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Healthcare Inspectorate Wales

General Practice Inspection (Announced)

Amman Tawe Partnership, GCG Surgery, Hywel Dda 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 inspection of Amman Tawe Partnership, GCG Surgery, Graig Road, Gwaun Cae Gurwen, Ammanford, SA18 1EG, within Hywel Dda University Health Board on the 12 November 2019.

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

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

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

2. Summary of our inspection

Overall, we found that the practice was focussed on providing safe and effective care to patients, however, we identified areas where it was not fully compliant with all Health and Care Standards.

We observed professional and positive interactions between staff and patients. The environment was welcoming, and patients we spoke with were positive about the practice.

The practice had been recognised by two health boards for the positive work they do to support carers.

There was a diverse workforce, meaning that patients had good access to a range of professionals including an advanced care planning nurse and pharmacists employed directly by the partnership.

We found communication was good within the practice, and they utilised a number of different electronic channels to ensure staff were able to contact each other at different sites. Staff told us they felt supported by the management team.

Improvements were required with regards to the register for staff hepatitis B immunity, employment checks and staff training. We also found improvements were needed for the checking of equipment, such as fridge temperatures and emergency drugs and equipment.

This is what we found the service did well:

- Positive and friendly interactions between staff and patients
- Support provided to carers
- Care and treatment was provided in a way that upheld patient privacy and dignity

- Health promotion information was available in the waiting area
- Clean and tidy environment
- A range of professionals employed directly by the practice meaning they were able to offer a range of services to patients
- An overall good standard of record keeping
- Process for raising clinical concerns within the partnership
- Dedicated weekly time for clinical teaching
- Staff were positive about the support provided to them by the management team
- Commitment and desire by the practice management team to make improvements.

This is what we recommend the service could improve:

- Robust arrangements for checking equipment including fridges used to store medicines and emergency drugs and equipment.
- Register of staff hepatitis B immunisation status
- Management oversight of staff training activities, mandatory and additional, including CPR and safeguarding.
- Implementation of a robust recruitment process
- Promotion of the ability to provide appointments through the medium of Welsh
- Regular audit of patient records to maintain a good standard
- Use of common clinical codes for patient records
- Separation of cleaning equipment from clinical waste and implementation of regular infection control audits
- Management oversight of staff registration with professional bodies
- Continuation with the review and implementation of policies and procedures.

3. What we found

Background of the service

Amman Tawe Partnership, GCG Surgery, currently provides services to approximately 10,500 patients across six sites covering areas within two health boards, Hywel Dda University Health Board and Swansea Bay University Health Board. GCG surgery forms part of GP services provided within the area served by Hywel Dda University Health Board.

The practice employs a staff team which includes four GPs (one partner, two salaried GPs and a long term locum), a physician's associate, two nurse practitioners (one also a partner at the practice), four practice nurses, two pharmacists, an advanced care planning nurse, a practice manager and a number of health care support workers and administrative staff. All staff, clinical and administrative, work interchangeably across the six sites of Amman Tawe Partnership.

The practice provides a range of services, including:

- Asthma clinic
- Diabetes clinic
- Chronic obstructive pulmonary disease (COPD) clinic
- Coronary heart disease clinic
- Stroke and hypertension clinic
- Cytology
- Childhood immunisations
- New patient health checks
- Wound dressings
- Phlebotomy
- Travel vaccinations
- Advance care planning.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients we spoke with were positive about the practice and we observed friendly and polite interactions between staff and patients. The practice had been recognised by two health boards for the positive work they do to support carers.

Staff worked across the six sites within the partnership meaning that patients had access to a range of different professionals.

The practice should promote the availability of the use of the Welsh language to patients throughout the practice.

Prior to our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. On the day of the inspection we also spoke with patients to find out about their experiences at the practice.

In total, we received 36 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 this GP practice. Responses were positive, a mixed response for the service ranging from excellent to fair. Patient comments included:

> *"During my experience in the surgery the receptionists have been very polite and have gone above and beyond to help me"*
>
> *"I have always had excellent service. All staff extremely helpful and polite. Appointment system I personally feel is excellent, in my last surgery had to wait 3-4 weeks for any follow-up - this is not the case here"*
>
> *"Takes too long to get the correct diagnosis. Sometimes feels your concerns are ignored and are not taken seriously"*

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

> *"Better access to doctors. Better communication between GP surgery and pharmacy"*
>
> *"More doctors save waiting about for appointments"*
>
> *"Broader opening hours (including) weekends). A wider focus on delivering services to a modern sociological demographic than "9-5" etc."*

Staying healthy

The practice had a website which provided general information about the services provided, and also some information about some self-referral services, such as podiatry, physiotherapy, minor ailments, stress management, smoking cessation, mental health support groups and eye care services. There was also a television screen in the waiting area displaying health promotion information, and general information about the practice on a loop system.

Notice boards in the waiting area displayed leaflets with information for patients on health related issues. This included information on local support groups, health promotion advice including information about flu, antibiotic resistance and smoking cessation.

The practice also had a poster with a number of QR codes[1], providing a wide range of information about the practice and also health related information. This meant that patients would be able to scan the codes on their mobile devices to obtain information and read at a time convenient to themselves.

Dignified care

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

We observed polite, friendly and professional interactions between staff and patients during the course of the inspection. We observed staff explaining processes and procedures, such as ordering repeat prescriptions, in a kind and helpful manner.

All patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice.

The majority of patients who completed a questionnaire told us that they could always or sometimes get to see their preferred doctor, however, around a third of the patients told us they could never see their preferred doctor.

We considered the practice environment and found that patient privacy and confidentiality had been considered. Phone calls into the practice were taken away from the reception area, so other patients were not able to overhear conversations. The reception area was located a short distance from the patient waiting area, with an additional window to reception staff available for private discussions.

We saw that doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Curtains were available around the treatment beds to allow patients privacy should there be a need to undress, and/or during examinations.

There was a written policy on the use of chaperones. The right to request a chaperone was advertised in the waiting area and in the treatment rooms. Patients we spoke with told us they were aware of this service. Around three quarters of staff were trained to provide this service.

Patient information

As mentioned earlier, the practice had a website which provided useful information to patients about the practice and the services it offered. The practice also used social media, such as Twitter and Facebook as a means of providing information to patients about the practice, but also to share health promotion information.

We were told that the senior partner of the practice regularly attends groups based in the community, such as pensioner groups, to engage with them and provide information about the services offered, and also advise on any changes to the practice.

As previously mentioned, leaflets with information for patients on health and well-being were available in the waiting area. This included information on local

support groups, health promotion advice and self-care management of health related conditions.

There was a carer's board in the waiting area, which displayed information about the support able to be provided to those patients who may have caring responsibilities. The practice had two carer's champions, and we saw that the practice had been recognised by the health board in respect of the good work and achievements they had made with regards to providing support to carers within their practice.

As staff worked across the six sites of the partnership, we suggested that the practice may benefit from displaying information about staff within the waiting area, so that patients may be more familiar with staff who may not frequently visit the practice. The practice management team agreed to do this.

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

Communicating effectively

The majority of patients who completed a questionnaire told us they were always able to speak to staff in their preferred language. We saw that many of the staff were able to speak with patients in Welsh, and we observed staff and patient interactions in Welsh during the course of the inspection. The practice were also able to offer clinical appointments through the medium of Welsh. However, we found there to be few of the information leaflets around the practice in the medium of Welsh, neither was the Welsh language service actively promoted.

Whilst there was a poster in the reception area advertising a hearing loop, staff we spoke with were not aware of it.

All but three of the patients who completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand and the majority of patients told us that they are involved as much as they wanted to be in decisions made about their care.

Improvement needed

The practice must ensure that staff are aware of the hearing loop facility and how to use it to be able to effectively communicate with patients with hearing difficulties.

The practice must ensure that information is available in Welsh and advertise the ability to provide a Welsh language service to patients.

Timely care

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

When asked to describe their overall experience of making an appointment a third of the patients who completed a questionnaire described their experience as poor or very poor.

The majority of clinical and administrative staff were employed by the partnership to work across the six sites. This meant that when making an appointment, patients could be asked to travel to a different practice in order to be able to get an appointment with the most appropriate person, if they were willing to travel. This could be with a GP, advanced nurse practitioner, practice nurse, pharmacist, physicians associate or healthcare support worker. We were told that a triage system was in place, which allowed patients to be directed to the most appropriate practitioner to enable quicker appointments.

Individual care

Planning care to promote independence

Patient consultation rooms and the reception/waiting area were located on the ground floor, meaning that it was accessible to patients using wheelchairs, those with mobility difficulties and for those using pushchairs.

There were double doors leading from the reception to the consultation rooms, and whilst they were wide enough for those using a wheelchair or pushchair, the doors needed to be manually opened, as the magnets normally used to keep the doors open had been removed during redecoration.

The practice held clinics for patients with specific healthcare needs, such as COPD, asthma and chronic disease, to help support them in the management of their conditions.

Improvement needed

The practice must ensure that the doors leading to the treatment rooms are easy to open for all patients.

People's rights

Our findings that are described throughout this section indicate that the practice was aware of its responsibilities around people's rights.

Listening and learning from feedback

Information was displayed in reception about the practice's complaints procedure. This information was also displayed on a loop system on the TV screen in reception. Leaflets were available regarding the NHS Wales Putting Things Right[2] complaints process, should patients wish to raise their concerns directly with the health board.

We saw that information about the Community Health Council[3] was included in the practice complaints policy, advertising their support and advocacy service to patients who may wish to raise a complaint.

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

We saw records were maintained by the practice manager of complaints received, including actions taken. We were told that all complaints are taken to a weekly clinical teaching session, attended by the GPs, the practice manager, nurses and health care support workers, to discuss and share learning.

There was a patient suggestion box located in the waiting area and paper slips for patients to fill in, however, we found that this was rarely used.

The practice did not have a patient participation group. The practice management team told us that they had one in the past, but it dissolved. They explained that they would consider implementing one again in the future.

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

[3] http://www.wales.nhs.uk/sitesplus/899/home

Delivery of safe and effective care

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

The practice was clean and tidy, and provided care and treatment in an appropriate environment.

Patient records were maintained to a good standard.

The appointment of an advanced care planning nurse was positive, as it ensured a dedicated service to patients needing specialist support.

There were regular opportunities for staff to discuss clinical concerns or issues with other clinicians in the partnership.

We found that improvements were needed to ensure that drugs and equipment used in an emergency were checked on a regular basis, as well as checking of fridge temperatures used to store medicines.

More robust arrangements were required to ensure that records of staff hepatitis B immunisation statuses were documented.

Improvements were needed to ensure there were appropriate employment checks in place.

Improved managerial oversight was required with regards to staff training, including mandatory training such as CPR and safeguarding.

Safe care

Managing risk and promoting health and safety

During a tour of the practice, we found that all areas accessed by patients were clean, tidy and uncluttered. Overall, we found the practice building was suitably maintained both externally and internally.

We saw that clinical waste was stored in a locked cupboard in the waiting area alongside cleaning equipment. This meant that staff responsible for cleaning

would be required to lean over clinical waste to get to the cleaning equipment. The management team told us they were aware of this issue, and were looking to move the equipment.

There was no risk register in place, or regular environmental audits carried out which would highlight any issues with the practice environment. We were told that issue would be dealt with on an individual basis as and when reported. However we consider that a robust programme of risk management and audit may highlight issues and enable them to be dealt with at an early stage.

Improvement needed

The practice must ensure that clinical waste is stored separately to cleaning equipment.

The practice manager must ensure there is a programme of regular environmental audits to promote and uphold the standards of the premises.

Infection prevention and control

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

We saw that staff had personal protective equipment, such as gloves and disposable plastic aprons, to reduce the risk of cross infection. The clinical treatment areas we saw were visibly clean and tidy.

We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitisers were also available around the practice.

Curtains in the treatment rooms were disposable, meaning that they could be easily replaced should they become contaminated or dirty. This demonstrates a good commitment to infection prevention and control.

There was an infection control policy in place, and the practice had recently appointed a member of staff as an infection control champion. The practice had not carried out an audit of the infection control arrangements, which would demonstrate where they were meeting standards, and where improvements need to be made.

We looked at the records held by the practice in relation to staff hepatitis B immunisation status. We found that whilst the practice maintained information for

some, they did not hold records for all staff. Our concerns regarding this were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Improvement needed

The practice must ensure that regular infection control audits are carried out, and action taken where appropriate.

Medicines management

Discussions with staff, and consideration of recorded patient information, revealed that the system and processes in place regarding medicines management was of a good standard.

The practice had recently employed two pharmacists, who worked across the partnership. They provided advice and support to the practice, conducted patient medication reviews, medication audits, minor illness clinics, signposted patients and were also trained medication prescribers. Staff reported that this support was valuable to the practice.

We found that medication fridge temperatures, used to store vaccines and medicines, were not consistently checked on a daily basis. This is to ensure that vaccines and medicines are stored at the appropriate temperature to make sure they remain viable for use.

We looked at the arrangements for the checking of drugs and equipment used in a patient emergency. We found the checks were irregular and not conducted on a weekly basis. There were no records to demonstrate that checks had been carried out on the defibrillator, which could also be used in a patient emergency.

In addition, whilst records showed that most staff had attended CPR training, we did not see evidence of up to date training for all staff.

Our concerns regarding the above issues were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

Safeguarding children and adults at risk

The practice had an appointed safeguarding lead, however, we did not see they had received the relevant up to date safeguarding training. We looked at a

sample of other staff training records and found them to be unclear, and did not provide assurance that all staff had received safeguarding training relevant to their roles.

Our concerns regarding the above were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

Whilst we were told by staff that there were child and adult safeguarding policies in place, when we asked to view them they were not able to locate them.

We looked at a number of patient records, and were able to confirm that where appropriate, there were processes in place to identify if there were any safeguarding concerns or needs.

Improvement needed

The practice must ensure there are child and adult safeguarding policies and procedures in place and that staff are aware of how to find them.

Effective care

Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events. The sharing of safety alerts received into the practice was appropriately managed. We found that any significant incidents were discussed as a clinical team on a regular basis to ensure learning could be shared.

Weekly clinical teaching events were held for clinical staff to attend. These were scheduled learning events, with a variety of topics discussed. Staff were given protected time to allow them to attend. We were told that this was another avenue for staff to discuss serious incidents and concerns, with a view to share learning amongst the team.

The practice operated a triage system for patient appointments. We saw that staff had received training, and were able to signpost patients to appropriate services or practitioners. There was a process in place to help ensure that decisions were appropriate, and staff were able to seek clinical advice should they have any queries or concerns about a patient.

Staff we spoke with told us they were encouraged and empowered to raise any concerns they may have about patients' and/or their own safety. They told us that they would be listened to, and action taken where necessary.

Quality improvement, research and innovation

The partnership spanned two health boards, and as a consequence was an active member of two local cluster GP groups. A social prescriber had been appointed by one cluster, and was able to be used within the practice.

The partnership had directly employed two pharmacists, with the aim of them being able to provide additional services to patients, including minor illness clinics, prescribing and signposting to other services.

An advanced care planning nurse was directly employed by the partnership, and spent time across the six sites. This role was seen as a positive addition, as it enabled a dedicated professional to be able to provide support and advice to patients and families who may be at the end of their lives, or wish to make plans for the future. We were told the service was open to all patients, and the advanced care planning nurse was able to hold appointments in the practice and also carry out home visits.

Information governance and communications technology

We found that patient records were appropriately stored to prevent unauthorised access. All staff had access to email and a computer, and had their own passwords to uphold security.

The practice used Skype as a tool for communicating across the various sites within the partnership. We were told that they were able to use this facility to allow clinical discussions, and to seek advice and support from each other when not physically based within the same building. Staff told us this was beneficial to them. We found this to be an area of noteworthy practice as it allowed skill mix to be employed across different sites with opportunities for supervision and inter-professional consultations.

Record keeping

We looked at a sample of patient records and overall found them to be of a good standard, supporting the care and treatment provided to patients. The practice employed clinicians from a number of different professional groups, and we saw some differences in the level of detail some information was recorded in patient records. Where we highlighted areas of good record keeping, we suggested the practice may want to share this with the rest of the team. The practice

management team agreed to do this. A regular audit of patient records may support improvements to record keeping to maintain a high standard across the practice.

We saw that the use of clinical codes for recording diseases and illnesses in patient records was inconsistent. Staff were using different codes to record the same illness or disease. We were told that the practice were moving towards using a common set of codes for consistency.

The practice had a backlog of summarising of new patient records to complete. We were told they had recently received funding from the cluster to support them in getting the records up to date, and had a plan in place to do so.

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.

Staff we spoke with were positive about the support they received from the management team. We found a cohesive team, and there were appropriate communication channels for disseminating information across the practice.

There was a diverse mix of professionals, which allowed for staff to rotate across the partnership to share knowledge and skills.

Improvements were required to ensure there was a robust recruitment process in place, including pre and post-employment checks.

Improvements were also required to the recording of staff training, to ensure that all staff received training in a timely manner.

Governance, leadership and accountability

We found a patient-centred team who were committed to providing services of a high standard. There was a good management team in place, and we found the practice worked in a cohesive way. Staff we spoke with told us they felt supported by the management team.

There are six sites within the partnership and it was structured in a way that meant staff were able to work across all sites, ensuring that resources could be pooled and provide support to patients where and when needed. This model had initially been implemented because of difficulties recruiting GPs. However, we found there was a diverse workforce in place, made up of a number of clinical professional groups ensuring that a wide range of services were able to be provided.

The sites within the partnership were based within two different health board areas. This meant there were two health board contracts in place. We were told that this often caused complications, as it meant dealing with different referral pathways for patients and managing different administrative processes, as well as being part of two different cluster groups. Whilst we were able to see that this was well managed, it resulted in duplication of work and additional administrative time for the partnership.

Clinical staff meetings were held weekly, which incorporated teaching events and discussing clinical issues within the partnership. Staff were provided with protected time to attend the meetings. Issues as a result of concerns, complaints or clinical incidents were able to be discussed at these meetings too. Other staff meetings were held on regular basis throughout the year, with minutes produced and shared with those not able to attend.

We found there was a good process in place to ensure there was sufficient oversight and support of clinical decision making. Staff were able to escalate their concerns, with regards to patient queries, triaging patients, through a system that ensured there was sufficient daily time for support and advice to be provided by senior members of the practice.

Staff we spoken with told us that they felt able to raise any concerns, or raise any issues during these meetings and felt that they would be listened to.

The practice did not have an up to date practice development plan in place. This would include a review of local needs and service provision, to identify priorities for the practice, and benefit patients. We were told there were plans to update it in 2020.

We saw there were a number of policies and procedures at the practice, to support and enable staff to carry out their roles. We found that some were out of date and in need of review. We were told they were in the process of doing this.

Improvement needed

The practice must ensure that policies and procedures, including a practice development plan, are updated and shared with staff to ensure they are fully sighted of any changes.

Staff and resources

Workforce

There was a well-established staff team in place, with many staff members being employed for a number of years. There had been a high level of sickness in the administrative team in the four weeks leading up to the inspection. We were told that staff had worked together to ensure that roles were covered, however, we recognised that this was placing additional pressure on staff. The management team were very aware of the issues, and were supporting staff during a difficult time.

Staff were able to describe their roles and responsibilities in detail, and demonstrated a good understanding of the practice workings. Staff we spoke with were clear about the practice organisational structure, and would know who to speak with should they have any issues or concerns.

We looked at a number of staff personnel files, and found that information in relation to recruitment, employment checks and training were incomplete.

Whilst the practice held some information regarding staff training and a training database, we found this to be incomplete and did not provide assurance that all staff had received appropriate training relevant to their roles, including safeguarding and CPR.

We also found that there were limited processes in place to support the safe recruitment of staff. We considered the pre-employment records of one clinical member of staff and there was no evidence that the relevant checks had been undertaken. This included a Disclosure and Barring Service (DBS) check, hepatitis B immunity check and references.

A review of other staff files and discussion with the practice manager confirmed that staff who had been employed for long periods of time had not had a DBS check.

Our concerns regarding the above were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

In light of the above issues with regards to recruitment, the practice must ensure that they have a robust process in place for any recruitment activity and appointment of staff in the future. This must include carrying out the relevant pre and post appointment checks.

We also suggested that the practice should develop a list of mandatory and additional training for staff, to ensure they possess the relevant skills and knowledge to carry out their roles. We also recommended that a register of training is maintained, included dates completed and renewal dates, to ensure the practice has sufficient oversight of completion.

Clinical staff are required to register with their professional body, such as the General Medical Council (GMC)[4] or the Nursing and Midwifery Council (NMC)[5]. They must also revalidate their registration with evidence of practice and training at defined intervals. Whilst it is an individual's responsibility to ensure their registration is maintained, the practice did not have a clear process in place to monitor this, to ensure that staff remained registered with their professional body.

Improvement needed

The practice must:

- Maintain a record of staff training, and ensure that staff attend training within appropriate timescales
- Implement a clear and robust recruitment policy to ensure that all pre and post appointment checks are completed, prior to a new member of staff commencing employment.
- Implement a clear and robust process to monitor and check that staff maintain their professional registration.

[4] https://www.gmc-uk.org/

[5] https://www.nmc.org.uk/

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect GP practices

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

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: Amman Tawe Partnership - GCG Surgery

Date of inspection: 12 November 2019

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must produce a register of all clinical staff hepatitis B immunisation and immunity status. Should records show that staff do not have appropriate immunity, appropriate action must be taken by the practice to protect staff and patients.	Health and Care Standards (April 2015) 2.4 Infection Prevention and Control (IPC) and Decontamination	We have reviewed our current register of clinical staff. It is now fully complete with each clinician's immunisation status. Arrangements have been made to vaccinate clinicians if required. 1 member of staff falls into this category and arrangements to commence their vaccination programme have been made (20/11/2019). A risk assessment will be put in place for this individual while they undertake their immunisation programme	Practice Manager	Completed

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that the medication fridge temperatures are checked and recorded on a daily basis during the working days.	Health and Care Standards (April 2015) 2.6 Medicines Management	A meeting took place on 15th November between the Clinical Partner and the Senior Practice Nurse to address this issue. The following actions have been put in place: A new Fridge Temperature Book has been put in the treatment room to document the fridge temperatures daily. It has been agreed that a member of the nursing team of practice nurses and healthcare support workers are responsible for checking fridge temperatures daily and documenting the readings. This will be audited weekly by the Senior Practice Nurse and information passed to the Practice Manager.	Senior Practice Nurse	Completed

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that all medication and equipment used in a patient emergency are checked and recorded on a weekly basis, as recommended by the Resuscitation Council UK, for practices within primary care. The practice must ensure that all staff complete CPR relevant to their role.	Health and Care Standards (April 2015) 2.6 Medicines Management	A meeting took place on 15th November between the Clinical Partner and the Senior Practice Nurse to address this issue. The following actions have been put in place: The checking of the defibrillator will be added to the weekly checklist of Emergency Drugs. It has been agreed that a member of the nursing team of practice nurses and healthcare support workers are responsible for checking the emergency drugs and defibrillator weekly also after any emergencies that have occurred and documenting that the checks have been done. This will be audited weekly by the Senior Practice Nurse and	Senior Practice Nurse	Completed

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		information passed to the Practice Manager. Face to Face CPR training has been booked for the 10th December 2019 and 10th January 2020 for all staff whose training has expired. We planned for a further update to take place in early March. Annual Updates will be then put in place.		
The practice must provide evidence to confirm that appropriate employment checks have been carried out for all staff. The practice must confirm that all current members of staff have DBS checks in place that are appropriate to their roles.	Health and Care Standards (April 2015) 7.1 Workforce	All staff files are currently under review, and we are in the process of adding information which is missing. A priority has been given to updating historic clinical staff DBS checks. A programme is in place to DBS all clinicians' then subsequently historic non-clinical staff. Since new management has been in place, new staff starting with the	Practice Manager	2 weeks 8 weeks for clinical staff programme to be completed. Further 8 weeks for non-clinical staff.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		practice have undertaken DBS check as part of the recruitment process. A database is being created to capture key staff information including DBS initial checks and expiry dates, Hep B Status, appraisal and revalidation information and details of professional registration.		
The practice must provide confirmation of an action plan to ensure all staff have received up to date safeguarding training at the relevant level to their role, as recommended within the document; Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff - https://www.rcn.org.uk/professional-development/publications/pub-007366	Health and Care Standards (April 2015) 7.1 Workforce	A review of our current training database is underway and the format is being adjusted to make it more clear and accessible. Our action plan is as follows: All non-clinical staff have been given time to undertake the Level 2 e-learning safeguarding training and will provide certificates of completion.	Practice Manager	2 weeks 3 weeks

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		The clinical staff whose current training is out of date are in the process of being booked onto Health Board provided sessions which take place in December 2019 and early 2020. All mandatory training dates will be reviewed and discussed as part of the staff annual appraisals in the new year.		3 weeks to book staff on. March 2020 for completion March 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): Hayley Blyth

Job role: Practice Manager

Date: 21 November 2019

Appendix C – Improvement plan

Service: Amman Tawe Partnership - GCG Surgery

Date of inspection: 12 November 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 staff are aware of the hearing loop facility and how to use it to be able to effectively communicate with patients with hearing difficulties. The practice must ensure that information is available in Welsh and advertise the ability to provide a Welsh language service to patients.	3.2 Communicating effectively	On investigation, the loop system sign was from an old machine which was no longer in use. The sign has been removed. We intend to look at the feasibility of purchasing a new system later in the year. We will continue to use bilingual leaflets and information in our waiting rooms. We will also produce our own information in Welsh as much as possible.	Practice Manager Practice Manager	September 2020 Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Staff who can speak Welsh have been given welsh speaker badges and lanyards. Staff have been reminded to wear these at all times. We will also add information onto our website and on the consulting room doors in regards to welsh speakers (and other languages where appropriate)	Practice Manager Practice Manager	Completed March 2020
The practice must ensure that the doors leading to the treatment rooms are easy to open for all patients.	6.1 Planning Care to promote independence	The magnets which held the doors open were removed during maintenance work. These will be fixed back onto the doors in the new year	Practice Manager	End of January 2020
Delivery of safe and effective care				
The practice must ensure that clinical waste is stored separately to cleaning equipment. The practice manager must ensure there is a programme of regular environmental audits to promote and uphold the standards of the premises.	2.1 Managing risk and promoting health and safety	A lockable storage unit has been on order from our contractor since November 2019. This has been escalated twice in December and we are awaiting a response from the contractor.	Practice Manager	End January 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		We are in the process of establishing a programme of environmental audits, these will be assigned to appropriate members of staff	Practice Manager	End of February 2020
The practice must ensure that regular infection control audits are carried out, and action taken where appropriate.	2.4 Infection Prevention and Control (IPC) and Decontamination	A suitable Infection Control audit has been identified and this will be carried out in February 2020	Senior Practice Nurse	End February 2020
The practice must ensure there are child and adult safeguarding policies and procedures in place and that staff are aware of how to find them.	2.7 Safeguarding children and adults at risk	A link to the All Wales Safeguarding Procedures has been circulated to all staff. All local referral forms have been saved in a central electronic folder. All staff have been informed of the location.	Practice Manager	Completed
Quality of management and leadership				
The practice must ensure that policies and procedures, including a practice development plan, are updated and shared with staff to ensure they are fully sighted of any changes.	Governance, Leadership and Accountability	Policies were reviewed during June and July 2019. All staff are aware of where the practice policies are kept on the central electronic drive. Following the next review, communication will be sent to all staff to advise of the changes.	Practice Manager	March 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must: • Maintain a record of staff training, and ensure that staff attend training within appropriate timescales • Implement a clear and robust recruitment policy to ensure that all pre and post appointment checks are completed, prior to a new member of staff commencing employment. • Implement a clear and robust process to monitor and check that staff maintain their professional registration.	7.1 Workforce	The training database will be redeveloped to ensure the information is easier to access and monitor staff training requirements. Mandatory training requirements will be part of the appraisal process A recruitment policy is now in place which includes a checklist for pre appointment checks. A database for the monitoring of professional registration has been set up which includes a checking process for key information such as registration details, appraisal and revalidation dates	Practice Manager Practice Manager Practice Manager	February 2020 Completed Completed

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): Hayley Blyth

Job role: Practice Manager

Date: 31st December 2019