Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection (Announced)

Llynyfran 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 Llynyfran Surgery, Llandysul, Ceredigion, SA44 4JX, within Hywel Dda University Health Board on 31 July 2019.

Our team, for the inspection comprised of three HIW inspectors (one of whom led the inspection), one GP peer reviewer and one practice manager peer reviewer. Three members of the Community Health Council[1] (CHC) also visited the practice on the same day.

The CHC spoke with patients about their experience of the practice and looked at any environmental issues that could affect it. The practice will need to liaise with the CHC regarding the findings and recommendations in the CHC report.

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. Summary of our inspection

Overall, we found evidence that Llynyfran Surgery provided safe and effective care. Closure of the Teifi surgery has put the practice under increased pressure due to a significant increase in patient numbers. This process has been well managed to ensure the ongoing delivery of care to both new and existing patients. A new staff practice team has been formed that has a strong ethos and commitment to patient care. This was reflected by very high levels of patient satisfaction.

The practice was not fully compliant with all areas of the Health and Care Standards. This is mainly regarding the need to strengthen governance arrangements to ensure policies are up-to-date and staff have received appropriate checks and completed all relevant training.

This is what we found the service did well:

- Promotion of the Welsh language and delivery of a bilingual service
- Wide range of appointment times for patients
- Conduct a patient survey to gather feedback
- Practice building is very well maintained
- Good standard of clinical record keeping
- Relationship with the frailty[2] team

This is what we recommend the service could improve:

[2] In medicine, frailty defines the group of older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care

- Update all practice literature to reflect the new staffing arrangements
- Clearly display the practice complaints process and ensure complaints records are well maintained
- Update all key policies and procedures
- Ensure all staff training information is up-to-date and easily accessible.

3. What we found

Background of the service

Llynyfran surgery currently provides services to approximately 10,500 patients in Llandysul and the surrounding areas. The practice forms part of GP services provided within the area served by Hywel Dda University Health Board.

In February 2019, the practice took on an additional 4,500 patients along with more doctors, nurses and reception staff, following the redistribution of patients from the closure of the Teifi surgery in Llandysul.

The practice employs a staff team that includes seven GP partners, one salaried GP, two advanced nurse practitioners, five practice nurses, six health care support workers, a practice manager, a human resources manager and a team of reception staff.

The practice provides a range of services, including:

- General medical services
- Minor surgery
- Child development and health surveillance
- Cervical smear clinic
- Diabetic clinic
- Chronic Obstructive Pulmonary Disease (COPD) / Asthma clinic
- Coronary heart disease clinic
- Travel clinic and vaccination service
- Antenatal clinic which is run by the midwives
- Health visitor 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.

Patients told us they were very happy with their care and were treated with dignity, respect and kindness by the practice team. We found that the practice placed an emphasis on providing a positive patient experience.

Patients told us that they were able to get an appointment with a GP when they needed to, and were very satisfied with the practice opening hours.

The practice actively promoted the Welsh language and provided a bilingual service. Patients told us they could always speak to staff in their preferred language.

Good arrangements were in place to support patients' independence that included access for wheelchair users.

A walking group is held in the practice to support patients' physical and mental health.

The practice has developed a patient satisfaction survey to gather feedback to help identify areas for improvement.

A wide range of information on third sector organisation was available for patients but we found it needs to be rationalised. Also some practice information needs to be updated to reflect the new practice team.

We found the practice needs to more clearly display the practice complaints process and ensure any records for complaints that are received are well maintained.

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 the CHC reviewers also spoke with patients to find out about their experiences at the practice.

In total, we received 36 completed questionnaires. Just over half 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 excellent or very good. Patient comments included:

> *"Lovely staff. Great doctors. Let's face it, we are lucky we have such good GPs and not reliant on locums with the nation struggling to recruit and maintain"*
>
> *"Excellent service, professional staff, ease of appointment. Good GPs"*
>
> *"Moved from Teifi surgery, things were getting difficult, much improved since moved."*
>
> *"Having moved up from Teifi surgery everything has improved and settled down".*

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

> *"More appointment options, different times/days so appointments can be planned around work"*
>
> *"Since the surgery merged with the surgery in Teifi, there has been a decline in the quality and effectiveness of the surgery, but things are improving again now"*
>
> *"The care of the doctors when you can get to see them is wonderful. It is just too busy"*
>
> *"The surgery is under heavy pressure since the closure of other surgery services in the town".*

Staying healthy

We saw there was a vast range of bilingual posters and information leaflets available for patients to read in the reception of the practice. These were presented on various walls and in display cases. A wide range of local and national third sector agencies was represented, which included: Age Cymru,

Alzheimer's Society, Macmillan Cancer Support, Tenovus Cancer Care, Lampeter Macular Support Group and West Wales Prostate Cancer Support Group.

Information leaflets on smoking cessation were provided near the reception desk. However, the inspection team could not easily find them due to the volume of information that was available. This included large cheques on the walls showing donations from patients. Having so much information displayed may make it difficult for patients to see key areas of health promotion such as, smoking cessation.

A notice was displayed near the reception desk advertising a walking group that takes place in the practice once a week, however, it could not be easily seen. We were informed that the practice manager created the walking group in 2018. It was formed to help support patients physical and mental health by taking part in exercise and meeting other people. We were told that usually between 15 and 20 patients meet once a week to participate in the walk. We find this to be a noteworthy initiative to help promote a healthy lifestyle.

Advice and information for carers was displayed on a designated noticeboard in the waiting room. We saw that carer registration forms were available near the reception desk, and the practice had identified two carers champions. We were advised these roles provide information about support groups and also signpost carers to local agencies, which may be able to assist them with their day to day responsibilities. We were also informed that some members of staff are carers, and the practice supports them by allowing them to work flexibly around their responsibilities.

Improvement needed

The practice must ensure health promotion material can be easily seen amongst the large amount of information currently on display in the reception area.

Dignified care

Nearly all of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice. Throughout the inspection we witnessed staff speaking with patients in a professional and very friendly manner. This included the receptionist greeting many patients by their first name when they entered the practice.

A glass barrier was positioned on the side of the reception desk to improve patient privacy. We were informed the practice was considering installing a new perspex screen at the front of the reception desk, to help reduce the risk of any personal information being over heard by other patients.

We saw there was a self check-in touch screen system near the main reception desk that was frequently used when patients entered the practice. We were advised this facility was purchased from the Teifi practice and patients were used to using it. The self check-in helped to enhance patient privacy by reducing potential queues, and stopped the need for patients to verbally confirm their details at reception.

We found that as the reception became busier, it became fairly noisy. The practice had already identified this as an issue, due to the significant increase in the number of patients coming into reception, who had joined from the Teifi surgery. We were informed the practice is considering installing speakers to play music on a low volume outside the consulting rooms, to help mask any background noise.

We saw that the doors to treatment rooms were closed when patients attended their appointments, which allowed for private conversations. The staff we spoke with informed us that if a patient requests a confidential conversation, they will be taken into a small room that is used by the administrative staff for planning GP home visits. This facility was not advertised to patients therefore they would only know it existed if they asked at reception.

There was prominent signage clearly displayed on the doors to consulting rooms and doors leading from the reception area, informing patients that they could take a chaperon into the appointment. We also saw the digital visual display unit (VDU) in reception that was linked to a patient call system also advertised the facility of a chaperone. There were a number of staff trained to provide a chaperone service for patients, which aims to protect patients and healthcare staff when intimate examinations of patients are performed.

Improvement needed

The practice must ensure all patients can clearly see there is the option to use a quiet room, outside the main reception for confidential discussions.

Patient information

The practice had a very informative website that was easy to navigate but some of the information was out of date. The website provided information on the practice staff, opening times, specialist clinics, self-care advice and a doctor's blog. The staff information section had not yet been updated with the additional staff that had joined the practice from the Teifi surgery.

The practice website also promoted My Health Online[3]. This can assist patients to make appointments and request repeat prescriptions online. We were informed this service was well used, with approximately one in five patients registered for My Health Online.

We were informed the practice is in the process of looking into installing a patient information board with Quick Response (QR)[4] codes, which can be read using smartphones or other devices that can scan the barcode. Areas the practice would like to include are self-help information, out of hours details, the complaints procedure and practice information booklet.

A patient information booklet was available for patients to take home. It included information on what members of the medical team were responsible for, details of specialist clinics, information for carers, opening times, out of hours GP contact information, and how patients could make a complaint. We saw the role descriptions had not been updated for the HR manager or advance nurse practitioners who came from the Teifi surgery. The majority of the patients who completed a questionnaire told us that they would know how to access the out of hours GP service.

The complaints section in the patient information booklet informs patients to contact the practice manager, and states a leaflet explaining the procedure is available at reception. This may minimise reporting of complaints, as patients may feel uncomfortable enquiring about the complaints process, compared to if copies were freely available in the reception area.

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[3] https://www.myhealthonline-emisweb.wales.nhs.uk/languages?returnurl=/

[4] https://en.wikipedia.org/wiki/QR_code

We saw the complaints procedure was last reviewed in May 2018, and had not been updated with the names of the additional three GPs from the Teifi surgery. The process stated the practice would acknowledge a complaint within two working days and aim to look into the complaint within 30 working days. These timescales are in line with the NHS Wales Putting Things Right[5] process. Contact details were included for the local health board, citizen's advice bureau and public services ombudsman for Wales. The complaints procedure did not include contact details for Healthcare Inspectorate Wales.

We reviewed the practice complaints file and saw the number of complaints received was very low. We found an example where the practice had not acknowledged a patient complaint within the target of two days as per the NHS Wales Putting Things Right guidelines. The patient was offered a meeting with the GP, however, was not provided with a formal written response. This resulted in the patient submitting a complaint regarding the way the original complaint had been managed.

The NHS Wales Putting Things Right poster was displayed on several notice boards in reception, along with Putting Things Right leaflets available for patients to read and take away. We also saw that a copy of Putting Things Right was available in braille.

Improvement needed

The practice must:

[5] Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

- Update the staff team details on the practice website
- Update the information for all roles in the practice information booklet
- Update the complaints procedure with details of all GPs and include contact information for Healthcare Inspectorate Wales
- Ensure patients can clearly see the practice complaints procedure and can easily access copies of it to take away
- Ensure all evidence and documentation relating to patient complaints is accurately maintained on file.

Communicating effectively

It was very clear the practice actively promoted the use of the Welsh language, which reflected the local patient population. We saw many of the patients speaking Welsh at the reception desk and the self check-in system was available in English and Welsh. We were advised the practice answerphone message is bilingual and informs patients there are Welsh speakers available in the practice. Notices were displayed in reception informing patients that staff were happy to speak in Welsh, and we saw that staff wore badges and lanyards from the Welsh Language Board to identify welsh speakers. The majority of the patients who completed a questionnaire told us that they could always speak to staff in their preferred language.

We were informed that the practice had a hearing loop system installed to assist patients with hearing aids. This was clearly displayed on the reception counter and main entrance door. We were informed that a portable hearing loop was available to take into the consulting rooms. We were also advised one member of staff can communicate using sign language.

There was a notice advertising a translation service in reception to help communicate with patients who could not speak English. The staff we spoke with confirmed the service had been accessed on a small number of occasions, to communicate with Polish patients. We were also informed that two members of staff speak multiple languages.

We saw the patient information booklet and NHS Wales Putting Things Right process was available in braille for visually impaired patients.

We found there was a robust system in place to ensure all incoming clinical correspondence and information was reviewed and acted upon by a GP. This included a formal buddy system that was displayed in the staff common room, to

ensure there was cover, when letters were sent to a named GP and they were off work.

Timely care

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

The practice provided appointments in morning, afternoon and evening. Morning appointments were available from 09:00am to 11:30am every day, and evening appointments were held from 4:00pm to 6:00pm four days a week. Afternoon appointments were available from 2:00pm to 4:00pm every day. Special clinics were also held in the afternoon from 2:00pm to 4:00pm, three days a week. We saw that all surgeries were scheduled by appointment and a GP was available every day for emergency appointments.

We were informed that the reception staff verbally inform patients about waiting times and any reasons for delays. We saw that most GPs came out of the consulting rooms to call patients into the appointments. We were informed this is sometimes done to provide an opportunity for the GP to observe the patient.

The practice had a VDU in reception that was linked to an electronic patient call system, however, we were advised that out of preference, it is only used by some GPs. The patient call system produces a name via a loudspeaker in reception. We were informed some patients have complained about their name being calls via this system. In these cases the practice has added a note on the patient record to ensure the call system is not used. The practice may consider utilising the VDU to show waiting times and delays

Individual care

Planning care to promote independence

The practice was all on one floor with the exception of a room on a second floor that was used by the reception staff. Wheelchair users and people with pushchairs could easily access the practice via a dropped curb and ramp near the entrance. The entrance doors were fully automated and could be accessed via a button to enter and exit the building. There was also a call button available on the entrance, if patients needed to call a member of staff for assistance.

We saw that the self check-in touch screen had been positioned at an appropriate height to allow wheelchair users to access the system. The reception desk was on one level, however we were informed the practice had made enquiries into

lowering part of the desk to make it accessible for wheelchair users. A spare wheelchair was available in the entrance foyer, and a designated toilet was available for wheelchair users that also contained a baby changing table.

We were informed of the process to identify patients with additional needs, by means of a flag system on the electronic patient record. This would alert practice staff, to make suitable arrangements where required for example, when arranging appointments for those who attended with carers. Staff described various scenarios of supporting patients, which included patients with extreme anxiety who are allowed to wait in the car rather than in reception before an appointment.

People's rights

We found that peoples' rights were promoted within the practice and saw staff treating patients with dignity, respect and kindness. Patients could be accompanied by relatives or carers during a consultation or treatment. Also as previously mentioned the option to have a chaperone present was very clearly displayed throughout the practice.

Listening and learning from feedback

We saw there was a cardboard box in the entrance foyer for patients to submit comments, concerns and feedback. The box was clearly labelled and was positioned away from the main reception, which provided some privacy for patients to complete any forms.

We were informed patients rarely provide any feedback. However, the practice had a system in place to record any verbal concerns on a spreadsheet that was maintained by the practice manager and HR manager. We were advised that the practice aims to resolve straightforward verbal concerns at the time they are reported. If any concerns were raised, the practice manager would feed this information into the weekly meetings with the practice management team.

We saw that the practice had recently produced an online survey to gather patient feedback. The survey could be easily accessed by scanning a QR code, however, at the time of the inspection there had only been 10 responses. The survey contained a range of questions on the patient experience that included: how easy is it to book an appointment, how easy is it to park at the practice, how helpful are reception staff, how satisfied are you with the opening hours and overall satisfaction.

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 the practice had arrangements in place to promote safe and effective patient care. This included strong links with the frailty team to support patients' health and well-being.

The practice building was in very good condition and has been remodelled to accommodate additional staff from the Teifi surgery, and options are being explored for further expansion.

The standard of patient record keeping was good but we found the practice has a significant task to summarise the records for all patients that transferred from the Teifi surgery. We suggested developing an action plan to ensure the work is completed.

The practice was clean and tidy but the process for auditing infection control training needed to be reviewed.

We found significant events are being discussed by the practice management team so lessons can be learnt but there is a need for more staff to receive training on the Datix system.

The policies and procedures for information governance need to be updated to ensure the practice is compliant with GDPR. This includes ensuring staff have received appropriate training.

Safe care

Managing risk and promoting health and safety

The majority of the patients who completed a questionnaire felt that it was very easy to enter the premises.

We saw that the corridors were clear of any clutter and hazards that may cause a person to trip and fall. The interior of the practice was well maintained, and appeared clean and tidy. The consulting and treatment rooms that we saw were spacious and in very good condition.

We were informed the GP partners have been considering ways to increase the capacity of the building to accommodate the additional patients and staff from the Teifi surgery. This has included some remodelling to the interior of the building, and a grant has been applied for to expand the building to create three new treatment rooms and a minor surgery suite. It was also highlighted there are recognised challenges with the availability of car parking that is currently available.

During a tour of the practice we saw that prescription requests are carried out in a room, which is located behind the reception area. During the inspection, we saw the room was left unattended by staff, and concerns regarding confidentiality of patient information were identified. The practice recognise this risk and confirmed that the main bulk of completed prescriptions are stored securely. The practice assured us that they would be vigilant in this room being left unattended, and would ensure the room is locked when not in use, to ensure confidentiality and accessibility to patient information is minimised.

We saw there was a feminine hygiene bin available in the female patient toilets that was positioned outside the main cubicles. The practice should consider locating it within a cubicle, and placing a laminated notice on the door, indicating that the cubicle contains a feminine hygiene bin. Also there was no hygiene bin available in the disabled toilet.

We saw the practice had an external fire risk assessment done in January 2019. This identified a number of improvement actions, which had all been completed with the exception of implementing luminescent strips on the bottom of the doors. When we spoke to the practice about this, we saw that an external company had been contacted, to establish if this meant fitting new doors or if self-adhesive strips could be used. We saw a copy of the fire safety log that showed fire drills were completed approximately once every six months, with the last drill completed in April 2019. We were informed the practice has contacted an external company to deliver fire safety training to all staff in September 2019. We also saw there was a nominated member of the reception team who completes fire alarm tests each week.

Infection prevention and control

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

The infection control policy was updated in July 2019, however we did not find a clear audit trail of training in relation to infection control issues such as hand hygiene. We saw that the practice had completed an infection control audit, which

had an associated action plan. We were informed that the practice ensures that staff have received appropriate training in infection control via the staff induction and annual infection control training. However, the records for infection control training recorded on the training matrix were incomplete, and we could not therefore be fully assured that all staff had completed the necessary training.

We saw bottles of hand sanitiser were available on all of the tables in the reception area. Also sanitiser dispensers were located on various walls within the practice, however, there were none available adjacent to the self check-in touch screen. This was a potential risk for cross infection between patients coming into the practice. We also saw fabric hand towels were available in the toileting facilities, which could increase the risk of cross contamination of infection between patients.

The treatment room and consulting rooms appeared visibly clean. We saw there was appropriate hand hygiene facilitates such as, hand wash and paper towels with appropriate bins in the clinical areas. We saw that some of the taps in the treatment rooms were star taps, and the practice should consider installing elbow lever taps to help reduce the risk of cross infection.

We saw documentation that showed all relevant staff had received Hepatitis B immunisations and had immunity, to protect both the staff member and patients.

Improvement needed

The practice must:

- Ensure all staff have completed infection control training
- Install a hand sanitiser dispenser next to the self check-in screen
- Remove fabric hand towels in toileting facilities

Medicines management

The practice was supported by a community pharmacist that had been appointed by the local cluster[6]. They were able to assist the practice by carrying out patient medication reviews, and helping to identify training that is required in relation to prescribing medication.

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[7] stipulate, that healthcare organisations and providers have an obligation to provide a high-quality resuscitation service. We found that the guidelines were being followed, which included evidence of daily equipment and medication. Emergency medicines were all in date, and the medical staff we spoke to knew where they were stored.

Medication and vaccinations were stored appropriately within a pharmacy fridge. We saw that the surgery had identified a stock of medicine that had expired, and this was stored securely to ensure it was not used on patients. Arrangements had been made to ensure the safe disposal of this medication at a later date and staff members had been made aware of the expired medications and the procedures around its safe disposal.

We were able to see that cardiopulmonary resuscitation (CPR) training had been carried out, which had been delivered by the senior GP partner and was well received by staff.

Safeguarding children and adults at risk

We saw that the practice had a safeguarding policy in place for the protection of vulnerable adults and children. However, there was no date on the policy to show when it was created or when it had last been reviewed by the practice.

The senior GP partner was appointed as the safeguarding lead. This meant that staff had a local contact available, to report and discuss any safeguarding

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

[7] Resuscitation Council UK Quality Standards for Resuscitation

concerns. The staff that we spoke with were all aware who the named safeguarding lead was in the practice.

We saw a clear process flow chart was displayed on the wall of the reception staff area, to inform staff what to do with any safeguarding concerns. Staff clearly understood the process and provided an example of when it had been followed, which resulted in completion of a significant event report, which was shared at the clinical meetings.

We saw that training on safeguarding had taken place for most of the staff, but we could not clearly see on the training matrix which level of safeguarding had been completed for each member of staff. The issue of incomplete training records is highlighted further within the Quality of Management and Leadership section of the report.

Effective care

Safe and clinically effective care

The practice had arrangements in place to report patient safety incidents and significant events. Significant events were documented on a specific pro forma, and were reviewed at weekly clinical meetings, to highlight strengths and weaknesses in the care being provided. The practice maintained a paper folder to store all significant event reports. The sharing of safety alerts that were received into the practice was managed by the practice manager who shared them with relevant staff via email.

When we spoke with some staff regarding incident record keeping, it was highlighted that there is a need for training on Datix[8] as some team members are unaware of what they should report via the Datix system.

The staff informed us of the arrangements for keeping the practice team up-to-date with best practice and any new National Institute for Health and Care

[8] Datix is a bespoke incident management system that can support practices with recording and analysis of Significant Events.

Excellence (NICE)[9] professional guidance. This included distributing updates via email to practice staff and discussion at the weekly clinical meetings

Improvement needed

The practice must ensure all relevant staff receive training on the Datix system and are encouraged to report incidents through it.

Quality improvement, research and innovation

We were advised that the practice is part of the South Ceredigion cluster of five GP surgeries, and has actively participated in a number of cluster based initiatives. The practice manager and senior GP partner attend the cluster meetings.

The initiatives that the practice has been involved in include working with members of the frailty team from the health board. The frailty team receive direct referrals from GPs and complete a frailty assessment, medication review and a referral onward to a GP if needed. We were informed there are regular multidisciplinary team meetings, where the following roles may be present: social worker, GP, physiotherapist, occupational therapy, social prescribers, practice nurse and the district nurse.

We spoke with members of the frailty team as they were visiting the practice on the day of the inspection. The team provided very positive feedback on the practice, and advised us they always receive appropriate and well supported referrals from GPs. It was also highlighted the practice is well organised, very supportive and there is an open culture to challenge decisions freely should they need to.

Information governance and communications technology

[9] https://www.nice.org.uk/

We found that practice policies on the management of personal information and access to health records were out of date. There was no reference to the General Data Protection Regulation (GDPR).

We found that some staff had completed training on information governance in 2018, however, staff training records were incomplete. The issue of incomplete training records is highlighted further within the Quality of Management and Leadership section of the report.

Improvement needed

The practice must:

- Ensure all policies relating to information governance are updated to reflect GDPR guidelines
- Ensure all staff complete training on information governance.

Record keeping

We looked at a sample of electronic patient medical records and found a good standard of record keeping. The records were clear and could be easily followed to ensure the continuity of care between clinicians.

We saw that prescribed medicines were linked to the appropriate conditions, and the clinical findings were all updated in a timely manner. We found evidence that showed GPs had requested patient consent where relevant, and chaperones had been offered where necessary.

Some of the records did not show if information had been given to patients about their condition, investigation and management options so that they can understand their own health and illness.

At the time of our inspection, staff confirmed there were approximately 4,000 patient records that required summarising. This represented records of patients that had transferred from the Teifi surgery. Summarising information helps ensure that GPs and nurses have easy access to a patient's relevant past medical history to help inform care and treatment decisions. Although we saw there was a dedicated team in place to complete the summarising, this is a significant amount of time consuming work. We also found that the practice policy for summarising patient notes had lapsed and had not been reviewed by the review date.

Improvement needed

The practice must:

- Ensure information is given to patients about their condition, investigation and management options, so that they can understand their own health and illness
- Ensure there is a process in place for timely completion of the patient record summarising
- Ensure the policy for summarising patient notes is reviewed to ensure it is still relevant.

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 there was a strong team ethos and morale was high. The staff felt they had been well supported through the transition period where new staff members joined the practice following the closure of the Teifi surgery.

Significant improvement was needed regarding recording DBS checks for staff, and we saw the practice had already started to address this but needs to prioritise this work.

The practice policies and procedures need to be reviewed to ensure they are all up-to-date, and the practice needs to ensure all staff have read and understood the policies.

We identified that improvement was needed to ensure the staff training information was up-to-date, and was easily accessible, to demonstrate the training that was due and that had been completed.

Governance, leadership and accountability

At the time of our inspection, the practice was operated by seven GP partners and one salaried GP. Three GPs had joined the practice in February 2019, following the closure from the Teifi surgery. Other staff that transferred included two advanced nurse practitioners, a HR manager and reception staff.

The staff we spoke with informed us there had been a lot of change in the previous six months, however, arrangements had now embedded and all the staff were working well together. We were also informed that the priority had been on delivering patient care and settling in new patients, and there was a recognition that some areas of governance now needed to be strengthened.

We found that there was a cohesive practice team who supported each other. There was evidence of positive relationships between members of the management team and the practice staff. New staff who started in February 2019, told us they had been well supported by both the practice management and colleagues. Staff felt the new members of the practice team had bonded particularly well, and there team was now working effectively together as one practice team.

We were informed about the management and reporting structure in the practice. This included the new role of HR manager for a member of staff who joined from the Teifi surgery. We were advised this role is currently evolving but was on the equivalent grade as the practice manager. Currently the HR manager role leads on all HR related matters and staff management. The senior nurse leads the nursing team that consisted of four practice nurses and two advanced nurse practitioners. We were advised two senior receptionists were appointed as team leaders to supported staff and deal with problems that had been escalated.

We saw that guidance on policies and processes for staff was available via paper copies stored in a policy folder. We found that some policies were dated 2010, and did not have an indication of a review date or version numbers, to show if they had been updated. This meant that potentially some policies had not been updated, to reflect changes in legislation and statutory guidance.

We found that when new staff joined the practice from the Teifi surgery they were told where to locate the policy folder and were asked to read it. We did not see evidence to show exactly who had read the policies, and some of the staff informed us it had not been possible to read the folder due to work commitments. We were informed that the practice has now created an email group, which will be used to share electronic versions of all policies and procedures, and record which staff has seen them.

There were regular team meetings held that included both practice and clinical staff meetings. We saw copies of minutes from the practice meetings that were attended by the GP partners, practice manager and HR manager. We were informed the full set of minutes was not shared with all staff, as they may contain sensitive information, sometimes about staff members. Where anything was discussed at the practice meeting that needed to be fed back to relevant individual staff it was done so verbally. We were also advised regular clinical team meetings took place that involved the practice manager, GPs and senior nurse.

Full practice team meetings were held that involved the wider practice team. The meetings are minuted and we saw a book is used for staff to make suggestions

or raise concerns regarding the practice. The book is reviewed at the meetings, and staff are updated on the outcome of any suggestions or concerns via email. We were provided with an example of where a suggestion from staff resulted in a revised process. We saw that meeting attendance sheets were signed by staff, but did not find evidence to show that all appropriate team members, including staff who were absent, had seen the minutes.

The staff who joined the practice from the Teifi surgery informed us that prior to joining, individual meetings had been held with the Llynyfran practice manager. The meetings were used to discuss current roles and responsibilities and any areas that staff would like to change. We saw evidence of comprehensive job descriptions, which included documentation for staff that transferred from the Teifi surgery, showing details of any additional responsibilities.

The practice had a three year practice development plan that had been updated in 2019 to reflect changes following additional staff and patient intake from the Teifi surgery. The plan outlined priority areas and lessons learnt.

Improvement needed

The practice must:

- Ensure all practice policies and procedures are reviewed and updated to ensure that they accurately reflect current arrangements, are up–to-date and contain version control
- Ensure all staff have read and understand the practice policies and procedures.

Staff and resources

Workforce

We did not see evidence of completed Disclosure and Barring Service (DBS)[10] checks for all staff. We were advised that when the practice manager started in post in 2015, a process was introduced to ensure new members of staff completed a DBS as part of the pre-employment checks. However, the practice confirmed a DBS check had not been completed for the practice staff that had worked at the surgery for many years. We were also informed that the practice was not aware of the DBS status for staff that had transferred from the Teifi surgery. The practice had recognised this issue and prior to our inspection had started a process to obtain new DBS checks, and this was prioritised for clinical staff.

We did not see any evidence to show that appraisals had been completed for any staff in the last 12 months. An annual appraisal process will help identify any performance issues, and staff training and development needs. It also provides an opportunity for managers to give feedback to staff on their performance. The practice was aware of this issue and had arranged for the practice manager and HR manager to attend training on appraisals in September 2019, with a view to carry out a new appraisal for all staff shortly after.

As previously highlighted, the practice training records were incomplete. The practice did not hold an easily accessibly up-to-date training matrix or evidence of training certificates to show all training undertaken by the medical, nursing and administrative staff. We saw two separate summary spreadsheet that showed all training against staff members. The summaries contained many gaps and were held on separate lists for existing and new staff from the Teifi surgery. Without an up-to-date training matrix it was not possible to establish if staff had received all the relevant training within appropriate timescales, to ensure their skills and knowledge were kept up-to-date.

[10] The Disclosure and Barring Service helps employers make safer recruitment decisions, by processing and issuing DBS checks. DBS also maintains the adults' and children's Barred Lists, and makes considered decisions as to whether an individual should be included on one or both of these lists and barred from engaging in regulated activity.

Improvement needed

The practice must:

- Urgently prioritise the work to complete DBS checks for all practice staff
- Ensure that all staff receive an appraisal once every 12 months
- Ensure staff training information is up-to-date and maintained in a training matrix to easily show when new or refresher training is needed.

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.

No immediate concerns were identified during this inspection.	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

Appendix B – Immediate improvement plan

Service: Llynyfran Surgery

Date of inspection: 31 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
No immediate improvement plan was required.				

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: Llynyfran Surgery

Date of inspection: 31 July 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice must ensure health promotion material can be easily seen amongst the large amount of information currently on display in the reception area.	1.1 Health promotion, protection and improvement	Re-organise health promotion material in waiting room, QR code display board placed on-hold (09/01/2019) due to new developments in February. Contact QR Info Pod Ltd to continue previous plans.	Ann Johnson	November 2019
The practice must ensure all patients can clearly see there is the option to use a quiet room, outside the main reception for confidential discussions.	4.1 Dignified Care	Poster Advertising Quiet Room for confidential discussions placed in reception area and self check-in area	Ann Johnson	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must: • Update the staff team details on the practice website • Update the information for all roles in the practice information booklet • Update the complaints procedure with details of all GPs and include contact information for Healthcare Inspectorate Wales • Ensure patients can clearly see the practice complaints procedure and can easily access copies of it to take away • Ensure all evidence and documentation relating to patient complaints is accurately maintained on file.	4.2 Patient Information	Update practice Website/Practice Information Leaflet and complaints procedure with new GP/staff information. Update complaints procedure with HIW contact information Complaints procedure previously accessible via practice website/practice leaflet and noticeboard in waiting room area. Complaints procedure now also available in main reception lobby, (next to suggestion/concerns/compliments box), copies for patients to take away. All verbal concerns now sent copy of complaints procedure	Dr Sonia Rooke - Website Ann Johnson Ann Johnson Ann Johnson/Rhian James	October 2019 Complete Complete Ongoing

Delivery of safe and effective care				
The practice must: • Ensure all staff have completed infection control training • Install a hand sanitiser dispenser next to the self check-in screen • Remove fabric hand towels in the toileting facilities.	2.4 Infection Prevention and Control (IPC) and Decontamination	Ensure all new staff have completed training, all nursing team received update during immunisation training organised by Hywel dda. Hand Sanitiser installed next to self check-in Paper towel facilities available, hand towel removed.	Llinos Jones Senior Practice Nurse	Completed 11/09/2019 & 25/09/2019 Completed Completed
The practice must ensure all relevant staff receive training on the Datix system and are encouraged to report incidents through it.	3.1 Safe and Clinically Effective care	Llynyfran volunteered to pilot Healthboard Datix system for cluster in 2017. Practice Manager contacted healthboard to request urgent training. Training days organised	Ann Johnson/ HR manager/ receptionists	17th October and 12th November 2019

The practice must: • Ensure all policies relating to information governance are updated to reflect GDPR guidelines • Ensure all staff complete training on information governance.	3.4 Information Governance and Communications Technology	GDPR guidelines – information advertised in waiting room/website. Folder available with GDPR policy/SAR forms/letter to patients and letter for staff regarding personal information held on staff records. Policy Updated 10/09/2019 and upload information on IG toolkit. All Llynyfran Staff completed training 21/06/2018. Ensure all new staff complete training via Practice Index e-learning - Information governance - GDPR- The perfect practice guideline - GDPR	Ann Johnson Ann Johnson Ann Johnson	Completed Completed 30th October 2019
The practice must: • Ensure information is given to patients about their condition, investigation and management options, so that they can understand their own health and illness	3.5 Record keeping	Practice will increase use of DXS patient leaflet within the clinical system	Dr M Thomas	Completed

• Ensure there is a process in place for timely completion of the patient record summarising		All patient notes from Teifi require summarising , total 4464 and 39 from Ashleigh surgery Practice Allocated time for nursing staff and employed/trained a full time notes summariser. Practice Manager organised meeting 8th October 2019 with Sandra Williams Shared Services for additional support. Contact Medical school advertising notes summarising vacancy available. To complete within 6 months we require 7 full time summarisers.	Ann Johnson	Meeting with Health board 8th October 2019.
• Ensure the policy for summarising patient notes is reviewed to ensure it is still relevant.		GP to review summarising patient notes policy	Dr M Thomas	Completed
Quality of management and leadership				
The practice must: • Ensure all practice policies and procedures are reviewed and updated to ensure that they accurately reflect current arrangements, are up–to-date and contain version control	Governance, Leadership and Accountability	Review policies and add version control, Old policies to by kept in separate folder to refer back should they be required. Upload information onto CG toolkit.	Ann Johnson/Rhian James	November 2019
• Ensure all staff have read and understand the practice policies and procedures.		Introduce new policy each month, send electronically to all staff members	GPs clinical policies	March 2020

The practice must: • Urgently prioritise the work to complete DBS checks for all practice staff • Ensure that all staff receive an appraisal once every 12 months • Ensure staff training information is up-to-date and maintained in a training matrix to easily show when new or refresher training is needed.	7.1 Workforce	Applications commenced for all staff to have updated DBS checks Re-start annual Appraisals Update existing training Matrix, merge all staff training certificates to new folder. Practice Index e-learning will automatically enrol staff when mandatory training due and reminder e-mail sent to staff. All staff enrolled onto training related to practice role	Ann Johnson Rhian James – Admin Llinos Jones – Nursing team	December 2019 and update every three years Appraisals will commence week 14th October 2019 Ongoing

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): Ann Johnson

Job role: Practice Manager

Date: 19/09/2019