Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report (Announced)

Narberth Surgery, Hywel Dda University Health Board

Inspection date: 14 March 2023

Publication date: 14 June 2023

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

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

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83504-184-0

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do. We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Narberth Surgery, Hywel Dda University Health Board on 14 March 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors, a general practitioner and a registered practice nurse peer reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our website.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We found that Narberth Surgery aimed to provide a kind, caring and professional service to patients.

The practice has developed good relationships with patients, allied health services and other community services. It benefits from being located alongside other allied health services.

We observed staff greeting patients in a polite, kind and friendly manner both in person and on the telephone. We saw patient-centred care being delivered.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

We saw relevant and up to date information displayed in the reception and waiting area, in both English and Welsh.

The practice was clean, bright and airy. It was fully accessible for those with mobility issues.

This is what we recommend the service can improve:

- Add “you said, we did” information to the patient area
- Improve equality and diversity training compliance amongst staff.

This is what the service did well:

- Comprehensive, engaging and bilingual (English and Welsh) health information available in a range of formats
- Multidisciplinary team working and engagement with wider community
- Care navigation trained reception staff
- Wide range of different types of appointments available for patients.

Delivery of Safe and Effective Care

Overall summary:

We found that the practice team actively promoted and protected people’s health safety and welfare. The practice was well maintained and well equipped to

provide the safe and effective services and treatments. All patient facing areas were clean and tidy.

There were appropriate measures in place to ensure that risks to staff and patients at the practice were minimised.

There was a safeguarding of children and vulnerable adults' policy in place and staff had completed training in this subject.

This is what we recommend the service can improve:

- Ensure clinical waste bins are securely stored to minimise any risks to the public
- Ensure that risks identified in relation to damaged wall are addressed in a timely manner.

This is what the service did well:

- Comprehensive audit programme that covered a range of areas including health and safety and Infection Prevention and Control (IPC)
- The sample of patient records we reviewed were of a good standard.

Quality of Management and Leadership

Overall summary:
A management structure was in place with clear lines of reporting and accountability. We observed a staff group that worked well together and were committed to providing a high standard of care for their patients.

Staff had access to appropriate training opportunities to fulfil their professional obligations.

We saw evidence of regular staff meetings taking place and detailed minutes being recorded and shared.

This is what the service did well:

- Networking and sharing best practice within the primary care cluster
- Team meetings that were focussed around improvements
- Opportunities for team members to specialise as part of their development
- Recruitment, onboarding, induction and retention of staff.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Patient Feedback

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 23 responses from patients at this setting. Some of the patients did not answer all the questions. On the day of the inspection, we also spoke with patients to find out about their experiences at the practice. Patient comments included the following:

> *"I am a newly registered patient having recently moved to Pembrokeshire. I have found the nursing, medical and reception staff absolutely excellent: calm, professional, competent and highly responsive. I have confidence in quality of service provided and am grateful for the excellent service received."*

> *"[The Doctor] was exceedingly thorough and made me feel comfortable and listened to. He didn't hurry me."*

Patients were asked in the questionnaire how the setting could improve the service it provided. Some of the comments provided included:

> *"Better communication with departments within the NHS. Referrals are left to the patient to follow up and manage, even when the referrals are not adequately handled or directed. The lack of information about… diagnosis and treatment has been in incredibly stressful and unhelpful. It does not feel like Narberth Surgery cooperates with the NHS very well."*

> *"When seeing a doctor, it has been good service, it's the availability and timeframe that isn't good. As a patient to see a doctor I have to say it's an emergency when it isn't life threatening and I was advised by a doctor to say it's an emergency to get an appointment."*

Staying Healthy

Health Protection and Improvement

We found that patients were encouraged to take responsibility for managing their own health, through the provision of health promotion advice. This was available on the television screens as well as leaflets within the waiting area and consulting rooms which were given out to patients by staff.

On the day of our visit, we found that there was a wide range of up-to-date bilingual health promotion information and advice available for patients.

We also spoke with the practice manager about how health initiatives were supported and promoted within the practice. We were told of a range of health initiatives in place to promote health and wellbeing including the cluster provision of a youth mental health counsellor for younger patients with mental health problems who do not meet child and adolescent mental health service (CAMHS) criteria for support.

The practice manager told us about the role of the long-term condition nurses in supporting patients to manage their conditions and access support and treatment. We noted that there were fortnightly community resource team meetings attended by the third sector, social services and health board staff to identify and appropriately support patients. Most of the patients that answered the questionnaire (90%) confirmed that the healthcare professionals at the practice communicate and work well with each other to ensure appropriate care and treatment.

No Smoking signs were displayed confirming that the practice adhered to the smoke free premises legislation.

Dignified care

Communicating effectively

During our tour of the setting, we noted that consultation and treatment rooms were situated away from the waiting area. Clinic room doors were always kept closed during appointments and all contained curtains or screens to preserve patient dignity during examinations.

We saw posters throughout the practice that offered chaperones to patients who required it. We were told that a practice nurse and a healthcare support worker had been trained as chaperones. The practice manager confirmed that if a male chaperone were required this would be provided by a male GP.

The reception desk was always staffed and situated behind a screen in the spacious ground floor waiting area with sufficient seating. The patient questionnaires received showed that 85% of respondents said that they agreed that they were able to talk to reception staff without being overhead.

Telephone triage calls and telephone appointments were taken away from the front of reception, to ensure privacy from patients and other staff.

It was clear from our discussions with staff that the practice worked hard to try and meet individual patient communication needs.

Throughout the inspection we saw bilingual, English and Welsh, signage and patient information available. We saw that Welsh speaking staff wore the “iaith gwaith” badge to indicate they spoke Welsh. This enabled patients to access elements of their health care through Welsh if they chose to.

We saw that patients that “did not attend” at the practice were monitored and followed up appropriately on a monthly basis.

Patient information
The practice manager told us that practice information was shared via a range of formats including text, letter, telephone, social media and via the practice website.

We viewed the practice website and saw that it provided comprehensive information for patients. This included practice opening times, lists of staff and information on how to book a range of appointments. The website also detailed Chronic Disease clinic information and information on prescriptions. The website was also available in multiple languages.

Information relating to practice opening times and out of hours service was available on the practice website, in the patient leaflet and on the entrance of the surgery.

Timely care

Timely Access
The practice was open between 8:00am and 6:30pm, Monday to Friday. The practice website detailed the range of appointments that could be booked and the process for booking. These included urgent (same day) appointments, telephone appointments, 48-hour appointments and routine appointments.

We noted that all reception staff had received care navigation training and used the care navigation document when signposting / booking patient appointments. We were told that, advice was sought from the duty doctor on call when needed.

We were told that the telephone system could provide information on how long telephone calls took to answer, although this regularly exceeded the two minute target.

The patient questionnaire responses confirmed that many (15/23) of the patients who answered were able to get a same-day appointment when they needed to see a GP urgently. Many (14/23) of the patients who answered said they could get routine appointments when they need them. Around half of the patients who answered were offered the option to choose the type of appointment they preferred (8/15).

Some comments we received about accessing the GP are below:

> *"Unable to get through, always engaged and only half hour slot."*
> *"Getting an appointment needs to be less stressful. I am sure other people have been put off trying to make an appointment as I have. This adds to stress and anxiety. I don't feel the doctors are "as available" as they used to be. I feel guilty making an appointment."*

Individual care

Planning care to promote independence
The practice was fully accessible for all patients. The main entrance had automatic doors which led into a spacious waiting area. There was a disabled toilet available for patients. Accessible surgeries and treatment rooms were located on the ground floor for patients with mobility difficulties.
Leaflets and patient information was available in both easy-read and large print formats. There was a hearing loop at the practice and we saw signs informing patients of this.

People's rights
We reviewed the practice equality and diversity policy which was in date and recently reviewed. We also reviewed the practice fair recruitment pack. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

The practice had made arrangements to make services accessible to patients with diverse needs and language requirements.

The equality and diversity staff training rates were low and we recommend that there is an improvement on training compliance in this area.

Listening and learning from feedback
The NHS Putting Things Right complaints process was displayed in the waiting areas at the setting. The complaints policy was reviewed and it included all relevant information, including contact information for those responsible for managing the complaints and the approximate timescales for providing a response.

There was a suggestions box available in the waiting room for patients to provide feedback and / or suggestions. We were informed that any comments or feedback were reviewed and acted upon, if appropriate, by the practice manager.
We were told of a recently conducted patient survey that went out to patients via text. The themes from this survey were not available at the time of the inspection.

Actions related to patient feedback were noted in minutes of staff meetings.

We recommend the development of "you said, we did" information / visual to demonstrate changes that have been made as a result of patient feedback / patient survey results.

We reviewed evidence of complaints monitoring and found that emphasis was placed on dealing with complaints at source so matters can be resolved swiftly and effectively. All complaints were logged, shared with the practice manager and processed in a timely manner and escalated when appropriate.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety
The practice was located within a two-storey building, with accessible surgeries / treatment rooms and communal areas on the ground floor and further treatment rooms and administration rooms on the first floor. We found that the areas used by patients and staff were tidy and uncluttered. These areas were visibly clean. There were no concerns expressed by patients over the cleanliness of the practice.

In the upstairs corridor of the surgery, we noted multiple unsecured hanging cords from skylight blinds.
We recommend that loose cords from blinds are risk assessed and secured to the wall to minimise risk to staff and patients.

There were toilet facilities for use by staff and patients. The facilities were clearly signposted and visibly clean.

During the inspection we saw that outdoor bins for general waste as well as clinical waste bins were not locked and were situated in an unsecured area outside the practice, this was highlighted to the practice manager. This gated area was then locked.
We recommend waste bins be securely stored to minimise any risks to the public.

There was a business continuity plan for the practice. The plan contained relevant and up to date information, in line with local health board procedures.

We were assured that the premises were fit for purpose and we saw documentation which demonstrated that risks, both internally and externally, to staff, visitors and patients had been considered. This included practice risk assessments including environment, health and safety and IPC. These were in place, regularly undertaken, reviewed and included actions.

We noted that the walls of the nurses treatment room were badly damaged, paint had peeled off in more than one area and exposed brick work. This issue was noted on the risk assessment. **There was no time scale noted for repair and we recommend that this wall repair is prioritised to ensure effective cleaning can take place.**

Fire safety equipment was available at various locations around the practice and we saw that these had been serviced within the last 12 months. All staff had received fire training. Emergency exits were visible and a Health and Safety poster was displayed.

Infection prevention and control (IPC) and Decontamination
During our tour of the practice, we observed IPC to be managed well at the setting. There was a clear and detailed infection control policy in place and an appointed lead Practice Nurse and Healthcare Assistant for IPC. We saw evidence of IPC training with an assessed element for all new staff. We also saw evidence that quarterly IPC inspections / audits were actioned, documented and learning shared by the IPC leads.

It is recommended that the IPC leads undergo additional IPC training over and above mandatory on-line training.

The patient areas were visibly clean, hand hygiene facilities were available for staff and patients. Hand wash was available in patient toilets and there was alcohol gel available in communal area. All surgeries had appropriate handwashing facilities in place as well as ready access to a supply of personal protective equipment (PPE).

There was a system in place to manage waste. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

Our review of staff files provided evidence of up-to-date Hepatitis B vaccinations for all clinical staff at the practice.

Medicines management
We observed that medicines and vaccines were managed appropriately, being stored securely and had been subject to regular stock checks. There were no controlled drugs stored on site.

Medicines were being stored at an appropriate temperature, including those requiring refrigeration. We also saw records showing regular temperature checks had been performed of the medicine's fridge. We saw appropriate vaccine ordering, checking and storage systems in place.

Prescription pads were stored securely. We were told that the practice pharmacist, doctor or chronic conditions nurses would review patients on long term repeat prescriptions, ensuring they were contacted regularly for a medication

review. The prescribing clerk had completed champion training and was mentored by the practice pharmacist.

We reviewed the practice patient group directions (PGDs) and saw that these documents were not consistently signed by all staff (nurses) administering them. **The practice must review these documents to ensure that all PGDs are reviewed, updated and signed appropriately by all staff members administering them.**

Safeguarding children and safeguarding adults at risk
The practice had a named safeguarding lead for adult and children. Staff had access to practice safeguarding policies and procedures. These documents had been recently reviewed and included up to date contact details of designated people for staff to contact if they had any safeguarding concerns. All staff had received relevant safeguarding training.

Medical devices, equipment and diagnostic systems
All medical equipment checked appeared to be in good condition at the time of inspection.

There were clear procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training.

The emergency drugs and equipment were stored securely in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. Signs indicated where emergency equipment, drugs and equipment were kept.

We saw that there were a number of emergency grab boxes situated around the practice for use in case of an emergency.

There was an effective system in place to check the emergency drugs and equipment, to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). We saw that no child defibrillator pads were available for children aged under eight. **We recommend that a risk assessment is completed around the process for defibrillator resuscitation of children.**

Effective care

Safe and clinically effective care

There were suitable arrangements in place to report patient safety incidents and significant events. Up to date training records were seen and demonstrated that staff have received necessary training to manage medical emergencies.

The practice system for appropriate reporting of incidents and sharing of learning via team meetings was reviewed and in order.

We were told that updated NICE guidelines and best practice information would be shared at staff meetings, via email and if relevant via social media to patients. We saw minutes of recent team meetings that demonstrated this in practice.

A range of measures and systems were in place to support patients experiencing mental health problems. This included the automatic allocation of a GP follow up appointment for all patients that had been referred to secondary mental health services, to ensure that adequate follow up was in place.

Quality improvement, research and innovation
The practice manager and a GP partner are also cluster leads for their area. The practice had taken part in peer reviews and Welsh Government study days to ensure that best practice and quality improvement was a focus.

Information governance and communications technology
The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all paper records were kept securely and electronic files were being backed up regularly.

Access to computer screens were secure and discreet. A data protection policy was in place to inform staff about what was required of them and evidence of staff training was seen.

Record keeping
We reviewed a sample of 10 electronic patient medical records. These were secured against unauthorised access and easy to navigate. The records reviewed were of a good quality with a strong problem focussed narrative and easy to follow plans. They all contained sufficient information regarding the individual recording each contact with the patient, the date of each appointment and the type of treatment given, as well as any decisions made during each appointment.

Quality of Management and Leadership

Governance, Leadership and Accountability
Staff were positive about the working environment and told us that they felt well respected and supported by their colleagues.

Discussions with senior staff members confirmed that all staff were clear about their roles and responsibilities. We saw evidence of a clear management structure in place at the practice and noted a comprehensive organigram.

Staff members that we spoke with confirmed that they felt supported and able to approach leaders with any concerns and that these would be addressed appropriately.

The practice manager provided us with minutes and information regarding staff meetings at the practice. These confirmed that there was a whole team meeting every two months and clinic meetings took place weekly. The practice manager informed us that staff members could access minutes from their emails.

We reviewed comprehensive policies and procedures that were reviewed and updated regularly and available for all staff to access via an intranet system.

Workforce
All staff we spoke with confirmed they had opportunities to attend relevant training. We were provided with information which showed that the majority of staff had completed mandatory training and plans were in place for staff to renew their training where applicable.

Evidence of annual appraisals for clinical and non-clinical staff was reviewed and this information informed any further non-mandatory continuing professional development. A training needs analysis was completed for every staff member on induction.

We were not provided with evidence of structured clinical supervision for nurses. We recommend that clinical supervision for nurses is structured and evidenced.

The practice manager described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks on staff appropriate to the work they undertake.

We saw that there were appropriate formal recruitment policies and procedures in place.

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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: Narberth Surgery, Hywel Dda University Health Board

Date of inspection: 14 March 2023

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
There were no immediate concerns 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: Narberth Surgery, Hywel Dda University Health Board

Date of inspection: 14 March 2023

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/ Regulation	Service action	Responsible officer	Timescale
The practice must develop and share "you said, we did" information / visual to demonstrate changes that have been made as a result of feedback.	Standard 3.2 Communicating Effectively	"You said … We Did" page now on website. Patient Questionnaires and Suggestions to be reviewed to populate	Kirsty Gilling / Michelle Jackson	July 2023
The practice must improve levels of equality and diversity training for all staff.	Standard 7.1 Workforce	Now forms part of mandatory induction training. Completion a requirement in staff allocated CPD sessions	Kirsty Gilling / Michelle Jackson	March 2024
The practice should ensure that clinical supervision for nurses is structured and evidenced.	Standard 7.1 Workforce	Further discussion with partners to formulate	Kirsty Gilling / GP Partners	March 2024

The practice should ensure IPC leads undergo additional IPC training over and above mandatory on-line training.	Standard 2.4 Infection Prevention and Control and Decontamination	IPC training has been identified and scheduled for lead Nurse and HCA	Kirsty Gilling / Michelle Jackson	July 2024
The practice must ensure clinical waste bins are securely stored to minimise any risks to the public.	Standard 2.4 Infection Prevention and Control and Decontamination	Clinical waste compound now has hasp and padlock security	Kirsty Gilling	Completed
The practice must secure loose chords from blinds to the wall to minimise risk to staff and patients.	Standard 2.1 Managing Risk and Promoting Health and Safety	Risk Assessment completed. All velux chords are secured to the walls	Kirsty Gilling	Completed
The practice must review all Patient Group Directions and ensure that they are reviewed, updated and signed appropriately by all staff members administering them.	Standard 2.6 Medicines Management	All PGDs are signed and dated	Kirsty Gilling / Michelle Jackson	Completed

The practice must ensure that a risk assessment is completed relating to the process for the defibrillator resuscitation of children.	Standard 2.9 Medical Devices, Equipment and Diagnostic Systems	Risk Assessment Completed: Processes now in place – laminated sheet on trolley. No alternate defib pads required	Dr Helen Wang	Completed
The practice must ensure that risks identified in relation to the damaged wall are addressed in a timely manner.	Standard 2.4 Infection Prevention and Control and Decontamination	The Practice have discussed with the landlord. Building quotes are currently being requested, and will be submitted for an Improvement Grant for completion of the work	Kirsty Gilling	Ongoing

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): Kirsty Gilling

Job role: Practice Manager

Date: 10.05.2023