Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Follow-up Inspection (Announced)

Alfred Street Primary Care Centre,

Neath / Swansea Bay University Health Board

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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**

Fax: **0300 062 8387**
Website: **www.hiw.org.uk**

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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 follow-up inspection of Alfred Street Primary Care Centre, Neath, within Swansea Bay University Health Board on 9 September 2019.

Our team, for the inspection comprised of three HIW inspectors, one clinical peer reviewer and one practice manager peer reviewer. The inspection was led by a HIW inspection manager.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care.

There was clear evidence that the practice had made considerable efforts to improve the service provided and to implement the improvements needed from the previous inspection.

This is what we found the service did well:

- The majority of improvements needed at the previous inspection had been actioned or are well on the way to being completed
- During our visit we observed staff at the practice treating patients in a polite, professional and dignified manner
- The practice was being run well by the practice manager who took a lead role in the managing of all non-clinical activities
- Staff we spoke with were happy working at the practice and felt fully supported in carrying out their relevant roles
- The practice team were determined and committed to provide a quality services to patients.

This is what we recommend the service could improve:

- Updating the website
- Provide more information in the patient information leaflet, including out of hours information and clinic timings.

3. What we found

Background of the service

HIW last inspected Alfred Street Primary Care Centre, Neath on 21 January 2019.

The key areas for improvement we identified included the following:

- Ensuring the practice had the emergency resuscitation equipment, medication and training, as required by the Resuscitation Council[1], which was raised under our immediate assurance process, due to the immediate concern about patient safety
- Ensuring that patients received dignified care through the provision of a dignity curtain
- Details of chaperoning
- Communication including the website, patient information leaflet and the NHS Wales Putting Things Right (PTR)[2] process
- Listening and learning from feedback
- Provision of hand drying and hand sanitising gel
- Medicines management relating to prescriptions and the audit of the prescription process
- Training including safeguarding and information governance to staff
- Recording of mandatory training.

[1] https://www.resus.org.uk/quality-standards/primary-care-quality-standards-for-cpr

[2] http://www.wales.nhs.uk/sites3/home.cfm?orgid=932

The purpose of this inspection was to follow-up on the improvements identified at the last inspection.

The views of patients were also obtained and we reviewed other aspects of the care as described in the relevant sections 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 were generally positive about the care they received from the practice.

During our visit we observed staff at the practice treating patients in a polite, professional and dignified manner.

The majority of the improvements needed from the previous inspection had been actioned and implemented, although some need further work to be completed in full.

What improvements we identified

Areas for improvement identified at the last inspection included the following:

Dignified Care

The practice was required to provide HIW with details of the action it will take to ensure that:

- The dignity curtain around the examination couch is replaced, and others if appropriate
- All patients are aware of the availability of a chaperone if required, prior to receiving consultation
- Information for the provision of a chaperone is clearly displayed for all patients within the waiting area and consulting/ treatment rooms.

Patient Information

The practice was required to provide HIW with details of the action it will take to ensure that:

- Formal communication is undertaken with the local health board regarding the current website, to ensure that the details they provide for the practice are removed, to prevent misinformation to patients

- The practice's patient information leaflet is reviewed to ensure that it contains relevant and useful information about the practice including the services offered, PTR complaints process and up to date general data protection regulation[3] information

- All patients are aware of the PTR process by displaying information appropriately within the practice

- That PTR information leaflets are readily available for patients to read and take away

- The current consent policy is reviewed and updated.

Communicating Effectively

The practice was required to provide HIW with details of the action it will take to ensure that:

- A working hearing loop is readily available at the practice for the benefit of patients and visitors

- Signs are installed to direct and orientate patients to the consultation rooms and other facilities.

Listening and Learning from Feedback

The practice is required to provide HIW with details of the action it will take to ensure that, a system is developed for the recording and response to verbal concerns or complaints received from patients or relatives/carers, in-keeping with the PTR.

What actions the service said they would take

[3]https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/

The service committed to take the following actions in their improvement plan dated 25 March 2019:

Dignified Care

- New portable dignity screen purchased and in place
- Telephone message to be altered, to inform patients of the availability of chaperones
- Patient information poster displayed in the waiting room and in clinical rooms.

Patient experience

- The practice has formally communicated via email with the primary care team at Abertawe Bro Morgannwg University Health Board (now Swansea Bay University Heath Board), to amend the NHS website
- The practice leaflet has been updated, and now includes information of the services provided, the PTR complaints process and where to get further information, and a brief outline of the GDPR information
- The PTR leaflet has been moved from behind the practice reception, and into the main area An email has also been circulated to make receptionists aware that they must check weekly, the amount available to patients in the waiting areas
- Our current consent policy is with our data protection officer in NWIS, for review and appropriate updates.

Communicating Effectively

The practice has been working with the estates manager from the Local Health Board regarding the implementation of both signs and hearing loops, a contractor has been employed.

Listening and Learning from Feedback

The practice has live document for logging the concerns, and all staff have access to update this. A notification via email and push notification is received by partners, team leaders and practice manager, when a new concern or complaint is received. The document also allows for tracking of complaints for up to date feedback, to be passed to the patient as and when requested.

What we found on follow-up

Dignified Care

We saw the portable dignity screen in one of the treatment rooms. In the other consulting and treatment rooms the dignity curtain could be fully closed. The practice premises are owned by the Health Board and any changes to the fabric of the building has to be authorised and completed by the estates department. Estates had been asked to remove or replace the old curtains, but no action has been taken as yet.

We heard the telephone message, on the telephone system, that contains reference to a chaperone being available. The practice had a chaperone policy, and there was chaperone information clearly displayed within the waiting area and consultation rooms, to advise patients that they could request a chaperone to be present. Chaperone training records showed that the majority of staff are now trained as chaperones.

Patient Information

We viewed the website and noted that references to the local health board had been removed. However, a number of other items were noted as incorrect on the website including the name of the practice nurse. We were told that the cluster intends to publish uniformly designed websites, for all the relevant practices. This should be completed within a month. The practice must ensure that the current website is up to date in the meantime, and ensure that the new website is regularly updated.

We noted that information relating to general data protection regulations and services provided has been included in the practice patient information leaflet. However, further information should be included in the leaflet relating to the PTR process, raising a concern about the NHS in Wales, the practice and clinic opening times, and out of hours GP service.

There was information on the practice website to inform patients of the complaints process. Additionally, there was information for patients on how to raise a concern clearly displayed in the waiting area and in relation to the PTR process. There were PTR leaflets readily available for patients to read and take away.

Communicating Effectively

There were signs available to direct and orientate patients to the consultation rooms and other facilities. Additionally, there was signage on the consultation

room doors. The visual call system was working during our inspection, and there was an audio call system in place and patients were called by number.

A hearing loop was available for the benefit of patients and visitors, this is used to help people who had hearing difficulties, to hear better and communicate effectively.

Listening and Learning from Feedback

The practice records all concerns on a spreadsheet, and all staff had access to update this. A notification via email was received by GP partners, team leaders and the practice manager, when a new concern or complaint was received. The spreadsheet also allows for tracking of concerns and complaints, and for up to date feedback to be passed to the patient. These were also discussed at the practice meetings. The log was used in a productive way and the practice had made clear improvements to procedures and also, based on the comments made by staff we spoke with, improved staff support and morale. Issues are logged anonymously to support staff.

There were also a number of signs informing patients of their rights, and the methods they could use to pass on complaints and compliments to practice staff.

Additional findings

Before our inspection, we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 38 completed questionnaires. The majority 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 questionnaire to rate the service provided by the practice. Responses were positive, however patients were unhappy with the ease of booking appointments; the majority of patients rated the service as excellent or very good. Patient comments included:

> *"A lovely caring practice, the receptionists all give respect always. They treat me and my family very well, always do their best. They always ask how we are and always give a nice welcome with a smile"*

> *"It's a quick appointment service"*

Patients were asked in the questionnaires how the GP practice could improve the service it provides. Patient comments included:

> *"Provide evening appointments and weekends"*

“By letting patients see the GP there are far too many over the phone consultations when I just want to see a GP”

“Give consideration to working people who aren't always able to get away from work to ring for an appointment. More afternoon appointments should be made available”

Staying healthy

Information was available on posters displayed on the walls within the waiting area and consultation rooms. This was to help patients and their carers to take responsibility for their own health and well-being. In addition, there were a number of health promotion leaflets available to support some of the information displayed on the noticeboards, for patients to read and to take away.

Advice and information specifically for carers was also displayed within the waiting area. The practice offered a range of general medical services that aimed to promote patients' health and well-being.

Dignified care

All of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice. Just over half told us that they could only sometimes get to see their preferred doctor.

Consulting rooms and treatment rooms were located on the ground floor of the premises, and were away from the waiting area, down a small 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.

Patient information

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

As highlighted earlier, the practice website would benefit from being updated to reflect the current practices. The Neath cluster of GP practices were in the process of developing a website that was uniform across all the practices in the cluster. This has been in process since April 2019. We were informed by practice management that this was due to be published in a month. In the meantime we recommended that the current website should be updated until the new website was published.

As also highlighted earlier, the practice had produced an information leaflet for patients. This was available within the waiting area. Additional information has

been added since the last inspection in January 2019, but we recommended that further information should be included.

Improvement needed

The practice must ensure that:

- The current website is replaced with the proposed cluster wide website, to ensure that the details they provide for the practice are up to date, complete and informative
- The practice patient information leaflet is further reviewed to ensure that it contains information relating to PTR, practice and clinic opening times and out of hours service.

Communicating effectively

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

We reviewed the medical records of a sample of patients. All patient records confirmed that verbal information had been given to patients, to help them understand their medical conditions, associated investigations and management of their illness or condition. We also saw that there were suitable arrangements in place to obtain patient consent.

We considered the procedures to track and manage patient test results, medical reports, investigations and follow up results. Practice management stated that once received at the practice, these would be forwarded to the GP on duty. The GP would make the necessary comments and these were passed to reception staff. No results were given to patients until actioned by the GP.

Timely care

The majority of patients who completed a questionnaire told us that they were very satisfied or fairly satisfied with the hours that the practice was open, and a third said that it was not very easy to get an appointment when they needed one.

When asked in the questionnaire to describe their overall experience of making an appointment just over half of the patients described their experience as good.

The practice used a triage process, which required dialogue with the patient/carer, to establish a brief description of the issues. We were told that this was to direct the patient to the most appropriate service or clinician, to ensure that they receive the right care or treatment. The reception staff followed a set of question which was clear and comprehensive. Staff involved in the triage process had been appropriately trained

The practice stated they do not use text messaging or My Health Online[4] due to concerns relating to General Data Protection Regulations.

The practice nurse runs a number of chronic disease management clinics, where patients are monitored and given advice on managing their conditions. This service aims to reduce demand for appointments with GPs whilst ensuring that patients are seen by an appropriate healthcare professional. This allows more time for GPs to see those patients with more complex health conditions.

Referrals are flagged on Vision Medical Healthcare[5] and this system was audited once a month to confirm that the referrals had been completed. Any exceptions would be highlighted to the GPs in the practice at the time it was noted.

Individual care

Planning care to promote independence

Patient facilities at the practice were located on the ground floor. Entry to the practice was suitable for wheelchair users and for those with other mobility issues.

The main reception desk had a low-level section which would enable a wheelchair user to easily speak with reception staff if required. The doorways inside the building were mostly wide enough to allow safe use of wheelchairs, motorised scooters and pushchairs.

[4] My Health Online is a service which enables patients to make GP appointments, order repeat prescriptions and update personal details online.

[5] https://www.visionhealth.co.uk/vision-medical-software/

There were no designated car parking spaces available for patients. To the front of the practice, there was a maximum of one hour parking available on the main road. Additionally, there was also very little parking available in the nearby residential area. We were told that patients could park in the nearby train station car park and there was also a multi-storey car park approximately five to ten minutes' walk away. However, these options were not suitable for some patients with mobility issues or who are unwell. There was a bus stop outside the practice.

There were male and female toilets situated within the ground floor near the waiting area, which were also suitable for wheelchair users. This promoted the independence of patients with mobility issues.

People's rights

Peoples' rights were promoted within the practice with arrangements in place to protect peoples' rights to privacy. We saw staff treating patients with dignity, respect and kindness. We were also told by staff we spoke with that patients could be accompanied by their relatives or carers within the practice and during consultation or treatment if desired.

Listening and learning from feedback

Within the reception and waiting area, there was a suggestion box, with survey forms and pens available where patients could provide verbal comments and suggestions. As mentioned above there was a system in place for recording verbal concerns/complaints, in addition to formal or written complaints.

The practice complaints procedure dated January 2019 sets out the practice approach to the handling of concerns and includes a number of appendices, including templates and evaluation forms. The procedure was based on the provisions of PTR

Staff we spoke with stated that there was a patient participation group that met on a regular basis. Four patients from the practice participate and attend regularly. The group meet bi-monthly and the practice manager and a GP from the practice attend every meeting. Additionally, the local Council for Voluntary Service (CVS)[6] and other third sector representatives attend including primary

[6] https://www.nptcvs.wales/

care managers and cluster support workers. The findings from the meetings are shared at cluster meetings by the representative from CVS.

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 that patients were being provided with safe and effective care.

Arrangements were in place for safeguarding children and adults who were vulnerable or at risk.

Record keeping within the patient medical records was of a good standard.

The issues log used to record concerns raised by patients and staff was considered to be a good practice.

The improvements needed from the previous inspection had been actioned.

What improvements we identified – Immediate Assurance

During the previous inspection, HIW identified that there were minimal items available to assist with resuscitation, in the event of an emergency, such as a patient collapse, anaphylaxis or cardiac arrest. In addition, they could not find evidence to demonstrate that any clinical staff had received resuscitation update training within the last 12 months, or that all clinical and non-clinical staff had received any resuscitation training in the past.

The practice had oxygen available, along with adult and paediatric face masks with reservoir bags, although the oxygen cylinder seen was near empty, with the gauge at the higher end of the red zone.

Our previous concerns regarding the above issues 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.

The practice was required to provide HIW with details of the immediate action it would take, to ensure that:

- Emergency resuscitation equipment and medication is always available, fully functional and safe to use, in the event of an adult and paediatric patient emergency
- All clinical staff have appropriate resuscitation training with annual updates
- All non-clinical staff receive resuscitation training with regular updates.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 24 January 2019:

- Emergency resuscitation equipment has been delivered including defibrillator with pads for adults and children and other relevant equipment. Replacement oxygen is due for delivery on 25 January 2019. The suction machine and all other equipment, including trolley for storage, is due for delivery 24 January. Algorithms and medication charts were available on 22 January
- Standard Operating Procedure (SOP) and spreadsheet have been developed, outlining expectations with checking of trolley, and medications, to be dated and signed bi-weekly
- New SOP's produced for CPR Basic Life Support
- All staff have been booked on a private resuscitation training by Lubas on 20 February 2019. A spread sheet is available to include all staff training, to ensure updates are arranged annually
- Meeting arranged with all nursing team and non-clinical staff to discuss familiarising with all equipment on 25 January 2019
- On 23 January, all staff where briefed by partners with regards to their roles and responsibilities.

What we found on follow-up

The emergency resuscitation equipment held at the practice was complete and in accordance with the Resuscitation Guidelines for primary care settings.

A procedure and spreadsheet had been developed and was signed as being checked on a monthly basis. However, the practice nurse stated that the equipment was checked weekly before the baby clinic, that is, the 8 week checks

and immunisations (injections) for babies and children aged 0-5. We reminded the practice of the need to sign to evidence these checks had been completed on a weekly basis, in accordance with the above guidelines. Whilst we were at the practice, the protocol for recording and checking drugs and resuscitation equipment was rewritten, to include reference to weekly signed checks.

The practice had drafted and issued new procedures to all staff, including treatment of anaphylaxis and a flow chart on actions to be taken in the event of a medical emergency. We saw evidence that all staff at the practice both clinical and non-clinical, had attended and passed a day training course on cardiopulmonary resuscitation. The training included the safe use of the equipment and roles and responsibilities. The practice also had an automated reminder to complete this training annually.

What improvements we identified

Areas for improvement identified at the last inspection included the following:

Infection Prevention and Control (IPC) and Decontamination

The practice is required to provide HIW with details of the action it will take to ensure that:

- Hand drying facilities are always available within the patient toilets
- Hand sanitising gel or foam is readily available within the public waiting areas.

Medicines Management

The practice is required to provide HIW with details of the action it will take to ensure that:

- The process for preparing prescriptions and amending patient prescriptions following hospital discharge advice, is carefully reviewed, and that the knowledge, skills and competence of the admin staff who prepare the prescription is reassessed robustly
- An audit process is commenced to ensure that the prescription process is undertaken correctly by members of the admin team
- HIW are provided with evidence to demonstrate that the Health Care Support Worker (HCSW) has completed university training, and evidence of competency sign off, to enable her to provide

vaccinations and to undertake chronic disease management clinics

- HIW are provided with evidence of the HCSW's job description which should specify their role in undertaking advanced roles
- HIW are provided with evidence that the practice has appropriate medical indemnity for the HCSW they employ, and that the cover provided is sufficient to cover their scope of practice.

Safeguarding children and adults at risk

The practice is required to provide HIW with details of the action it will take to ensure that all staff are trained to the required levels 1, 2 or 3 relevant to their role. They must also provide evidence to HIW, if the training has already been undertaken for all staff.

Safe and Clinically Effective care

The practice is required to provide HIW with details of the action it will take to ensure that significant events and new guidelines are always shared with staff in a formal and timely manner.

Information Governance and Communications Technology

The practice is required to provide HIW with details of the action it will take to ensure that all staff complete information governance training.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 25 March 2019:

Infection Prevention and Control (IPC) and Decontamination

Cleaning contractor who also handles all consumables and the implementation of the patient hand drying facilities. The admin staff have also been given a supply of hand towels and expectations of regular facilities checks, have been circulated via email. In addition, new signage for patients to advise patients if there are no facilities available to make staff aware.

New wall mounted hand sanitisers and holders have been ordered. Our handy man is aware of their impending arrival.

Medicines Management

The practice has arranged an update with medicines management via the cluster pharmacy technician with prescribing clerk training. A date is to be agreed.

We have reviewed the process of presentation and review of GP's for the discharges. Designated staff with relevant training, will make the amendments as directed, print a copy of the new prescription, attach to the discharge summary, and present these separately to all other prescriptions at a different time. Each individual prescription is audited by the GP on site before prescription is handed to a patient.

No evidence could be found that our HCSW administered any immunisations outside of the remit of any experienced HCSW, including but not limited to baby immunisations in clinic, at any time.

Our HCSW is currently covered vicariously by our GP partners insurance cover. We will continue with our HCSW working non-independently, completing diabetic reviews, asthmatic and COPD reviews, and passing more complex issues onto our practice nurse and GP partners for further management.

Safeguarding children and adults at risk

All staff have now been registered with online training accounts, and have been allocated with one hour personal development time, to complete the necessary obligatory training, and then complete further training of their choice.

Safe and Clinically Effective care

All new significant events are logged in the same way as complaints, we will also produce minutes to be circulated and bi-weekly clinical meetings will take place to discuss serious adverse events.

Information Governance and Communications Technology

We have formally requested practice based information governance training and guidance as to where we can access training for this.

What we found on follow-up

Infection Prevention and Control (IPC) and Decontamination

Hand drying facilities were available within the patient toilets, these were a mixture of paper towels and hand dryers.

Hand sanitising gel was readily available and working within the public waiting areas.

Medicines Management

A cluster pharmacist visits the practice for one day each week and is available on call as required. Currently the preparation of prescriptions and amending patient prescriptions following hospital discharge were reviewed and checked by a GP. The prescription procedure also includes a flowchart of the actions to be taken, that includes the need for review by a GP.

We were also told that the staff involved in the process, had received formal training by the health board in addition to the support available from the cluster pharmacist.

A job description for the HCSW role was seen, which included reference to the competencies and the knowledge and skills required. Additionally, the senior partner letter to HIW referred to assessment of the competencies by the GP, and that the HCSW would not undertake any assessments for which they were not fully trained.

The HCSW no longer works at the practice, and senior management stated that there are no plans to employ one in the future. The practice were reminded of the need to ensure that should they employ a HCSW in the future that they are adequately trained, if undertaking additional duties. The training and competency record should be properly documented and recorded.

Safeguarding children and adults at risk

We saw the training matrix of the practice, and noted that safeguarding training had been competed up to level two. We also saw a sample of staff records that included certificates that evidenced this training.

Safe and Clinically Effective care

All significant events[7] were logged and stored securely. The practice manager had access to see the actions that had been taken. The significant events were

[7] A significant event is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented.

discussed at the bi-monthly clinical meetings and we saw evidence of this in a sample of meeting minutes.

Information Governance and Communications Technology

As highlighted earlier, we saw the training matrix of the practice and noted that information governance training had been completed. We also saw a sample of staff records that included certificates that evidenced this training.

Additional findings

Safe care

Managing risk and promoting health and safety

All of the patients who completed a questionnaire felt that it was very easy or fairly easy to get into the building that the GP practice was in.

The premises were owned by the local health board and the practice had been providing services within them for five years. The entire premises were found to be visibly clean and well-organised,

Senior staff stated that there were arrangements in place with the other two group practices, should the practice not be able to operate out of the existing building. The information technology (computer) system could be accessed from all three sites. In addition, the telephone lines could be answered within all three practices and also from home.

The practice had a business continuity plan in place for guidance on dealing with service delivery issues that had been recently reviewed in addition to the arrangements above. These included incapacity of staff, loss of water supply and responses to a major incident.

Infection prevention and control

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

The waiting areas, 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. Policies for infection prevention and control and blood borne viruses were in place.

We saw evidence that individual records had been kept for all clinical staff in relation to their Hepatitis B immunisation status.

Medicines management

Within the sample of patients' medical records we reviewed, we saw the reasons for prescribing medication had been recorded. Recording this information helps inform decision making when reviewing treatment at future consultations. We also saw a consistent approach to the documentation. In addition, the records we reviewed included the reasons why a patient may have stopped their medication. Similarly, recording such reasons also helps to inform future consultations.

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

Safeguarding children and adults at risk

A nominated GP partner was appointed as the safeguarding lead for adults and children at the practice. Arrangements were described for recording and updating relevant child protection information on the electronic patient record system. We were told that with any identified child protection issues or amendments required and alerts were placed or removed within the electronic patient record system where applicable.

Effective care

Safe and clinically effective care

The practice would inform the health board of any events that may require entry onto Datix[8] and the health board would enter as appropriate. As described above significant events were recorded and discussed internally, and learning points shared at the clinical meetings along with clinical events, incidents and complaints received.

The practice ensures that relevant safety alerts are circulated to members of staff by email to clinicians and team leaders to pass onto their staff.

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[8] https://www.datix.co.uk/en/about

The practice has access to the services of the Neath primary care hub, with NHS pacesetter[9] status. The Neath hub supports GP practices in their efforts to respond to increasing patient demand whilst achieving quality of access for the patient. The hub provides a range of services including physiotherapy and a mental health support worker role from a central point in Neath, as well as a prescribing pharmacist and technician working in practices throughout the cluster.

GPs were able to refer directly from the point of triage and the cluster commissioned a shared appointment and clinical system to enable GPs to book patients directly into the hub. This also gives practitioners in the hub access to the practices' clinical record.

Record keeping

A sample of medical records were examined, covering consultations by all partners and the main locum working regularly at the practice. Records were recorded using Vision and were legible. Most records were of a good quality, including history, examination, relevant investigations and a plan that could be followed by a locum at the practice. One set of records had a more concise style that did not always contain relevant details.

The practice had developed a Read code[10] formulary in conjunction with the local health board, that has been updated in response to clinical need. The practice and a member of the administrative staff were used to summarise information, both had received health board training in the last four months.

The medical records examined showed that valid consent was obtained where appropriate. Additionally, they included all care andtreatment given and relevant clinical or treatment findings.

[9] http://www.primarycareone.wales.nhs.uk/pacesetters

[10] Read Codes are a coded thesaurus of clinical terms and have been used in the NHS since 1985.

Improvement needed

The practice must audit the standard of note keeping regularly, looking at anonymised patient records, to discuss the standards of 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.

The practice was well run by the practice manager, who led in the management of all non-clinical activities. Staff we spoke with were happy working at the practice and felt fully supported in carrying out their relevant roles.

The practice used e-communication well to ensure messages were passed in the fastest secure means.

The improvements needed from the previous inspection had been actioned.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Governance, Leadership and Accountability

The practice was required to provide HIW with details of the action it will take to ensure that:

- Relevant audits are undertaken and results, actions and outcomes are shared through the team
- A record of all mandatory training attendance and other relevant training, is recorded for all staff working within the practice. This should include; safeguarding children and adults at risk, CPR, fire safety training, GDPR, infection, prevention and control and immunisation training for HCSW and chronic disease management training for HCSW
- Relevant information from cluster meetings is shared with GP partners and practice staff and demonstrate how cluster developments are included in the practice development plan

- A review and update is undertaken of the practice policies and procedures to ensure that they accurately reflect the current arrangements at the practice and that they are up to date along with version control.

Workforce

The practice was required to provide HIW with details of the action it will take to ensure that, a robust induction list is in place and completed to ensure a standardised approach with all members of staff new to the practice.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 25 March 2019:

Governance, Leadership and Accountability

Audits that are carried out are to be discussed in the bi-weekly clinical meetings and added to the agenda, which is circulated as a standing item.

New records of mandatory training have been developed by our HR Team. Copies of all training certificates are scanned and added to each person's personal profile on the web based system. Our HCSW will continue to attend external training, when limited services are run by the practice, to ensure that mandatory training including infection control and PGD directed immunisations, such as flu vaccinations updates (excluding children) are met. This will then be recorded on the online portal.

Updates of policies have been completed along with version controls, and have been submitted to the health board.

Cluster information including the cluster development plan, is kept in a communal and easily accessible area within the practice manager office. Agendas are shared on web based information sharing and job management app SLACK. This is also updated live from cluster. All staff have access to this relevant board within the Slack app.

Workforce

We have enlisted the support from a HR company, to generate a robust (and appropriate to our business) induction check list. This will be then be completed with each staff member currently employed, and any new recruits.

What we found on follow-up

Governance, Leadership and Accountability

Staff we spoke with stated that audits were carried out and discussed at the clinical meetings. The prescribing audit was viewed as part of the inspection and it was noted that the results were emailed to all clinical staff and also discussed on the clinical meetings.

A sample of staff records were seen, which showed that training including, safeguarding, information governance and resuscitation had been completed and the certificates were seen.

The HR records and a business support service, are not as yet complete. Once all the information has been entered, the system will provide updates of when training was due as well as storing copies of certificates. The practice had a training matrix to record the training undertaken by staff. The use of a completed training matrix and holding copies of training certificates would ensure that any update training could be booked and attended promptly before expiry.

The practice was part of the Neath network that was part of the wider Neath Port Talbot Cluster. We were told that the GPs and practice manager attended local cluster meetings regularly. This helps promote cluster working and engagement as well as some shared learning. The Neath network was made up of eight general practices working together with partners from social services, the voluntary sector, and the health board. The network aims include developing the range and quality of services that are provided in the community and improving communication and information sharing between different health, social care and voluntary sector professionals. We were told that from time to time the team leader attends these meeting on behalf of the practice manager to enhance their learning from the cluster.

We reviewed the practice policies and procedures and noted that all had been updated and were dated January 2019. We noted that the practice had signatures from staff to show that they had viewed and understood these policies and procedures.

Workforce

The practice had drafted a new recruit welcome and induction checklist. The practice also intend to use the HR system once all the information had been uploaded, to generate a robust and appropriate induction checklist. The practice stated that the induction process would then be completed for each staff member employed to ensure they had the relevant competencies and for any new staff going forward.

Additional findings

Governance, leadership and accountability

At the time of our inspection, the practice and two branch practices, were owned and operated by four GP partners. A full-time practice manager was also in post and was responsible for the day to day management of the practice and the other two practices. There was a deputy practice manager also based at the Alfred Street practice, as well as within the other two practices.

Staff told us that they were happy in their work and said that they felt well supported by the senior team and GP partners.

Staff we spoke with stated that information was also passed, in addition to the methods described above, through practice meetings, a closed facebook group for administrative staff and a closed WhatsApp[11] group for doctors and pharmacists. The practice use of a WhatsApp group for clinicians to share information from meetings in real time and in a manner that could be searched using key words. Once concerns around the safety of data on the WhatsApp site had been addressed, it was felt that this would be an example of good practice, which could be shared elsewhere and possibly extended to nurses within the practice. We advised the practice to consider adding nurses to the WhatsApp group.

Staff and resources

Workforce

The practice staff that we spoke with were able to describe their particular roles and responsibilities, which contributed to the overall operation of the practice. Staff working within the practice also worked flexibly, this meant that staff could provide cover for each other during absences, to reduce the risk of disruption of services to patients. Staff were also prepared to work between each of the three practices covered by the partners, at short notice.

[11] https://www.whatsapp.com/business/

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 conduct follow-up inspections

Follow-up inspections can be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the Health and Care Standards 2015 relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about how HIW inspects 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 assurances were identified on 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: Alfred Street Primary Care Centre

Date of inspection: 9 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 ensure that: • The current website is replaced with the proposed cluster wide website, to ensure that the details they provide for the practice are up to date, complete and informative • The practice patient information leaflet is further reviewed to ensure that it contains information relating to PTR, practice and clinic opening times and out of hours service.	4.2 Patient Information	To engage with Cluster support to ensure it is rolled out quickly and efficiently Leaflet has been re-done with the adjustments advised by HIW	Roisin Jones Roisin Jones	01/01/2020 Done

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The practice must audit the standard of note keeping regularly, looking at anonymised patient records, to discuss the standards of record keeping.	3.5 Record keeping	This has been completed on a Bi-Monthly basis in a clinical meeting.	Dr P Williams	Done and on going
Quality of management and leadership				
No areas for improvement identified during this inspection on this theme.				

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: