if required. Information was clearly displayed in the reception area on how to raise a complaint or concern. This included details for the Community Health Council (CHC)⁷ and on the NHS Wales Putting Things Right⁸ process. The information was also available bilingually for patients to take away.

There was a written policy in place relating to equal opportunities, and staff had attended equality and diversity training and were aware of their responsibilities around peoples' rights. The practice had consent policies in place that included taking account of minors.

⁷ <http://www.wales.nhs.uk/sitesplus/899/page/71619>

⁸ '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.

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 in place, and there was a notice in the waiting room and treatment rooms, informing patients of the chaperone procedure. The use of a chaperone is to safeguard all parties (patient and practitioners), and is to witness continuing consent of the procedure.

Confidentiality was part of the induction process for all staff, including GP trainees and medical students. There was also a policy in place for this and all staff signed they had read this policy. Additionally, there was evidence that staff had undertaken General Data Protection Regulation⁹ training.

Listening and learning from feedback

Comment forms were available in reception and all comments were filed. Comments and suggestions could also be posted through the website. However, there was no process in place for informing patients of the results or action taken as a result of the suggestions.

Emphasis was placed on dealing with complaints at source, in order for matters to be resolved as quickly as possible. All complaints were brought to the attention of the practice manager, who would deal with them in line with the practice policy.

There was a detailed complaints procedure and we saw evidence of this in the complaints file. However, the complaint outcome was not documented.

Improvement needed

The practice must:

- Consider how to feedback to patients with any actions or results from their suggestions
- Ensure that the complaints file includes full information on the complaint, including the result and outcome of the complaint.

⁹<https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>

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

The sample of patient records we reviewed was 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

The practice had a comprehensive risk register, and risk assessments were in place and were regularly updated. The practice also had a business continuity plan, which highlighted the use of another premises if required.

The practice was spacious and free from clutter and other trip hazards. Workplace inspections were completed monthly and documented on an audit form. We also found that regular checks of the fire safety equipment were carried out, and staff received fire safety training during their induction programme.

There was a process in place to ensure that staff had read and were aware of the various policies and procedures. This included a folder to read communications of any changes. Staff were required to sign the document to evidence they had read and understood the changes. Policies and procedures were also maintained on the electronic shared drive. As part of the induction process, new staff were given a handbook and the practice policies.

Infection prevention and control

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

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.

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 demonstrated a good commitment to infection prevention and control.

The practice had an infection control policy and there was evidence that infection control audits had taken place.

We noted that all non-clinical staff had received infection control training. Clinical staff had received aseptic non touch technique¹⁰ training, to minimise the risks of healthcare associated infections. All relevant staff had Hepatitis B immunity, and evidence of this was recorded in staff files.

Medicines management

Any issues with medicines management or significant events would be discussed as they occur, and also at the GP partner's meeting. Adverse reactions to drugs were reported to the health board via the Yellow Card¹¹ system.

The practice had two pharmacy technicians¹² working at the practice, their role included medication reviews during consultations and also during medication review appointments.

¹⁰ 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).

¹¹ <http://www.wales.nhs.uk/ourservices/directory/NationalProgrammesandServices/372>

¹² This role will work as part of the general practice team to provide specialist medicines management advice to GPs, practice nurses, community pharmacists, community nurses and

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

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

Safeguarding children and adults at risk

There were child and adult safeguarding policies and procedures in place, and one of the GPs was appointed as the safeguarding lead for the practice. We saw that all staff had completed child and adult safeguarding training, to a level appropriate for their role.

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 to those current, alerts were placed (or removed) within the electronic patient record system, where applicable.

We were informed that the practice attended child protection and Multi Agency Risk Assessment Conference (MARAC)¹³ where possible.

Effective care

Safe and clinically effective care

The practice had arrangements in place to report patient safety incidents and significant events. Significant events were reviewed and discussed at the partners six weekly morning meeting, and records of these were viewed at the

other health professionals to promote the safe, effective and high quality, cost effective use of medicines in all prescribing decisions

¹³ The role of the MARAC is to provide a forum for effective information sharing and partnership working amongst a diverse range of adult and child focussed services in order to enhance the safety of high risk victims and their children.

practice. Any learning points would then be circulated to staff and discussed at any clinical meetings.

Clinical staff confirmed that relevant safety alerts were circulated by the practice management team. Arrangements were also described for discussing and keeping staff up-to-date with best practice and professional guidance.

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 practice was an active member of the North Ceredigion Cluster¹⁴ and met as a cluster six times per year. The practice was involved in a pilot trial to cover out of hours care to care home patients, which we were informed was successful.

The Clinical Governance Practice Self-Assessment Tool (CGPSAT)¹⁵ and the North Ceredigion Cluster Network action plan, both refer to the practice leading on the pre-diabetes project. The project aimed to reduce the risk of developing type 2 diabetes through brief intervention and signposting to support services.

Following an initiative with the cluster, staff can now refer direct to the Musculoskeletal Physiotherapy Team¹⁶. A counsellor was also being supported by the practice through training, and it was hoped the counsellor may be further utilised once qualified.

The practice was also involved with a new service encouraging patients to be involved in an outdoor health and well-being programme¹⁷ of activities. These included walking groups, woodland skills activity groups and nature mindfulness sessions.

¹⁴ <http://www.primarycareone.wales.nhs.uk/north-ceredigion>

¹⁵ <http://www.primarycareone.wales.nhs.uk/clinical-governance-practice-self-assess>

¹⁶ <http://www.wales.nhs.uk/sitesplus/862/page/91610>

¹⁷ www.ecodyfi.wales

A number of audits have been completed at the practice including the audit of enhanced services and antibiotics, to enhance quality assurance and quality improvement. Audits were discussed in meetings if appropriate and at appraisals.

The practice is an accredited training practice and undertake the training of GP registrars under the supervision of Cardiff University School of Medicine. The ability to observe consultations is an essential aspect of their training however, patient consent is required. Patients would be advised if their GP was teaching students, and that they could see their GP without a trainee present, if preferred.

Information governance and communications technology

The CGPSAT stated that the practice has regularly completed the Welsh Information Governance Toolkit. This is a self-assessment toolkit that enables the practice to measure their level of compliance against National Information Governance Standards, and ascertain whether information is handled and protected appropriately within the practice.

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.

Record keeping

We looked at a sample of patient records and overall, found them to be of a very good standard, supporting the care and treatment provided to patients. This included patient histories, records of the examination, documentation of diagnosis and the quality of the narrative. We also noted the consultations recorded by the nurse practitioner were also of a high standard.

Two members of the administration team review the mail daily. They code relevant clinical information, and delegate actions to the relevant members of staff, to deal with the content. This included medication changes, clinical actions and follow-up tests.

We were informed that non clinical staff summarised patient records, once they received training from the experienced staff. We were told that a member of the administrative team audits the summarising, and one of the GP partners also audits the work that has been summarised daily.

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 an organised practice manager aiming to provide a positive experience for patients.

Staff within the practice were positive about the support they received from the management team.

We found a cohesive team and there were communication channels for disseminating information across the practice. This could be further improved through regular staff meetings at all levels.

Governance, leadership and accountability

The practice was well run by the practice manager who takes a lead role in managing all non-clinical activities, and the administration manager focusses on safety and governance.

Staff we spoke with were happy working at the practice and felt fully supported in carrying out their relevant roles. It was clearly evident from our visit that the practice team were determined and committed to provide a quality services to patients. A patient focussed approach was clearly demonstrated.

Staff also felt that communication within the practice was good. They also confirmed that they felt able to raise any work related concerns with their manager. This demonstrated an open reporting culture that promoted staff and patient well-being.

We were told that staff are provided with time for training, although some staff said that this time has been recently reduced. However, the practice management team stated that there were four training sessions planned in the next 12 months.

The practice manager told us that staff skill mix was regularly considered. In addition, a number of staff had been trained to work in other areas within the

practice, to promote matrix working, and to cover unplanned absences. We were also told that one member of the non-clinical staff was currently being trained to become a health care support worker at the practice.

Whilst communication within the practice was good, there had not been regular partner meetings recently. Business meetings were held quarterly and we were informed that there were ad hoc meetings with partners. Additionally, there were ad hoc administration and reception team meetings and these were informal not minuted.

There were monthly manager meetings that we noted, and these were minuted. Clinical meetings were also held monthly with all clinical staff. We recommend that the practice hold regular meetings with staff at various levels and that all meetings are documented, with minutes circulated.

Improvement needed

The practice must ensure that regular staff meetings are conducted at all levels. Minutes of these meetings should be documented and distributed to all staff, and staff should confirm their understanding of the minutes.

Staff and resources

Workforce

A training matrix was maintained by the administration manager and was updated when staff attend training. Copies of training certificates were kept within personnel folders, such as, child protection, safeguarding of vulnerable adults, health and safety and fire procedures.

The administration manager reviewed training plans annually during the appraisal process, to ensure that all aspects of training had been completed and recorded. We were also informed that the non-clinical staff had been offered opportunities including initial triage training (to direct the patient to the most appropriate clinician under guidance), in the near future.

Whilst staff appraisals were usually completed annually, the appraisals for 2018/19 had not been completed at the time of the inspection. and the appraisals were due to take place before mid August 2019.

During our inspection, we considered the pre-employment records of non-clinical members of staff. We were informed the practice followed its policy on risk

assessment and employment checks including Disclosure and Barring Service (DBS) and right to work checks.

The practice manager confirmed that DBS checks were not routinely undertaken for non-clinical members of staff such as, administrative and reception staff. This caused us some concern, and includes the following:

- Reception staff have regular face to face interaction with patients and their families, and along with others currently being trained, they are carrying out the triage role for signposting patients to the most relevant clinician. We were also told that receptionists may take patients to a private room to discuss any private or sensitive information, should this be requested at any time. This may be unsupervised.
- The practice manager is responsible for managing the practice and for managing staff who provide direct unsupervised care of patients. We did not see evidence that the practice had completed a DBS check for the practice manager during the inspection.

It is positive to note however, that DBS checks were carried out for all clinical staff, and the certificates were held on file. In addition, HIW has since received evidence that the practice manager has a certificate confirming a DBS check, which was undertaken by a different organisation in 2017.

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.

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 summarizes 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 at this inspection.			

Appendix B – Immediate improvement plan

Service: Meddygfa'r Llan, Church Surgery

Date of inspection: 17 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><u>Finding</u></p> <p>During our inspection, we asked the practice manager for evidence that the relevant Disclosure and Barring Service (DBS) checks had been carried out.</p> <p>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.</p> <p><u>Improvement needed</u></p> <p>The practice must implement a process to ensure that:</p>	<p>Health and Care Standards (April 2015)</p> <p>7.1 Workforce</p>	<p>Church Surgery's current policy on Risk Assessment and Employment Checks states that "Disclosure and Barring Service (Formerly the Criminal Record and Barring Checks CRB)</p> <p>Disclosure and barring checks should be carried out once a conditional offer of employment has been made. There are two levels of check: in brief, staff working alone with young children and the vulnerable will need to be checked. For example doctors and nurses. Reception/administration staff that are unlikely to be alone with the above do not need these checks."</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> • Pre-employment checks for all staff include the need for a DBS check appropriate to their roles • All current members of staff have a DBS check undertaken urgently, appropriate to their roles. A record must be kept within the practice. 		<p>This approach is supported by guidance issued by other reputable sources e.g. BMA and CQC, it should also be noted that we do not have a contractual responsibility and there is no legal requirement. At best the guidance available is unclear and open to interpretation. We have applied our practice policy conscientiously taking into account the advice available and our assessment of the risk involved.</p> <p>It is clear that HIW disagree with our assessment of risk in this instance and that there is an expectation that ALL staff working in the practice should have a DBS check as they may have the opportunity (however rare) to be alone with a patient as part of their role.</p> <p>We will therefore ensure that all subsequent recruitment of staff, whatever their role in the practice will included the requirement to have a DBS check at the necessary level.</p> <p>All Clinical staff at the practice have had an enhanced DBS check. In light of your advice we</p>	Amanda Edwards	With immediate effect

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		will ensure that all current receptionists and administrative staff have a Standard DBS check.	Amanda Edwards	2 Weeks to complete the applications and 8 weeks to be processed

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 / health board Representative:

Name (print): Amanda Edwards

Role: Practice Manager

Name (print): Dr Andrew Moon

Role: Senior GP Partner

Name (print): Dr Toni Serra

Role: GP Partner

Name (print): Dr Heather Cox

Role: GP Partner

Name (print): Dr Apoorva Khare
Role: GP Partner
Date: 12th August 2019

Appendix C – Improvement plan

Service: Meddygfa'r Llan, Church Surgery

Date of inspection: 17 Jul 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				
The practice must: <ul style="list-style-type: none"> Consider how to feedback to patients with any actions or results from their suggestions Ensure that the complaints file includes full information on the complaint, including the result and outcome of the complaint. 	6.3 Listening and Learning from feedback	We will ensure that feedback is provided to patients who make suggestions and that the results are documented as part of the process.	Amanda Edwards	Immediate
		We will ensure that all future complaint records will include the result and outcome of the complaint.	Amanda Edwards	Immediate
Delivery of safe and effective care				
No areas for improvement identified during this inspection on this theme.				

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The practice must ensure that regular staff meetings are conducted at all levels. Minutes of these meetings should be documented and distributed to all staff, and staff should confirm their understanding of the minutes.	Governance, Leadership and Accountability	We will ensure that accurate minutes are available to all relevant staff for any future meetings. A pattern of regular staff meetings covering all disciplines that suits our needs for communication within the practice will be established within the next 3 months.	Amanda Edwards	3 months

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): Amanda Edwards

Job role: Practice manager

Date: 17/09/2019