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Healthcare Inspectorate Wales

General Practice Inspection(Announced)

Bron Derw Medical Centre, Betsi Cadwaladr 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 Bron Derw Medical Centre at Ffordd Glynne Road, Bangor, Gwynedd, LL57 1AH, within Betsi Cadwaladr Health Board on the 14 August 2019.

Our team, for the inspection comprised of two HIW healthcare inspectors (one of whom was the inspection lead), GP and practice manager peer reviewers and a lay reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found a staff team who were patient centred and committed to delivering a high quality service to their patients.

The feedback we received from patients, confirmed that they were on the whole very happy with the service they received.

The practice had a system in place to enable patients to raise concerns and complaints.

We found the practice to have good leadership and clear lines of accountability.

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Patients made positive comments about the service they had received from the practice, and patients could receive timely care
- We saw that staff were polite, courteous and professional to patients and visitors at the practice
- The practice was visibly well maintained, clean and uncluttered
- Staff said that they were happy in their roles, that the senior team and GP partners were supportive and that leadership within the practice was good.

This is what we recommend the service could improve:

- A carers' champion is identified, to act as a voice for carers within the practice and be a key point of contact for carer information
- Details of advocacy services are made available to patients on both the practice website and in the waiting area

- Dedicated safeguarding meetings are held at the practice
- Documentation within patient notes
- Ensure all applicable staff receive an up to date Disclosure and Barring Service check.

3. What we found

Background of the service

Bron Derw Medical Centre currently provides services to approximately 9,000 patients in the Bangor and surrounding area. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board.

The practice employs a staff team which includes four GP partners, one salaried GP, three advanced nurse practitioners, three practice nurses, two Health Care Support Workers (HCSW), two practice managers and a team of administrative staff.

The practice provides a range of services, including:

- General medical services
- Asthma clinic & diabetic clinics
- Antenatal clinic
- Minor Surgery
- Ladies clinic
- Family planning
- Cervical screening
- New patient and well person medical check-ups
- Adult and childhood immunisations
- Substance misuse counselling
- Private medicals

For ease, Bron Derw Medical Centre will be referred to as the practice throughout the report.

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 generally provided positive comments about the staff team and the services provided at the practice.

We saw that efforts were made to protect patients' privacy and dignity, and that the services offered by the practice were accessible to patients and provided in a timely manner.

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

The practice did not have a carers champion to act as a voice for carers, and act as a key point of contact.

Prior to the 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 we also spoke with patients to find out about their experiences at the practice. In total, we received 33 completed questionnaires. Almost all of the patients who completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

Patients were asked in the HIW questionnaire to rate the service provided by this GP practice. Responses were positive; the majority of patients rated the service as excellent or very good. However, patients were not all happy with the customer service at reception. Patient comments included:

> *"Always found Bron Derw gives great care. Always been seen on the day that I need to"*
>
> *"No, I have no complaints. The staff work extremely hard here and are under a lot of pressure at times"*
>
> *"Although some staff are polite, others are not, when you're not well it's the last thing you need"*

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

> *"Open more appointments on a regular basis. Have a screen to show the name and room number of the person being called in. This can also show average waiting time and number of patients at sit and wait. Fix the check in machine"*
>
> *"Making it possible to pre-book appointments"*
>
> *"Access to car park needs to be improved"*

Staying healthy

We found that patients were being encouraged to take responsibility for managing their own health, through the provision of health promotion advice from staff, and written information within the waiting area and consulting rooms. The majority of information was available to patients in both English and Welsh. Some examples of the information displayed were:

- Smoking cessation
- Alcohol and drug helpline information
- NHS screening services such as breast cancer.

In addition, there were a number of health promotion leaflets to support some of the information displayed on the noticeboards, for patients to read and to take away. Staff told us that the patient information leaflets are regularly updated.

A notice board containing information specifically for carers was also displayed within the waiting area, and was also available on the practice website. The practice did not have a nominated carers' champion to help provide carers with information about various local agencies and organisations, who may be able to help them with their day-to-day responsibilities. We recommended that the practice nominated a carers' champion to act as a voice for carers within the practice, and be a key point of contact for carer information.

The practice operated an immediate walk in service, both in the morning and in the afternoon. Patients were asked at reception to complete an immediate care slip, noting their name, date of birth and a brief summary of the problem. This avoided the need for patients to verbally disclose this information to the receptionist thus, maintaining their privacy and dignity. The information contained on the slip was entered confidentially by a receptionist onto the computer, which

enabled a clinician to direct the patient to the most appropriate service or clinician to ensure they receive the right care or treatment. Staff told us that advance appointments were also available by telephoning or calling in to the practice, for a named clinician of their choice.

Improvement needed

The practice must ensure that a carers' champion is identified to act as a voice for carers within the practice and be a key point of contact for carer information.

Dignified care

All but one of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice. We also saw staff greeting people with respect, in a professional yet friendly manner at the reception desk and during telephone conversations.

We saw there was a self check-in touch screen system near the main reception desk that was used by patients who had pre-booked appointments as they entered the practice. The self check-in helped to enhance patient privacy by reducing potential queues, and prevented the need for patients to verbally confirm their details at reception.

Just under two thirds of patients who completed a questionnaire told us that they could only sometimes get to see their preferred doctor.

Consulting rooms and treatment rooms were located on the ground floor and were away from the waiting area, along a corridor. We saw that doors to the rooms were closed during consultations. This helped protect patients' privacy and dignity when they were reviewed by the GP.

During a tour of the practice, we saw that the blinds in the windows of more than one of the consultation and treatment rooms were broken. The blind in one consultation room could not be fully closed to ensure patient privacy when inside the room. We recommended that all consultation and treatment room blinds be checked, and any not fully operational be replaced. This is to ensure patients' privacy and dignity is maintained, as there was a risk that this could potentially be compromised from people looking in from outside.

There was a written policy on the use of chaperones. The right to request a chaperone to be present during consultations was advertised in the waiting area and in consultation rooms. We were told that the practice had a number of both

male and female staff trained to act as chaperones which aims to protect patients and healthcare staff when intimate examinations of patients are performed. We saw evidence that the use of chaperones was recorded in the patients' records.

There was a small room located near the reception desk where patients could speak to staff in private. We were told that the room could also be used as a private waiting room for patients who required privacy, for example, if a patient was distressed.

Telephone calls were received in a room behind the main reception desk, away from the waiting area.

Improvement needed

The practice must ensure that all consultation and treatment room blinds are checked, and any which are not fully operational be replaced.

Patient information

Information for patients on health related issues was available in poster and leaflet form, and was available in the waiting area and consulting rooms. The majority of information was available both in English and in Welsh. The practice has a very user-friendly and up-to-date website which also provides information to patients' bilingually.

The practice utilises My Health Online[1] which can assist patients in making appointments or requesting repeat prescriptions. Patients are currently only able to use it to view or cancel appointments; however, the practice was considering a trial for patients to be able to book their own appointments with nurses.

The practice had produced a patient information leaflet which was available bilingually. This was available to patients in the waiting area. The leaflet contained detailed information about the practice and the services offered. The practice also provided patients with up-to-date information on its Facebook page.

[1] https://www.myhealthonline-inps.wales.nhs.uk/mhol

The patient information leaflet also referred to a complaints process, details of which was also displayed on the reception desk in the waiting area. The NHS Putting Things Right[2] (PTR) poster was displayed on a notice board in reception.

No information was available on the practice website, or in the waiting area of the provision of advocacy services. We recommend that the practice includes details of advocacy services available to ensure that patients are aware of where to get support or advice if required, in making a complaint.

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

We saw there was no information available on the practices' external gate, advising patients of where to seek medical assistance out of hours. We recommend that this information is made available, so that patients who attend the surgery when it is closed, have relevant information of where to seek advice.

Whilst the practice does not currently have a patient participation group, we were informed that the practice are in the process of setting one up. A notice was available on the practice website seeking interest from patients who wish to be involved in the group.

Communicating effectively

Almost all of the patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language. In addition, all but one of the patients felt that things are always explained to them during their appointment in a way that they can understand. All of the patients also told us that they are involved as much as they want to be in decisions made about their care.

A full bi-lingual service is offered to patients, with a number of Welsh speaking staff available in each area of work. A notice at the reception area advised that a hearing loop was available to aid communication with patients or visitors with

[2] '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.

hearing difficulties. A mobile hearing loop was also available. The practice also had pictorial books available for patients who have difficulties understanding the English language, and some information was available in enlarged text. Staff told us that some patients attend consultations with a translator, and some refugees are supported by a member of staff from the council who act as translators. Staff also told us they could access a translation service to help communication with patients who did not speak English, to understand what was being said during their consultations.

Staff told us that any patients with additional needs, such as dementia or learning disabilities, are highlighted within the electronic system called Vision to ensure that practice staff are immediately alerted to this via a Read Code.[3]

Internal messages are communicated electronically and a system is in place to ensure that a communication has been read.

The practice had a system in place to deal with incoming clinical information. Items such as letters which contained a patients' test results, were reviewed by administration staff; however there was no policy in place to identify which documents should be referred to GP's, and which could be scanned onto the system, coded with a Read code, and filed. We recommend that this process is reviewed and a policy introduced to ensure there is a clinical review of the information and that action is taken by a GP when required. We also identified there was a backlog of communication, and recommend that action is taken immediately to address this, to ensure that all patient records are up to date.

We considered the arrangements in place for when patients require contact from the practice for additional requirements, for example, to return for a follow up appointment or a blood test, based on test results. We were told that the practice staff would either telephone the patient/carer to inform them that an appointment was required. However, if a patient did not attend the appointment, there was no process in place to follow up their lack of attendance. We recommend that the practice updates its policy to ensure that patients who miss their appointments are followed up.

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[3] Read codes are a set of clinical computer generated codes designed for use in primary care to record the everyday care of a patient. The codes also facilitate audit activity and reporting within primary care

Improvement needed

The practice must ensure that:

- A policy is implemented to ensure that all incoming clinical information is dealt with appropriately, and relevant documents are reviewed and actioned by a GP when required
- A process is immediately introduced to address the issue of the backlog of communication
- A system is introduced to ensure that patients who miss appointments are followed up to remind them of the need to attend.

Timely care

The practice offers an immediate care service with a member of the clinical team between 8.00am and 12.00pm and 1.30pm and 4.00pm Monday to Friday. After 4.00pm, a triage[4] system is operated either by phone or in the practice. A clinician will decide whether the patient needs to be seen the same day, attend a pharmacy or attend the practice the following day. Staff told us that, even though the majority of patients did not have specific appointment times, patients who had been sat in the waiting area for a noticeable amount of time, would be kept updated of where they were on the waiting list and how many people were in front of them.

We saw that some clinicians came out of the consulting rooms to call patients into the appointments, whilst others would phone through to the receptionist who would call the patients through.

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. However, around half of the patients said that it was not very easy or not at all easy to get an appointment when they needed one.

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[4] Triage is the process of determining the priority of patients' treatments based on the severity of their condition.

When asked in the questionnaire to describe their overall experience of making an appointment, the majority of patients described their experience as very good or good.

Individual care

Planning care to promote independence

The practice was located within a purpose built building and had been refurbished to a very high standard. The consultation rooms were all located on one floor, with the exception of two rooms on the second floor which were used for counselling. The second floor could be accessed via a lift. We saw that, whilst this was not a dispensing practice, a pharmacy was conveniently located within the building.

Wheelchair users and people with pushchairs could easily access the surgery. The entrance doors were fully automated and could be accessed via a button to enter and exit the building. On the day of our inspection, the doors were not operating automatically. We discussed this with staff and were shown evidence to reflect that the repair to the door was in hand.

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

Car parking spaces were available within the car park directly outside the practice. Additional parking was available on nearby streets if required.

Toilets were available for patients, and also accommodated wheelchair users. This promoted the independence of patients with mobility issues. We saw that one of these did not have an emergency pull cord, to assist those in need. We recommended that one should be installed to ensure patient safety in the case of an emergency.

Improvement needed
The practice is required to provide HIW with details of the action it will take to ensure that an emergency pull cord is fitted in all applicable toilets to help maintain patient safety.

People's rights

We found that peoples' rights were promoted within the practice, with arrangements in place to protect peoples' rights to privacy. In addition, we saw staff treating patients with dignity, respect and kindness.

We also found that patients could be accompanied by their relatives or carers within the practice during a consultation or treatment if desired. Also, as previously mentioned, the option to have a chaperone present was very clearly displayed throughout the practice.

Listening and learning from feedback

The practice welcomed feedback from patients and carers; however, we were informed that patients rarely provide feedback. A suggestion box was located on the reception desk where patients could provide comments and suggestions, but there were no pens or paper readily available. The suggestion box was also partially concealed by a notice displaying the practice's complaints process. We recommended that the suggestion box be moved to a more visible location, away from the reception desk, to provide privacy to patients when making their comments, and that pens and paper were made available. In addition, there was no process in place for informing patients of the results or action taken as a result of the suggestions.

No information was displayed in the waiting area on how the practice has learned and improved based on feedback received from patients. We recommended that the practice considers how to feedback to patients, with any actions or results from their suggestions.

Patient questionnaires were available at the reception desk all year round. The feedback form was not anonymous and asked for the patient's name. We recommended that the practice should consider obtaining anonymous periodic and more focussed feedback from patients. The results of which can then be reviewed and acted upon.

The practice had a formal complaints process in place which was displayed on the reception desk, contained in the patient information leaflet, and referred to on its website. All complaints were brought to the attention of the practice manager, who would deal with them in line with the practice's policy. The emphasis was placed on dealing with complaints at source, in order for matters to be resolved as quickly as possible. Information was also readily available of the PTR complaints process.

We reviewed the practice complaints file and saw the number of complaints received was very low.

Improvement needed

The practice must ensure that:

- The comments/suggestions box is moved to a visible location, and pens and paper are provided for patients to use
- Considers how to feedback to patients with any actions or results from their suggestions
- Completes regular, focussed surveys of patients, to obtain their views on the practice.

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 good infection control arrangements in place and an audit of the infection control arrangements was undertaken every six months. Health and safety risk assessments were undertaken by the practice on a regular basis.

There were child and adult safeguarding policies and procedures in place and regular training undertaken.

The practice had operating manuals in place, and a list of contractors to provide maintenance when required, however, there was no maintenance management policy in place.

Improvements were required to ensure that GP's consistently ensure that patient records are maintained in line with professional standards for record keeping.

Safe care

Managing risk and promoting health and safety

Overall, we found the practice building was suitably maintained both externally and internally. During a tour of the practice, we found that all areas accessed by patients were clean and uncluttered, which reduced the risk of trips and falls. We noted that the area leading to the fire exit on the ground floor, used by staff, was partly obstructed. This would pose the risk of a trip hazard and/or difficulty in exiting, for staff and patients in the event of a fire and the need to evacuate the building. This was highlighted to one of the practice managers and remedied on the day of the inspection. We were given assurance that no items would be left there in the future.

We were told that the practice leased the property and land from a medical centre development. The practice is responsible for the management of internal and external building maintenance. Whilst we saw that the practice had operating manuals in place and a list of contractors to provide maintenance when required, there was no maintenance management policy in place. We recommended that

one is developed to act as a framework for the practice in maintaining the building and land.

During our tour, we observed that two members of staff had left their computer screens unlocked and unattended, with the screens visible. This raised concerns regarding confidentiality of patient information which can breach the Data Protection Act 2018. We recommended that all staff are reminded of the importance of securing their computer screens when unattended. This will ensure that the confidentiality and accessibility to patient information is minimised.

General and more specific health and safety risk assessments were undertaken by the practice on a regular basis. A legionella risk assessment report was in place, which reflected that the water temperature should be checked on a monthly basis; however this had not been taking place. We recommended that action to test the water temperature should be carried out in line with the risk assessment.

The practice has an induction process that required new members of staff to sign, that they are aware of the Health and Safety policy, and have read and understood the practices' Health and Safety Handbook.

During our tour, we saw bottles of bleach had been left for use in the toilet facilities. A risk assessment was in place for bleach to be used; however it should have been removed and securely stored. We informed the practice manager of this and the bleach was removed during our inspection and placed it in a locked cupboard. We also saw that dirty and clean mops were kept together within the cleaning cupboard. We advised that they should be separated.

Improvement needed

The practice must ensure that:

- A building maintenance management policy is introduced
- All staff are reminded of the importance of securing their computer screens when unattended
- Water temperature checks are carried out in accordance with the risk assessment.

Infection prevention and control

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

Hand washing and drying facilities were available in key areas of the practice. In addition, there were hand sanitising dispensers readily available within both clinical areas and public areas.

The waiting area, corridors, treatment rooms and consulting rooms all appeared visibly clean. We saw that personal protective equipment, such as gloves and disposable aprons were available for use by clinical staff to reduce the risk of cross infection.

We saw that the curtains in the treatment rooms were disposable, meaning that they could be easily replaced should they become contaminated or dirty. However, the clinical curtains were not dated, meaning that staff would not know when they should be replaced. Staff told us that the curtains had recently been replaced and we advised them to record on the curtains, the date when they were last changed to ensure that they are replaced every six months or sooner if required.

There was a clear and detailed infection control policy in place, and we saw that an audit of the infection control arrangements is undertaken every six months.

We saw that the practice had appropriate waste management procedures in place. Waste had been segregated into different coloured bags/contaiers to ensure it was disposed of correctly.

We also saw that records were kept with regard to staff Hepatitis B immunisation status. The practice did not however, have a blood borne virus policy in place and instead referred to the All Wales policy. We recommended that the practice should introduce its own blood borne virus policy to ensure the safety of patients and staff.

Improvement needed

The practice must ensure that a blood borne virus policy is developed to ensure the safety of patients and staff.

Medicines management

The practice was supported by a community pharmacist that had been appointed by the local cluster group[5]. The pharmacist assisted the practice by carrying out patient medication reviews, and helping to identify training that is required in relation to prescribing medication.

Where it was identified that patients were no longer taking medicines, a system was in place to ensure these medicines were removed from the repeat prescribing list.

Patients could access repeat prescriptions online, or by using the repeat slip on their prescription by post or by fax. Whilst this was not a dispensing practice, a pharmacy was conveniently located within the practice building.

Safeguarding children and adults at risk

We found that there were child and adult safeguarding policies and procedures in place and regular training undertaken. Such procedures aim to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. Staff told us that further safeguarding training is scheduled for later this year.

A named GP has been appointed as the safeguarding lead for the practice. This meant that staff had a local contact person to report and discuss any concerns in relation to safeguarding issues. Staff clearly understood the process and provided an example of when it had been followed. Arrangements were described for recording and updating relevant child protection information on the electronic patient record system.

Adult and children safeguarding concerns or referals were recorded and updated via the practices' electronic system. We were told that partnership clinical safeguarding meetings no longer took place, as the practice had experienced difficulties in recruiting health visitors. We recommended that safeguarding meetings should be re-instated at the practice, to include the approprite clinicians.

[5] A Cluster is a grouping of GP's working with other health and care professionals to plan and promote services locally. Clusters are determined by individual NHS Wales Local Health Boards.

Improvement needed

The practice must ensure that Safeguarding meetings are held regularly at the practice.

Medical devices, equipment and diagnostic systems

Emergency drugs and equipment kept at the practice were seen to be stored appropriately for ease of access in an emergency situation.

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 stipulate, that healthcare organisations and providers have an obligation to provide a high-quality resuscitation service. We found that the practice operated a monthly check of the emergency equipment and emergency medicines. We recommended the checks on the equipment and medication be conducted on a weekly basis (but preferably daily), in accordance with the guidelines, to ensure it is working effectively in the case of a patient emergency.

Staff told us that basic life support training training had been provided earlier this year. We were also told that first aid defribillator refresher training had been provided to staff. One member of staff we spoke with expressed a lack of confidence in using the defribillator. We recommended that the practice takes steps to ensure all staff have the knowledge and confidence to use the emergency equipment in the event of an emergency.

Improvement needed

The practice must ensure that:

- Emergency equipment and medication is checked on a weekly basis (but preferably daily)
- All staff have the knowledge and confidence to use the emergency equipment in the event of an emergency.

Effective care

Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events. The practice made use of the Datix[6] system for reporting incidents. A system was in place for recording and sharing significant incidents. Procedures were in place to learn from errors and implement changes to prevent them happening again.

Quality improvement, research and innovation

We were advised that the practice is part of the Arfon Cluster and has actively participated in a number of cluster based initiatives. One of the practice managers and senior GP partner attend the cluster meetings. We were told that one of the cluster intiatives which the practice has been involved in was the 'I Can Work' initiative, which encourages people with mental health illness to work.

Information governance and communications technology

We found that there were clear information governance policies and procedures in place. Staff members we spoke with were aware of how to access this information.

Record keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.

We reviewed a sample of patient records and found that entries in recent medical records were mostly satisfactory. Historically, the practice had identified that improvements in record keeping were required by GP's. A training session had been provided to all GP's and we saw that this had resulted in an improvement in the more recent patient records we reviewed.

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[6] Datix is a patient safety web-based incident reporting and risk management software for healthcare and social care organisations.

We recommended where some further improvements could be made to ensure the records were maintained to a consistent standard across the practice. This included:

- All patients' clinical history is recorded
- Appropriate Read coding is undertaken by all GP's
- Medication prescribed is linked to medical conditions
- Indications for all medication and reasons for discontinuing medication are clearly stated in patients' records
- All consultations are added on the computer on the day that patients are seen

We also recommended that the practice undertakes an audit of each of the clinicians coding to ensure that the coding standards are being maintained.

Improvement needed

The practice must ensure that:

- All GP's consistently ensure that patient records are maintained in line with professional standards for record keeping
- An audit is conducted of each of the clinicians coding to ensure that the coding standards are being maintained.

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 that the practice was well run, with two developing practice managers newly in post. Both had a good understanding of what was required and we saw that good progress was being made. It was a well organised teaching practice which had no major issues with recruitment and retention of staff.

We found that staff were positive about the working environment and told us that they felt well respected and supported by their colleagues.

The practice was part of a local cluster group and the engagement with the cluster group was reported as being very good.

We were not able to see evidence of recently completed Disclosure and Barring Service (DBS) checks for all staff.

Governance, leadership and accountability

At the time of our inspection, the practice was owned and operated by four GP partners. We saw that the practice was well run, with two developing practice managers newly in post. Both had a good understanding of what was required and we saw evidence of good progress being made.

The practice was a well organised teaching practice which had no major issues with recruitment and retention of staff. We found a patient-centred staff team who were committed to providing the best services they could.

Staff we spoke with were positive about the working environment and told us that they felt well respected and supported by their colleagues.

We saw that staff had access to all relevant policies and procedures to guide them in their day to day work. This included a whistleblowing policy. An ongoing process had been introduced by the new practice mamgers to review all current practice policies. There was a practice development plan in place and this was reviewed and updated on a regular basis.

The practice was part of a local cluster group. The engagement with the cluster group was reported as being very good, with one of the practice managers and a GP attending cluster meetings on a regular basis.

We found that the team of administrative and reception staff had a number of roles and all learnt each others skills. This meant that staff could provide cover for each other during absence, reducing the risk of disruption to services for patients. This was also the case for both practice managers who were familiar with each other's roles.

We saw that regular audits were undertaken and the results, actions and outcomes were shared through the team where necessary.

Staff and resources

Workforce

We were not able to see evidence of recently completed DBS checks for all staff. We were advised that, since the practice managers had started in post earlier this year, a process had been introduced to ensure new members of staff completed a DBS as part of the pre-employment checks. However, the practice confirmed that DBS checks were in place, but had not been renewed for the practice staff that had worked at the surgery for many years. The absence of updated DBS checks appropriate to an individuals role, could potentially pose a risk for patients, in particular children and vulnerable adults. We suggested the practice considers implemeting a process to update some DBS checks for those completed many years previously. The senior team informed us they would prioritise obtaining up to date DBS checks for all staff, where applicable.

We saw evidence to show that appraisals had been completed for staff in the last 12 months. During the appraisal, staff identified any training and development needs for the following 12 months and managers provided feedback to staff on their performance. Staff were encouraged to identify any additional training they required as well as their mandatory training.

A system had been inherited by the practice manager whereby all certificates in relation to one area of training were contained together in a folder. This caused difficulty in easily idenifying individual training certificates. We recommended that

a file was held for each individual member of staff which included their job description, probation document, annual appraisals and individual training certificates. A training matrix documented that all mandatory training was up to date, other than for two new members of staff.

Improvement needed

The practice must ensure that individual up to date staff record files are maintained.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how GP practices are meeting the Health and Care Standards 2015. We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within GP practices.

Further detail about how HIW inspects the GP practices and the NHS can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

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

Appendix B – Immediate improvement plan

Service: Insert name

Date of inspection: Insert date

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

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

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Bron Derw Medical Centre

Date of inspection: 14 August 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 that all consultation and treatment room blinds are checked, and any which are not fully operational be replaced.	4.1 Dignified Care	All Blinds have been adjusted and replaced if not fully operational. All now fully operational	Sioned Williams	Completed
The practice must ensure that a carers' champion is identified to act as a voice for carers within the practice and be a key point of contact for carer information.	4.2 Patient Information	To allocate via Reception/Admin staff	Sioned Williams	November
The practice must ensure that: • A policy is implemented to ensure that all incoming clinical information is dealt with appropriately, and relevant	3.2 Communicating effectively	More Staff employed to help with work load and clear backlog. Also morning mail to be vetted on a daily basis by team leader/admin	Sioned Williams	Implemented October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
documents are reviewed and actioned by a GP when required. • A process is immediately introduced to address the issue of the backlog of communication. • A system is introduced to ensure that patients who miss appointments are followed up to remind them of the need to attend.		Staff working overtime to clear backlog DNA Reports were done monthly, we have now changed to weekly and patients notes reviewed by clinician and contact made with patient to re-schedule	SW/Admin	Ongoing Ongoing
The practice is required to provide HIW with details of the action it will take to ensure that an emergency pull cord is fitted in all applicable toilets to help maintain patient safety.	6.1 Planning Care to promote independence	Electrician has ordered part waiting to be fitted	Sian Lewis	December
The practice must ensure that: • The comments/suggestions box is moved to a visible location, and pens and paper are provided for patients to use.	6.3 Listening and Learning from feedback	Suggestion Box moved to make patient more aware of location	Sioned Williams	Immediately

Improvement needed	Standard	Service action	Responsible officer	Timescale
• Considers how to feedback to patients with any actions or results from their suggestions. • Completes regular, focussed surveys of patients, to obtain their views on the practice.		After feedback form handed to reception team leader and PM to review and take on board and implement any suggestions if deemed positive Surveys/questionnaires or suggestion forms to be kept in reception	Sioned Williams Sioned Williams	December 2019 Jan 2020
Delivery of safe and effective care				
The practice must ensure that: • A building maintenance management policy is introduced. • All staff are reminded of the importance of securing their computer screens when unattended. • Water temperature checks are carried out in accordance with the risk assessment.	2.1 Managing risk and promoting health and safety	Maintenance policy started All staff signed aware of screen lock when unattended Legionella risk assessment due November Boiler maintenance done and temperature satisfactory	Sian Lewis Sioned Williams Sian Lewis	Feb 2020 Sept 2019 December 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that a blood borne virus policy is developed to ensure the safety of patients and staff.	2.4 Infection Prevention and Control (IPC) and Decontamination	Policy now in place	SIan Lewis	Sept 2019
The practice must ensure that Safeguarding meetings are held regularly at the practice.	2.7 Safeguarding children and adults at risk	Health Visitor has been appointed and Safeguarding meetings will be re-instated and held regularly from November onwards	Sioned Williams	November 2019
The practice must ensure that: • Emergency equipment and medication is checked on a weekly basis (but preferably daily). • All staff have the knowledge and confidence to use the emergency equipment in the event of an emergency.	2.9 Medical devices, equipment and diagnostic systems	On call boxes now not used (destroyed) Emergency Trolley checked regularly and monitored Refresher given to staff on Emergency Trolley and equipment. BLS Training for all staff	Nursing Clinician Sioned Williams	Ongoing February 2019
The practice must ensure that: • All GP's consistently ensure that patient records are maintained in line	3.5 Record keeping	Good Record Keeping Seminar held by MDU for all clinicians and staff	Clinicians maintain record keeping	

Improvement needed	Standard	Service action	Responsible officer	Timescale
with professional standards for record keeping. • An audit is conducted of each of the clinicians coding to ensure that the coding standards are being maintained.		Audit	PMs to arrange GP to audit	Ongoing
Quality of management and leadership				
The practice must ensure that individual up to date staff record files are maintained.	7.1 Workforce	DBS done on staff who had old CRB Checks and updates done on all staff	Sioned Williams	Feb 2020

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): Sioned Williams

Job role: Practice Manager

Date: 18 October 2019