Arolygiaeth Gofal Iechyd Cymru

Healthcare Inspectorate Wales

General Practice Inspection (Announced)

White Rose Medical Centre, Meddygfa Cwm Rhymni /

Aneurin Bevan University Health Board

Inspection date: 2 September 2019

Publication date: 3 December 2019

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales

Website: www.hiw.org.uk

Digital ISBN 978-1-83933-623-2

© Crown copyright 2019

Contents

1. What we did 4

2. Summary of our inspection 6

3. What we found 8

Quality of patient experience 10

Delivery of safe and effective care 18

Quality of management and leadership 25

4. What next? 28

5. How we inspect GP practices 29

Appendix A – Summary of concerns resolved during the inspection 30

Appendix B – Immediate improvement plan 31

Appendix C – Improvement plan 33

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 White Rose Medical Centre, Meddygfa Cwm Rhymni, New Tredegar, which forms part of the Aneurin Bevan University Health Board on the 2 September 2019.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), supporting inspection manager, General Practitioner (GP) and practice manager peer reviewers and a lay reviewer.

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

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

2. Summary of our inspection

Overall, we found evidence that the practice was well managed, and patients provided positive feedback about their care, and we found staff to be professional and kind to patients.

Documentation within patients' records was of a satisfactory standard.

We found that the practice was not always prepared to provide safe and effective care to patients and therefore was not fully compliant with the Health and Care Standards.

The practice did not complete regular checks on emergency resuscitation equipment, and therefore was not fully compliant with the Health and Care Standards.

We identified that signed patient prescriptions were not being securely stored. This presented a potential risk for a breach of patient confidentiality, and theft of prescriptions.

This is what we found the service did well:

- We saw staff being professional and kind to patients
- The practice has a large and clean patient waiting area with a children's corner, adequate seating and ambient music
- Systems were in place to allow patients to make emergency appointments on the day and routine appointments in advance
- Routine appointments were checked on a weekly basis, to ensure the practice is providing an appropriate number of appointments
- Provision of extended hours on Tuesdays and Fridays

This is what we recommend the service should improve as a minimum:

- The checking of emergency resuscitation equipment

- The safe storage of signed prescriptions
- Relocation of the facsimile machine to maintain patient confidentiality
- Availability of bilingual information in line with the Active Offer
- Staff training in safeguarding
- Review and update of policies.

Our concerns relating to the checking of emergency resuscitation equipment was dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection, requesting that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

3. What we found

Background of the service

The White Rose Medical Centre in New Tredegar forms part of Meddygfa Cwm Rhymni along with branch practices in Rhymni and Deri, and is supported by a multidisciplinary team. Meddygfa Cwm Rhymni provides primary care services to the upper Rhymni Valley in an area of high deprivation. The group practice provides services to approximately 13,000 patients, with approximately 7000 registered with the practice in New Tredegar. Patients can access GP services from any of the practices.

Meddygfa Cwm Rhymni forms part of the primary care services provided within the area served by Aneurin Bevan University Health Board. It is a member of the Caerphilly North Neighbourhood Care Network (NCN) cluster group; an arrangement whereby eight practices support and work together. As part of the NCN cluster group, Meddygfa Cwm Rhymni participate in the compassionate communities' initiative that aims to improve working lives for clinical teams, improved patient outcomes and to reduce emergency admissions.

Meddygfa Cwm Rhymni is an established training practice and also mentors local pharmacists through the independent prescribing programme.

The Meddygfa Cwm Rhymni practice employs a team of staff who work across the three practices including the White Rose Medical Centre in New Tredegar. The team of staff includes seven GP partners, one salaried doctor, two advanced nurse practitioners, four practice nurses and three health care support workers, a pharmacist and physiotherapist. The non-clinical team consists of a practice manager, deputy practice manager and reception manager, three prescribing clerks, two coders, two scanners, a secretary and administrator, and ten reception staff.

Meddygfa Cwm Rhymni has a comprehensive web-site and Facebook page, which provides details of the services, facilities and other associated information relating to the White Rose Medical Centre in New Tredegar.

The White Rose Medical Centre provides a range of services, including:

- General medical services
- Minor illness clinics
- Phlebotomy (taking blood samples)

- Glucose and cholesterol blood testing
- Antenatal clinic
- Cervical screening
- Physiotherapy
- Adult and childhood immunisations
- Substance misuse counselling
- Blood pressure clinics and self-monitoring facilities.

The local Health Board supports other health care needs of the community, by providing the following services from the White Rose Medical Centre:

- Dental care
- Speech and language clinics
- Health visitor service providing child health clinics
- Midwifery, ante and post-natal clinics
- Chronic obstructive pulmonary disease (COPD) clinics
- Medication reviews.

For ease the White Rose Medical Centre in New Tredegar 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.

The majority of patients rated the service provided at the practice as very good and they expressed positive comments about the staff.

There was good access for all visitors, including wheelchair users and those with mobility issues. Emergency appointments could be made on the day and are triaged by a GP, who will signpost patients to the appropriate healthcare professional. In addition, patients have the choice to make routine appointments in advance.

The practice did not have a patient information leaflet highlighting details of the services provided, processes and other information however, this is available on the practice website.

Prior to the inspection, we invited the practice to hand out HIW questionnaires to patients to obtain their views on the services provided at the practice. A total we received 43 were questionnaires.

Patient comments included the following:

> *"The service has always been excellent. The doctors, nurses and all the staff are a credit to the surgery"*
>
> *"I find all the staff very caring. I have never had cause to complain"*
>
> *"I have always received good care and service from this practice. They are always attentive and helpful with my enquiries"*

Staying healthy

A range of posters, leaflets and other reading material relating to practice services and NHS information was made available to patients, both in the foyer and patient waiting room of the practice. However, some information was not available bilingually.

The practice supports the compassionate communities' initiative[1], dementia friendly communities and provides the Living Well Living Longer[2] health check.

Health promotion initiatives and well-being services were advertised and include smoking cessation, dental care, exercise, weight management and drug & alcohol services.

The practice does not offer patient survey facility to collate patient views, and is therefore unable to enhance their services based on patient observations and feedback. We were informed that patients are able to provide feedback on the web-site and face to face with staff in the practice.

The website and Facebook page provide comprehensive information including contact details, opening times, clinics and services, however, this information is not presented bilingually. In addition, the practice does not have a practice leaflet for those patients who do not have access to the internet or who may not be familiar with information technology.

Improvements needed

The practice must:

- Provide all information bilingually in the practice and on the website, in line with the Active Offer
- Introduce a patient survey facility, collate patient views with a view to enhancing services wherever possible. Improvements and enhancements to services must be displayed in the patient waiting room and on the website

[1] Compassionate communities is an initiative that identifies patients who do not necessarily need a GP services but may benefit from support from other agencies and support networks.

[2] https://www.wales.nhs.uk/sitesplus/866/page/89820

- Develop a practice leaflet that provides comprehensive information reflecting the facilities and services noted on the website.

Dignified care

The practice provides good access for wheelchair users and for those with mobility issues. Adequate parking with a drop kerb was also available, which was adjacent to the main building. All of the patients who completed a questionnaire felt that it was generally easy to get into the building.

There was a large and clean patient waiting room with a children's corner, adequate seating, and ambient music. Patients were able to log onto an appointment system to confirm they have arrived for their appointment. A private room was also available for confidential conversations if required.

We saw patients being greeted by staff in a professional and friendly manner at the practice reception desk. Telephone conservations could be heard from the patients' waiting room however, it was noted that staff protected the confidentiality of each call, and no personal information was disclosed.

All of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice. They also confirmed they felt comfortable talking to staff, and felt safe whilst attending the practice.

All consultation and treatment rooms were located in separate wings away from the main patient foyer. All doors were closed during consultations, and patient privacy and dignity was further protected by screens around examination beds and blinds on the windows.

The reception office is a large open plan area, with direct access to the patient waiting room. The door to the reception office was not routinely locked and was on occasions left open during the course of the inspection, potentially compromising the confidentiality of patient records and staff safety.

We saw notices in the patient waiting area, informing patients of how to request a chaperone, if required during a consultation. However, on reviewing a medical record of a patient who had received an intimate examination, there was no documentation whether the patient had been offered a chaperone, and the response from the patient.

We reviewed the Chaperone policy, and identified that it did not provide guidelines on the responsibility of the healthcare professional to record the offer

of a chaperone, or the acceptance or refusal of the patient. . The policy should therefore be reviewed and updated in line with General Medical Council (GMC) guidelines[3].

Improvements needed

The practice must ensure that:

- The staff reception office is closed at all times and preferably locked with access limited to staff
- The chaperone policy is reviewed and updated to reflect GMC good practice guidelines for chaperones.

Patient information

The practice does not have a practice leaflet however, it has a comprehensive website and a Facebook page providing information.

Staff informed us that they promote Active Offer[4], by providing services in Welsh. A significant amount of practice and NHS information was available to patients in the practice foyer and patient waiting area. However, much of this information was not bilingual.

We were informed that delays in appointment times were communicated to patients verbally.

[3] https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-and-chaperones

[4] An "Active Offer" is providing a service in Welsh without someone having to ask for it. With the Welsh language being as visible as the English language.

Patients can raise concerns, and a poster for the NHS Wales Putting Things Right[5] process was displayed in the patients waiting area. However, the practice complaints policy does not include details of advocacy support or the ombudsman.

The practice was displaying the NHS England version of Your Data Matters[6], rather than the Welsh version Your Information, Your Rights[7]. This information outlines how the NHS collects information and how this information is used.

The practice website also displayed information relating to the summary care records for NHS England, rather than the GP Records for NHS Wales. This information relates to the electronic record of patient information created from GP medical records.

Improvements needed

The practice must:

- Introduce a bilingual practice leaflet
- Ensure information is available in line with the Active Offer
- Update the complaints policy and incorporate all necessary information relating to advocacy support and the ombudsman
- Remove NHS England version of Your Data Matters and replace it with the Welsh version of Your Information, Your Rights

---

[5] http://www.wales.nhs.uk/sitesplus/documents/861/Healthcare%20Quality%20-%20Guidance%20-%20Dealing%20with%20concerns%20about%20the%20NHS%20-%20Version%203%20-%20CLEAN%20VERSION%20%20-%2020140122.pdf

[6] https://digital.nhs.uk/services/national-data-opt-out/supporting-patients-information-and-resources

[7] https://www.nhsdirect.wales.nhs.uk/pdfs/YourInfo-YourRights-English.pdf

- Remove the NHS England Summary Care Records and replace it with Welsh GP Records.

Communicating effectively

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

Patients with hearing impairments were able to use a hearing loop system to aid communication, and staff told us that they also communicate with some profoundly deaf patients by email, and additionally, they could access braille facilities for visually impaired patients if required.

We were informed that the majority of the patients who use the practice were first language English speakers, however, Welsh speaking staff were available should patients wish to communicate in Welsh. Whilst posters and leaflets were readily available in English, many were not bilingual, as highlighted in other areas of the report.

Staff told us that messages from patients were communicated verbally to appropriate staff, added to the duty doctor notes and documented in a GP day book.

Staff described a process where incoming clinical information is scanned and coded, and then passed to the appropriate member of staff. Out of hours consultation information is added to clinical notes, and the follow up of investigations is subject to monthly review, however, the practice has not documented this process in a formal policy.

Improvements needed

The practice must:

- Formally document the process by which clinical information is administered into a practice policy.

Timely care

All of the patients who completed a questionnaire told us that they were generally satisfied with the hours that the practice was open, and the majority said that it was fairly easy to get an appointment when they needed one. When asked to describe their overall experience of making an appointment, all but one of the patients described their experience as very good or good.

Patients can pre-book routine appointments electronically several weeks in advance via My Health On line[8], or by telephone or at the practice. Patients can also book emergency appointments on the day which are triaged by one of the GP's, and a suitable appointment booked with the appropriate healthcare professional. However, a number of patients who completed a questionnaire told us that they could not always get an appointment to see their preferred doctor.

Home visits can also be requested, and following a triage process, are provided where applicable. Appointments can also be made to see nurses, midwives and other health professionals. In addition, we were informed that appointments can be scheduled according to the needs of the patient and extended if required.

The practice is open from 8am to 6.30pm between Monday and Thursday, and from 7.30am on a Friday. Extended hours are offered in the practice up to 7pm on a Tuesday. Further flexibility is provided to patients who have the choice to use any of the three practices within Meddygfa Cwm Rhymni. We found this to be an area of noteworthy practice, for the benefit of patients.

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

Individual care

Planning care to promote independence

The patient waiting area, consulting and treatment rooms were situated on the ground floor, and were all accessible to wheelchair users and for those with mobility issues.

[8] https://nwis.nhs.wales/myhealthonline/

We also saw that the patient waiting area had a suitably decorated section designated for children, which was equipped with toys and furniture.

People's rights

The practice has arrangements in place, to make services accessible to all patients, as highlighted above. In addition, an equality policy in place, which ensures the practice discharges its duty of care, to provide fair treatment and equal opportunities to all people.

Patients are able to communicate in Welsh as there are a number of staff employed in the practice who are bilingual.

Listening and learning from feedback

We found that patients were able to raise concerns should they wish, although those patients who were interviewed on the day of the inspection were not familiar with the process. The website provides details on how to make a complaint and leaflets and posters for the NHS Wales Putting Things Right process and the Community Health Council were available in the patient waiting room. However, we found that the practice does not routinely ask patients to complete a survey or provide feedback on services and facilities.

Improvement needed

The practice must:

- Make arrangements to introduce patient surveys to obtain the views of their patients, and provide feedback on the ways in which they can enhance services.

Delivery of safe and effective care

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

Overall, we found arrangements in place to promote safe and effective care, however, the practice was not compliant with all aspects of the Health and Care Standards (2015).

We found the practice to be generally clean and tidy, minimising the risk of cross infection, and patients were also satisfied with the cleanliness of the practice. However, we found evidence of dust under some examination beds and on top of curtain rails. In addition, there was no evidence of recent internal practice audits, with the last hand hygiene audit completed in 2015.

We found that emergency resuscitation equipment was not being checked on a regular basis, in line with Resuscitation Council UK guidelines. In addition, the practice held signed prescriptions within easy reach of the general public, which, potentially compromised patient confidentiality and potential theft.

Safe care

Our concerns regarding the inadequate checking of the emergency resuscitation equipment were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided Appendix B.

Managing risk and promoting health and safety

During a tour of the practice building, we found the foyer and reception areas to be clean and tidy. Adequate seating was available to patients, and the area around the seating was not cluttered.

We were informed the practice uses information from assessments and reviews to ensure service provision is appropriate, by providing services that are suitable

for patient needs including clinics and advice for Chronic Obstructive Pulmonary Disease (COPD)[9], diabetes, substance and alcohol misuse, and mental illness.

The practice does not have a risk register that identifies risks associated with their area of work, and the influence they may have on practice management, sustainability and development. However, the practice has processes in place to reports serious incidents, health and safety issues, and fire and water risks.

We saw that the practice facsimile machine was located in an area of the practice reception room that was visible to the general public. This potentially put patient confidentiality at risk, where visitors could potentially read information presented on faxed documentation.

Improvement needed

The practice must make arrangements to:

- Develop a risk register to assess, manage and plan mitigation of identified risks
- Relocate the facsimile machine to maintain patient confidentiality.

Infection prevention and control

We found the practice to be generally clean and tidy, which minimises the risk of cross infection, and patients were satisfied with the cleanliness of the practice; all but one of the patients that completed a questionnaire felt that, in their opinion, the GP practice was very clean.

Alcohol hand gel was available in the practice in both clinical and patient areas, for staff and patients to maintain hand hygiene. Records indicated that the last internal audit of hand hygiene was completed in 2015. The practice should consider undertaking regular audits of hand hygiene.

[9] https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/

We found evidence of dust under patient examination beds and on top of curtain rails, yet the cleaning schedule recorded there were no issues to report. We were informed that cleaning services had been affected as a result of staff illness.

The practice has an infection prevention and control policy in place and also has a designated lead for this. However, this was a health board policy and not tailored to a GP practice and was also out of date.

We observed that waste management procedures were in place and monthly audits were completed.

A Hepatitis B policy was in place, however, the practice do not maintain a record of staff immunity to the virus.

The practice do not have a blood born virus policy in place.

Improvement needed

The practice must make arrangements to:

- Ensure adequate cleaning services are maintained despite absence of staff
- Review and update the infection prevention and control policy and consider the implementation of a blood born virus policy
- Check that all clinical staff have Hepatitis B immunity, and maintain a record.

Medicines management

The practice employs a pharmacist, who also undertakes medication reviews, and routine reviews are completed annually.

The practice has systems in place to alert staff to patients with adverse reactions to medication and other safety issues. We were informed that there are meetings every three months to review any prescribing errors or significant events.

A sample of patient records we reviewed, provided details of medicines management and appropriate prescribing of medication.

We found a number of signed prescriptions within the practice receptionist room, and were stored close to the open blinds of the patient waiting room. This

potentially compromises the security of the prescriptions and patient confidentiality. This issue was addressed on the day of the inspection and the prescriptions were moved to a secure area.

Health Board prescribing guidelines had been adopted but not adapted for use within the practice.

Improvement needed

The practice must make arrangements to:

- Securely store signed prescriptions
- Adapt Health Board prescribing guidelines for use within the practice.

Safeguarding children and adults at risk

We were informed that the practice has access to All Wales Child Protection Procedures, and systems were in place to identify children on the child protection register. Quarterly multidisciplinary meetings were being held to discuss safeguarding issues.

The practice has a GP designated as the child protection lead and there is an up to date safeguarding policy that provides details of the ways in which the staff can safeguard the welfare of children and adults who are vulnerable or at risk.

Staff training records indicated a number of staff required safeguarding update training, for both children and adults. We were also informed that clinicians receive level three training however, we did not see evidence of this.

The patients we spoke with on the day of the inspection confirmed that they felt safe in the practice and were able to talk to staff if they wished.

Improvement needed

The practice must ensure that:

- All staff complete safeguarding training for children and adults, and this is recorded in staff records.

Medical devices, equipment and diagnostic systems

Emergency drugs and resuscitation equipment were stored in one of the treatment rooms located off the main reception area. There was evidence of regular checking of the expiry date and stock of emergency drugs. However, records identified that emergency resuscitation equipment was being checked on a monthly basis and not being checked weekly, in line with the Resuscitation Council UK quality standards for primary care settings[10].

As highlighted earlier, our concerns regarding the inadequate checking of the emergency resuscitation equipment were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided Appendix B.

Effective care

Safe and clinically effective care

The practice has recently been provided with access to an electronic system the called Datix, for reporting and recording incidents. Face to face training to use this system has not been implemented however, the practice has been provided with user guidelines. We were informed that quarterly meetings are convened to discuss any patient safety incidents.

Safety alerts are emailed to staff, sent by Whatsapp message to GP's and communicated via the Vision intelligent healthcare software to all staff. Vision software allows health professionals to work together and share information in relation to practice requirements and patient care.

Clinicians meet on a quaterly basis to discuss patient safety incidents and other significant events.

---

[10] https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/

Quality improvement, research and innovation

We were informed that guidelines and best practice are circulated to relevant members of staff by email and through announcements on Vision intelligent healthcare software.

Information governance and communications technology

We were informed that clinicians discuss clinical cases, major diagnoses and emergency admissions informally on a daily basis, and have a weekly meeting to discuss any issues arising.

We reviewed a sample of patient records and found that the quality of discharge information from hospitals was variable. However, the staff were able to access information electronically if required.

Record keeping

We were informed that the practice has a policy for consistent data entry and summarisation, and ensures its data entry is consistent with NCN cluster and development plans. Staff training in summarising records appeared to be up to date.

On reviewing a sample of patient records, we identfied that records were maintained to a satisfactory standard. The records were found to be clear, legible and of satisfactory quality detailing the care and treatment provided, diagnosis, prescibed medication and any clinical findings. Records were found to contain a summary of significant conditions and long term medication. There was evidence in patient records that information was being given to patients so that they were able to understand their own health and illness.

The practice uses READ codes[11] for common conditions and morbidity[12] problems. Staff training appeared to be up to date. Use of READ codes in the patient records reviewed as part of the inspection were found to be satisfactory.

[11] READ codes are a computerised coding system for use by clinicians and are used in electronic health care records

[12] Morbidity refers to having a disease or having a symptom of a disease.

Arrangements were described for summarising information in patients' electronic medical records. We were informed that the practice employs three clinical coders who have been trained and are responsible for the summarising, recording and coding of patient information. The practice told us coders and GP’s meet regularly to discuss record keeping.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

Meddygfa Cwm Rhymni group practice, employs a multidisciplinary team that cover all three sites including New Tredegar. The practice is managed day to day by a practice manager and deputy practice manager.

Staff personal files presented comprehensive information relating to contracts of employment, job descriptions and annual appraisals. It was noted that Disclosure and Barring service (DBS)[13] checks were up to date for staff, and details filed in staff personal files.

The staff training matrix was incomplete, which highlighted that some staff had not received training in safeguarding.

We identified that there was an absence of some written policies and procedures, and others required review to ensure they reflect current arrangements at the practice.

Governance, leadership and accountability

We found the practice provided services by a multidisciplinary team, who were committed to providing health care services to the community. There was evidence of clear lines of communication between the practice partners.

[13] DBS checks are made on the police national computer for details of current criminal convictions

We were informed that the practice team engage with the local cluster group every two month however, they do not have regular meetings with the Health Board.

We were informed that staff meetings were difficult to arrange as staff worked across three busy sites. This was highlighted by the last formal staff meeting being held in March 2017. However, we were informed that informal smaller meetings do take place and staff are informed of current issues by way of email and electronic system announcements on Vision.

The practice maintains a training matrix that summarises the status staff training. However, we found the matrix was incomplete and some staff had not received safeguarding training.

Some staff required updated cardiopulmonary resuscitation training. The practice confirmed training had been booked.

Staff files confirmed up to date DBS checks had been completed, and the practice retains copies of the DBS checks for each member of staff.

There were a range of policies in place, however, we identified that there was an absence of some written policies and procedures and others required review.

Improvement needed

The practice must:

- Ensure that staff meetings are re-introduced and documented accordingly
- Ensure staff training is up to date and accurately reflected on the training matrix
- Review and update policies and guidelines.

Staff and resources

Workforce

The practice employs a team of staff who work across the three branches, including the White Rose Medical Centre in New Tredegar.

A review of a sample of staff personal records indicated they had the right skills and knowledge to fulfil their roles and had received annual appraisals.

A staff handbook was in place providing employment and job related information to practice employees.

We saw evidence of staff annual appraisals within staff files. These appraisals provide staff with a platform to discuss their employment and professional development and an opportunity for managers to give feedback to staff about their work.

In the files we reviewed, there was evidence to show that recruitment checks, such as written references and also a DBS check to the required level, had been conducted to ascertain whether staff were suitable to work at the practice. However the practice was retaining the DBS certificates, and senior staff were advised that these should be returned to the staff member, and only a copy should be kept on file.

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 concern identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment this concern 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
We found signed prescriptions that were located in the practice reception room in a position close to the open blinds of the patient waiting room.	Potentially compromised patient confidentiality. And potential theft of prescriptions.	This issue was addressed on the day of the inspection.	The prescriptions were moved to a secure area.

Appendix B – Immediate improvement plan

Service: White Rose Medical Centre New Tredegar

Date of inspection: 2 September 2019

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The inspection team considered the arrangements for checking resuscitation equipment and drugs. A reliable system of equipment checks must be in place, to ensure that equipment and drugs are always available and ready for use in an emergency such as, cardiorespiratory arrest or anaphylactic shock. We further considered that as the practice provides services to a large population, including patients with complex medical histories, and that nurses regularly provide immunisations to children and adults; emergency equipment should be checked at	Standard 2.1 and 3.1	On advice of the HIW immediate action was taken on the day of visit to ensure the defibrillator is checked daily. Log book has been created to record date/time and signed by person checking equipment.	Alyson Jones Practice Manager	Completed immediately

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
least once weekly, but preferably each working day. During the inspection, we saw evidence that resuscitation equipment was being checked only on a monthly basis. The practice must provide HIW with details of the immediate action it will take, to ensure that emergency resuscitation equipment is checked at least weekly, and is always available, fully functional and safe to use, in the event of an adult and paediatric patient emergency.				

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): Alyson Jones

Job role: Practice Manager

Date: 6 September 2019

Appendix C – Improvement plan

Service: White Rose Medical Centre, New Tredegar

Date of inspection: 2 September 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: • Provide all information bilingually in the practice and on the website, in line with the Active Offer • Introduce a patient survey facility, collate patient views with a view to enhancing services wherever possible. Improvements and enhancements to services must be displayed in the patient waiting room and on the website	1.1 Health promotion, protection and improvement	The practice will endeavour to display posters/information to patients in line with the Active Offer Survey will be implemented onto website and will be available in the practice waiting room	Practice Manager Deputy Practice Manager	31st January 2020 31st January 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
• Develop a practice leaflet that provides comprehensive information reflecting the facilities and services noted on the website.		In the process of creating a practice leaflet	Practice Manager Secretary/IT Lead	31st January 2020
The practice must ensure that: • The staff reception office is closed at all times and preferably locked with access limited to staff • The chaperone policy is reviewed and updated to reflect GMC good practice guidelines for chaperones.	4.1 Dignified Care	Completed. Digital locks fitted 12th November 2019 Policy has been updated and circulated to staff. Discussed and agreed at scheduled clinical meeting 13th November 2019	Deputy Practice Manager Practice Manager	Completed 12th November 2019 Completed 13th November 2019
The practice must: • Introduce a bilingual practice leaflet • Ensure information is available in line with the Active Offer	4.2 Patient Information	As above - in the process of creating leaflet	Practice Manager Secretary/IT Lead	31st January 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
• Update the complaints policy and incorporate all necessary information relating to advocacy support and the ombudsman • Remove NHS England version of Your Data Matters and replace it with the Welsh version of Your Information, Your Rights • Remove the NHS England Summary Care Records and replace it with Welsh GP Records.		Currently compiling new leaflets/adapting any patients information to be available in Welsh Policy has been updated Completed 28th October 2019. Website reviewed by provider and updated Completed 28th October 2019	Practice Manager Practice Manager Practice Manager Practice Manager	Completed 28th October 2019 Completed 28th October 2019 Completed 28th October 2019
The practice must: • Formally document the process by which clinical information is administered into a practice policy.	3.2 Communicating effectively	Completed 23rd October 2019. Policy update agreed by GP's and circulated to staff	Practice Manager	Completed 23rd October 2019
The practice must: • Make arrangements to introduce patient surveys to obtain the views of their patients, and provide feedback on	6.3 Listening and Learning from feedback	As above in 1.1	Practice Manager	31st January 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
the ways in which they can enhance services.				
Delivery of safe and effective care				
The practice must make arrangements to: • Develop a risk register to assess, manage and plan mitigation of identified risks • Relocate the facsimile machine to maintain patient confidentiality.	2.1 Managing risk and promoting health and safety	Currently compiling risk register Completed 3rd September 2019. Facsimile machine moved to a more appropriate place	Practice Manager Practice Manager	31st January 2020 Completed 3rd September 2019
The practice must make arrangements to: • Ensure adequate cleaning services are maintained despite absence of staff • Review and update the infection prevention and control policy and consider the implementation of a blood born virus policy	2.4 Infection Prevention and Control (IPC) and Decontamination	Completed 12th November 2019. Cleaning company have employed more staff and additional staff are available for cover during any absence Clinical meeting scheduled to update & implement these policies	Practice Manager Practice Manager	Completed 12th November 2019 31st January 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
• Check that all clinical staff have Hepatitis B immunity, and maintain a record.		Some staff have provided evidence of Hepatitis B immunity and others are in the process of being re-tested	Practice Manager	31st January 2020
The practice must make arrangements to: • Securely store signed prescriptions • Adapt Health Board prescribing guidelines for use within the practice.	2.6 Medicines management	Completed 2nd September 2019. Prescriptions moved to a more secure location Already in use	Practice Manager	Completed 2nd September 2019
The practice must ensure that: • All staff complete safeguarding training for children and adults, and this is recorded in staff records.	2.7 Safeguarding children and adults at risk	Ongoing, all staff have been allocated time to complete e-learning module	Practice Manager	31st January 2020
Quality of management and leadership				
The practice must: • Ensure that staff meetings are re-introduced and documented accordingly	Governance, Leadership and Accountability	Completed. 12th November 2019. It is difficult to enable staff from all 3 sites to attend a meeting at the same time without shutting the practice. We endeavour to involve and rotate staff	Practice Manager	Completed 12th November 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
• Ensure staff training is up to date and accurately reflected on the training matrix • Review and update policies and guidelines.		attendance at smaller meetings and will ensure they are documented accordingly. As 2.7 allocating time to ensure completion of training modules. Continuing to update matrix to reflect training undertaken.	Practice Manager	31st January 2020
		Nurses have met on the 12th November 2019 and updates have been agreed.	Practice Manager	31st January 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): Alyson Jones

Job role: Practice Manager

Date: 07/11/2019