



General Practice Inspection (Announced)

The Practice of Health, Cardiff
and Vale University Health Board

Inspection date: 10 February 2020

Publication date: 17 June 2020

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

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

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection.....	7
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	14
	Quality of management and leadership	18
4.	What next?	20
5.	How we inspect GP practices.....	21
	Appendix A – Summary of concerns resolved during the inspection	22
	Appendix B – Immediate improvement plan	23
	Appendix C – Improvement plan	24

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 The Practice of Health at 31 Barry Road, Barry, CF63 1BA, within Cardiff and Vale University Health Board on the 10 February 2020.

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 evidence that the service provided safe and effective care.

We observed positive and friendly interactions between staff and patients. The environment was welcoming to all, and patients' comments were generally positive about the practice.

Communication between staff within the practice was reported as good, and staff told us they felt supported by the management team.

Clinical arrangements in place in the practice were also good, and we considered that the care delivered was of a good standard.

This is what we found the service did well:

- There were positive relationships between staff and patients
- There were suitable arrangements in place for infection control.
- There were suitable arrangements in place for the safe recruitment and training of staff.

This is what we recommend the service could improve:

- The practice should ensure changes are communicated with patients
- The practice must ensure that emergency drugs are kept safe at all times.

3. What we found

Background of the service

The Practice of Health currently provides services to approximately 7,500 patients in the Barry area. The practice forms part of GP services provided within the area served by Cardiff and Vale University Health Board.

The practice employs a staff team which includes eight GPs, three nurses, one healthcare assistant, nine administrative staff, one practice manager and one assistant practice manager.

The practice provides a range of services, including:

- Diabetes clinic
- Contraceptive clinic including IUD insertion
- Respiratory clinic
- Anti-coagulant clinic
- Vaccines clinic

Quality of patient experience

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

Patients told us they were happy with their care and were treated with respect.

The staff team were clearly focused on the need to create a calm and pleasant environment within the practice. Patients we spoke with felt they were being treated with dignity and respect.

The practice must ensure that there are appropriate policies in place to allow patients to provide feedback, and on the various ways patients can raise a complaint.

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

In total, we received 20 completed questionnaires. The vast majority of the patients that 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; all of the patients rated the service as 'excellent' or 'very good'. Patient comments included:

"All staff are always courteous, polite and helpful. They do their best with the system that is in place"

"The front end staff (receptionist) are professional, polite and caring. The GP's are committed, willing and informative"

"Excellent doctors! Very helpful receptionists! Not always easy to see chosen doctor but I understand. Very friendly surgery and very professional healthcare"

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

“Another phone line to ring to make appointments without making 80/100 calls then appointments all gone - try again tomorrow”

“More pre-book appointments”

“Difficult to get through by phone. Possible not enough lines”

“Out of work hours, opening hours”

The practice should consider these comments and how it can address these concerns from their patients.

Staying healthy

We saw there was a variety of posters displayed in the practice waiting areas, for patients to read whilst waiting for their appointment. These included eating healthy, weight management and smoking cessation.

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. We observed patients being greeted and welcomed by reception staff in a professional and friendly manner. The reception was located just inside the entrance of the practice, within the waiting room. We observed on the day that the current arrangements for taking phone calls from the public was away from the reception desk, ensuring patients' privacy was respected where possible. Phone calls were only taken on the reception desk if all other lines were in use.

We observed that during appointments the doors to the consultation rooms were closed, to help protect patient privacy. The consultation rooms were divided into two areas, with the treatment couch being in a separate area. This meant that patients were able to undress in privacy, when required, prior to any treatment or examination. We saw that the doors could be locked to ensure privacy was maintained.

The majority of patients who completed a questionnaire told us that they could only 'sometimes' get to see their preferred doctor.

There were a sufficient number of staff trained to appropriately provide a chaperone service for patients during intimate examinations, which was clearly advertised to patients.

Patient information

We saw that the practice had notice boards such as a carers' notice board and a community notice board. This provided a range of information to patients about their local community as well as support groups which may be open to them.

The practice had a practice leaflet which contained information for patients about the practice and the services it offered. The majority of the patients who completed a questionnaire told us that they would know how to access the out of hours GP service.

Communicating effectively

All of the patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

Every patient who completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand and also told us that they are involved as much as they wanted to be in decisions made about their care.

Some patients told us there had been occasions where the practice had changed appointments, without them being made aware. The practice must ensure that communication of changes to appointments are always communicated to patients, and evidence of this communication kept with the patient record.

Improvement needed

The practice must ensure changes to appointments are communicated with patients.

Timely care

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

When asked to describe their overall experience of making an appointment each patient who completed a questionnaire described their experience as 'very

good' or 'good'. We were told that requests for same day appointments were met if patients contacted the surgery prior to 10am. There was also a duty GP who was available for emergency appointments. The practice promoted Choose Pharmacy¹ for minor ailments. When asked to describe their overall experience of making an appointment almost all of the patients who completed a questionnaire described their experience as 'very good' or 'good'.

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff also described a process for keeping patients informed about any delays to their appointment times, telling us they would update patients via a board on the front reception desk. We observed that this could be problematic for patients in the rear waiting area, and advised that the practice consider how they update patients in this area of delays.

Individual care

Planning care to promote independence

The practice was accessible to patients using wheelchairs, those with mobility difficulties, and for those with pushchairs, as the patient area was all on ground floor.

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

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

The practice had a process in place to obtain patient feedback, however this was not clearly available. This included a suggestion form that patients could

¹

http://www.choosewellwales.org.uk/sitesplus/documents/994/Minor%20Ailments%20Services_L_eaflet_English.pdf

complete anonymously and place in the suggestion box, as well as providing verbal feedback. We discussed the arrangements for the completed feedback with the practice manager, who confirmed that she analysed and discussed feedback with staff in team meetings. From this, any changes to the practice as a result of this feedback should be communicated to patients. We recommended that this feedback box should be made more easily available to patients, and during the inspection this was moved to the entrance.

We saw that the NHS Wales Putting Things Right² process was displayed in the reception area. The practice held a complaints policy and a record of patient complaints, and kept a record that demonstrated the actions they had taken. Some patients had told us during the course of the inspection that they did not know how to make a complaint. As such, we advised the practice to consider how it can ensure all patients are aware of the practice complaints policy.

² <http://www.wales.nhs.uk/ourservices/publicaccountability/puttingthingsright>

Delivery of safe and effective care

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

The practice had comprehensive policies in place for regular checking of emergency equipment and medicines.

Staff reported that there was a positive working relationship between both clinical and non-clinical teams, which empowered staff to raise concerns if they felt necessary.

There were sufficient arrangements in place with regard to infection control.

Clinical notes must be fully recorded on patient records, to ensure all care is communicated effectively between relevant clinicians.

Safe care

Managing risk and promoting health and safety

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

During a tour of the practice, we found that it was clean and well ordered, which reduced the risk of trips and falls to patients and staff. We found an environmental risk assessment was in place.

We found that checks of the fire safety equipment had been carried out. We also saw that staff had completed fire safety training.

Infection prevention and control

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

Staff told us that they had personal protective equipment, such as gloves and disposable plastic aprons, to reduce cross infection. The clinical treatment areas we saw were all clean and tidy.

We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitisers were available in the treatment rooms to GPs and nurses, and on the walls of the practice there was hand sanitiser available to all.

We noted that all clinical staff at the practice had been appropriately screened for Hepatitis B immunisation status. There was an additional risk assessment in place for staff who did not have appropriate levels of immunity. This protects staff and patients from possible cross infection.

Medicines management

We reviewed the arrangements for the storage and handling of drugs and equipment to be used in a patient emergency (such as collapse). The Resuscitation Council UK Quality Standards for Resuscitation³ stipulate, that healthcare organisations/providers have an obligation to provide a high quality resuscitation service. We saw that the emergency kit was of a good standard and included all of the equipment required by the Resuscitation Council UK.

We found that the practice had a process in place for checking and recording the emergency drugs and equipment on a regular basis, to ensure items remained ready to use and within their expiry dates. However we did find that the drugs were kept in an unsecured room and the fridge was left unlocked, which patients had the potential to access. This was brought to the attention of the practice manager as an immediate risk, and was rectified during the course of the day. Further details can be found at Appendix A.

We saw that cardiopulmonary resuscitation (CPR) training was carried out annually. The Resuscitation Council UK states that all clinical staff within primary care settings should have updated CPR training annually, to protect both patients and staff in case of cardiovascular arrest.

Safeguarding children and adults at risk

We saw that the practice had safeguarding policies in place to protect children and vulnerable adults. The safeguarding lead for the practice was identified

³ [Resuscitation Council UK Quality Standards for Resuscitation](#)

within the policy. The All Wales safeguarding guidance was available to staff within their policies and procedures file.

Upon reviewing a sample of staff records we found that staff had received appropriate training in safeguarding of children and vulnerable adults.

Medical devices, equipment and diagnostic systems

We saw that the practice had a process in place to ensure that medical equipment was serviced and calibrated to help make sure they remained safe to use.

Effective care

Safe and clinically effective care

The practice had arrangements in place to report patient safety incidents and significant events. The sharing of safety alerts received into the practice was appropriately managed by the practice manager and shared with relevant staff. We found that any significant incidents were discussed during team meetings.

We spoke with members of the practice team on the day of our inspection, and were able to confirm that staff were encouraged and empowered to raise any concerns they may have about patients' and/or their own safety.

Information governance and communications technology

We found that confidential waste was stored appropriately.

Information systems were password protected, and paper records were held securely which were not accessible by the public.

Record keeping

We looked at a sample of patient records and some, but not all, were of an acceptable standard. We identified where improvements to documentation could be made, to ensure the records were maintained to a consistent standard across the practice, to ensure all care is communicated effectively between relevant clinicians. This included:

- Alerts for patients for information such as communicative difficulties or other additional needs were not clear to identify
- Inconsistent use of READ coding
- Chaperone offers were not recorded

Improvement needed

The practice must ensure that patient records are maintained in line with professional standards for 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.

We found that practice staff were aided by the practice management team. Management and clinical team meetings were in place to ensure teams were adequately supported.

We found that there were comprehensive arrangements in place for peer reviews between GPs, and saw good examples of close working relationships and clinical governance arrangements.

The practice could consider all practice team meetings to allow both clinical and non-clinical staff to discuss practice issues.

Governance, leadership and accountability

We found that there was a cohesive practice team, who worked well together and supported each other. There was evidence of good relationships between members of the management team and the practice staff, and we found that staff morale was high during the inspection. Staff told us that communication was good within the practice, and that they felt supported by the management team.

There were three GP partners within the practice, with the responsibility of the day-to-day running being managed by a practice manager.

There were a number of meetings held within the practice, to share information between staff. Meeting minutes were taken and a copy was kept by the assistant practice manager. Staff told us that communication was good within the practice, and they felt like they were able to openly discuss any issues that were concerning them. We identified that these meetings did not include an all staff meeting, and advised that this could be incorporated to allow both clinical and non-clinical staff to discuss practice matters.

There were a number of policies and procedures in place, which were available staff. We noted that staff had been asked to review these and sign to agree to their content after they had been reviewed in the last year.

Staff and resources

Workforce

There was a well-established staff team in place, with many staff members being employed for a number of years. Staff were able to describe their roles and responsibilities, and demonstrated a good understanding of the practice workings.

We looked at a number of staff training files, and were able to see that records of training undertaken had been kept. The practice held an up to date training matrix which detailed both mandatory and additional training for all staff. Staff we spoke with, told us that they have access to in-house and online training, and felt supported by the practice to do this.

We were able to see that a process of staff appraisals was in place and being undertaken on a regular basis.

During the course of the inspection we asked to see a sample of staff records, including Disclosure and Barring Service (DBS) checks for appropriate members of staff. We saw that appropriate recruitment checks had been undertaken.

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 held this information centrally, to ensure that staff remained registered with their professional body.

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
We found that emergency drugs were kept in an unlocked room, which patients could gain access to.	This could give opportunities for emergency drugs to be accessed by patients, or drugs or the emergency resuscitation kit to be tampered with.	This was escalated to the practice manager upon realising.	The drugs were locked away in the fridge, and staff were reminded of the importance of ensuring drugs were kept secure.

Appendix B – Immediate improvement plan

Service: The Practice of Health

Date of inspection: 10 February 2020

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 assurance issues were identified during the day				

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: The practice of health

Date of inspection: 10 February 2020

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 changes to appointments are communicated with patients.	3.2 Communicating effectively	The full practice team informed by email: If any changes to a booked appointment is required e.g. sickness, either 1 Send SMS advising of change with advice to contact to rebook if not suitable. Confirming SMS has been delivered. 2 If SMS fail or no mobile number, telephone the patient to rebook a suitable appointment.	Cleona Jones - PM	Immediate
Delivery of safe and effective care				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that patient records are maintained in line with professional standards for record keeping.	3.5 Record keeping	Clinicians to reflect and refresh on the GMC guidance Good Medical Practice (2013) on record keeping	Dr M Crouch	30.9.2020

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): Cleona Jones

Job role: Practice Manager

Date: 25.03.2020