Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection (Announced)

Cwmafan Health Centre, Swansea Bay University Health Board

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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 Cwmafan Health Centre, Swansea Bay University Health Board, Penllyn, Neath Port Talbot, SA12 9PY on 10 July 2019.

Our team, for the inspection comprised of two HIW inspectors (one of whom led the inspection), 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 Cwmafan Health Centre provided safe and effective care. We found that practice staff were happy within their roles, telling us that they felt very well supported by the health board. In addition, we found a commitment to patient engagement in order to provide a positive patient experience, and patient comments regarding the staff and the service provided were generally positive.

The practice was not fully compliant with the Health and Care Standards in all areas, which included compliance with staff mandatory training. In addition, the practice is co-located in the same building as another practice that is not managed by the health board. We found this could be potentially confusing for patients arriving at the premises, as there was no clear demarcation between the two practices. We therefore identified the need to improve patient information in this respect.

This is what we found the service did well:

- Arrangements for managing patient referrals
- Development of a patient participation group
- Clinical peer review and support
- Standard of clinical record keeping
- Health board support for staff at the practice.

This is what we recommend the service could improve:

- Make it easier for patients to see which part of the surgery is associated with each of the two separate practices
- Complete refurbishment works to the exterior of the building
- Establish set chronic disease management clinics

- Ensure all staff training information is up to date and easily accessible.

3. What we found

Background of the service

Cwmafan Health Centre is a dual site practice with a branch surgery based in Cymmer, and currently provides services to approximately 6000 patients. The practice forms part of GP services provided within the area served by Swansea Bay University Health Board.

The health board employs a staff team at the practice, which includes five salaried GPs, three practice nurses, a pharmacist, two healthcare assistants, a practice manager, a deputy practice manager and reception staff. The practice team are managed by senior clinical and management staff within the health board.

The practice provides a range of services, including:

- General medical services
- Wound management
- Chronic condition management
- Cervical Cytology (smear testing)
- Travel vaccinations
- Ear syringing
- Baby immunisations
- Baby 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. We found good arrangements were in place for managing referrals, but there were concerns from patients regarding the Telephone First[1] appointment system.

The staff team were clearly focused on the need to take patients views into account. A patient participation group has been formed, and the group has developed a survey to gather patient feedback on issues that include the Telephone First system.

The practice is co-located in the same building as another practice and we found this could be potentially confusing for patients, as there was no clear demarcation between the two practices. We identified the need to improve patient information in this respect.

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 with patients to find out about their experiences at the practice.

In total, we received 14 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).

[1] Telephone First is a service where patients speak to the doctor over the phone before a decision is made on their care and whether or not they need to attend the practice in person.

Patients were asked in the questionnaire to rate the service provided by the GP practice. Responses were generally positive; nearly three quarters of patients rated the service as excellent or good. However, patients did highlight concerns over waiting times for appointments and lack of continuity with doctors. Patient comments included:

> *"The telephone first system works really well"*
>
> *"On the last 5 visits I have seen a different doctor on every occasion. I have to keep explaining about my condition each time. Even though the practice is computerised"*

Patients were asked in the questionnaires how the GP practice could improve the service it provides. Comments suggested for improvement included:

> *''Better system of making appointments. Continuity of care by not having so many different doctors"*
>
> *"Resident doctors"*
>
> *"Regular doctors. Keeping appointments to time"*

Almost all of the patients that we spoke with on the day of the inspection were happy with their care. Some patients raised concerns about the Telephone First appointment system that is in place where patients had not received a call back, or had missed the call and then needed to phone the surgery to start the process again. Therefore there is a risk that a prolonged delay may occur in initially accessing a GP for advice or assessment.

Staying healthy

We saw that a range of health promotion material and information on support groups was available in the reception of the practice. This included two dedicated patient noticeboards.

One of the noticeboards was used to promote a different theme each month for example, flu and travel vaccinations. On the day of the inspection the themed noticeboard was promoting cervical cytology, and advertising free NHS screening. The second noticeboard publicised a range of health promotion initiatives that included leaflets and posters for prostate cancer, falls prevention, smoking cessation and bowel screening.

There was an allocated area in reception that included information for carers for example, posters advertising Neath Port Talbot Carer Service and leaflets on support for carers.

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. No concerns were raised when we spoke with patients on the day of the inspection, and positive comments were made regarding how the doctors take their time when dealing with patients with mental health conditions. Throughout the inspection we witnessed staff speaking with patients in a professional and friendly manner.

The reception and waiting room space was shared with the neighbouring practice, Cwmavon Health Centre - Dr Penney that was co-located in the same building. There was no clear separation between the two different reception areas. This means that there is a potential privacy issue when patients are waiting to speak with reception staff within a busy and noisy environment. Also some patients may be waiting to access the incorrect reception area.

We saw that the practice had considered the confidentiality and privacy of patients, because a notice was placed on reception, stating 'please respect the privacy of the person in front of you'. In addition, tape had been applied to the floor, to create a divide between the two surgeries, and a line where patients should wait until called up to the reception. It was not obvious to the inspection team that the tape was on the floor for this purpose, and may therefore be unclear for some patients.

The reception area did not have any glass barriers or similar, to minimise the staff conversations. As a result, we along with patients, could hear reception staff talking on the telephone. The staff we spoke with recognised the challenges with the reception area. We were advised that the health board's estates team were due to attend the practice later in the week, to start work on re-developing the front of reception to help address these issues. It was also highlighted to us that the practice is developing the use of a hub in a back office to take all patient triage calls. This will remove phone calls from reception, and in doing so improve levels of patient privacy.

We saw that the doors to treatment rooms were closed when patients attended their appointments which allowed for private conversations. The staff we spoke with informed us that if a patient requests a confidential conversation, they will be taken into one of the consulting rooms that is not in use.

We saw a sign in reception informing patients that they could take a chaperone into the appointment. The sign helped to make patients aware of the service which is needed to protect both patients and healthcare staff when intimate examinations are performed. A chaperone was not required clinically in any of the patient notes that we reviewed but we were assured by the lead clinician that chaperones are always offered. We were advised that two healthcare support workers and one receptionist had received chaperone training.

Improvement needed

The health board must:

- Consider ways to ensure that the divide between practices, and the purpose of the privacy line is made clear for patients
- Ensure more staff receive chaperone training, to ensure the service is available at all times
- Ensure there is a robust process is in place for staff to record that a chaperone was present during the examination.

Patient information

We saw that information booklets about the practice were available on the reception desk, which also included a copy in Welsh. The booklet provided comprehensive information about the practice that included opening times, information about the medical team, the process to make an appointment and out of hours contact details. The majority of the patients who completed a questionnaire told us that they would know how to access the out of hours GP service.

Very minimal information was available on the practice's website. We were advised the practice is aware of the need to update their website and it will be scheduled for completion later in the year.

A pop up stand advertising the Telephone First system along with supporting leaflets was available for patients. The leaflets clearly describe the process, and highlighted that reasonable adjustments will be made where patients have specific needs that prevent them from using the service.

There was a range of signage displayed to direct patients across the surgery, however, we found it difficult to navigate. As highlighted earlier, this is because the two separate practices were co-located, and there was no clear demarcation

between them. Notices were displayed on the entrance door displaying information on opening times for both practices, however, it was not immediately obvious to establish which practice they represented. We also observed patients who were unsure of which consultation room they should attend, and also which practice the two groups of reception staff were covering.

We saw that on the exterior of the building, some of the information was very out of date. This included signage for West Glamorgan Health Authority which no longer exists, and a plaque for Dr Huw Browning who previously ran the practice before it was taken over by the health board.

We saw that clinicians used the system generated patient information sheets from Vision[2] and online health information leaflets[3] to give patients information about their condition so they can understand their own health and illness.

The practice had a consent policy in place that was comprehensive with specific sections on adults, young people between 16 and 18 and children.

Improvement needed

The health board must:

- Update the practice website to reflect the current services provided
- Consider how to clearly define each practice within Cwmafan Health Centre
- Ensure that patients are appropriately directed to their consulting rooms, and which reception area they should report to
- Update the exterior signage on the building with current information.

Communicating effectively

[2] https://www.visionhealth.co.uk/

[3] https://patient.info/

Every patient who completed a questionnaire told us that they were always able to speak to staff in their preferred language, and that things are always explained to them during their appointment, in a way that they can understand. The patients that we spoke with on the day, informed us they felt communication in the practice is good, although there were still issues getting appointments.

We were told that one of the reception staff was fluent in Welsh, and staff informed us of a telephone translation service which was available, to support anyone who's first language is not English. We were informed that the practice had a hearing loop available to assist patients with hearing aids. We could not see a sign advertising the translation service or the hearing loop which meant patients would not always be aware these facilities were available.

We looked at a sample of six discharge summaries from hospital. The records were of a good quality and had been reviewed in a timely manner. The information had been recorded within patients' records with a view to informing future care and treatment.

Improvement needed

The health board must ensure notices are clearly displayed highlighting the availability of a hearing loop and translation service.

Timely care

The majority of the patients who completed a questionnaire told us that they were satisfied with the hours that the practice was open. However, just under half said that it was not very easy, or not at all easy to get an appointment when they needed one, and just under a quarter said they could never get to see their preferred doctor.

When asked in the questionnaire to describe their overall experience of making an appointment, just over a third of the patients said their experience was poor or very poor. However, most of the patients that we spoke with on the day of the inspection informed us that they were seen the same or following day after requesting an appointment.

We were informed that when a patient calls the practice, they are offered consultations with an appropriate healthcare professional. Our review of the information that was recorded over the telephone showed good evidence of the

clinical team appropriately sharing the workload, which included the pharmacist and nurse.

We were informed that currently the reception staff verbally inform patients about waiting times and any reasons for delays. We saw that the practice has recently had a new visual display unit (VDU) installed above reception that is linked to a patient call system. We were advised that once implemented it will allow the practice to provide digital updates on waiting times and delays.

We found good arrangements were in place for managing referrals at the practice. We were advised that patients are referred to either Swansea Bay University Health Board or Cwm Taf Morgannwg University Health Board. The practice aims to complete referrals the same working day, with urgent suspected cancer referrals taking priority. Each GP holds a weekly administration session to clear all referrals that were not completed the same day, and the deputy practice manager monitors referrals to ensure they are received at the designated hospitals. The practice discusses referral rates and interesting or challenging referrals at the weekly clinical meetings.

Individual care

Planning care to promote independence

The practice was based on one floor and was accessible via a ramp near the entrance. However entering the practice through the external and internal double doors may be difficult for wheelchair users and people with pushchairs, as they did not open automatically. On the day of the inspection the weather was warm and the first set of doors was held open which meant access was improved.

We were informed of the process to identify patients with additional needs, by means of a flag system on the electronic patient record. This would alert practice staff, to make suitable arrangements where required for example, when arranging appointments for those who attended with carers. Staff also described scenarios where mental health patients present in the surgery, and the patients will be escorted out of the main reception, to speak to them in a quiet room if required. We were advised the practice was happy to invite support workers, carers and relatives to joint consultations if the necessary consent was in place.

People's rights

During the inspection we saw that patients were treated with respect by the reception staff. As highlighted earlier, a ramp was available to improve access into the surgery, but there was only one designated disabled parking bay in the car park. The patient toilets in the reception area were clearly labelled and

although there was not a designated disabled toilet, one of the cubicles in each toilet had been adapted for use. We did not see if an external assessment had been completed to assess access for patients with disabilities.

A notice was displayed near the reception desk showing how the practice uses patient data and this was in line with the General Data Protection Regulation (GDPR). Also the patient information booklet stated that all staff have clauses in their contract of employment regarding awareness of responsibility regarding patient confidentiality. The booklet also highlighted patients' rights to see their personal health records, and the process they had to follow to request this information. The staff we spoke with felt they understood the purpose of collecting patient information and the importance of confidentiality with dealing with sensitive data.

Improvement needed

The health board must commission a disability access assessment to establish the impact that the building has on patients with disabilities.

Listening and learning from feedback

Senior staff from the health board described the challenging journey the practice had been on since taking over management of the practice in April 2017. This included successfully managing patient opposition to the merger with the Cymmer branch practice, via extensive patient engagement events.

Public meetings were held to gather views and feedback of the changes, where main themes where identified with concerns over access to services and lack of clarity on the practice staff. One outcome from this work has been the development of a patient participation group, as highlighted earlier. The group consists of volunteer patients who work in partnership with practice staff and GPs, to discuss patient issues. Senior staff stated there had been a substantial change from the initial patient conflict, to now successfully working with patients via the patient participation group, which has since devised a survey for patients. The survey will gather feedback on key issues that include patient understanding on the Telephone First system, how long is an acceptable time to wait for a call back and what barriers stop patients accessing services.

We saw that a patient suggestion box was available in the corner of the reception room to capture patient feedback, but there was no paper or pens available for patients to use. We were advised by staff that there is not usually many

responses. We suggested that the practice ensures there is stationary available, to enable patients to provide feedback via the suggestion box.

There was a formal complaints procedure in place, which was compliant with the NHS Wales Putting Things Right[4] process. Information about how to make a complaint was displayed in the reception area along with leaflets on Putting Things Right. We saw a comprehensive complaints log that was maintained by the practice that included the date, type of complaint, feedback and date it was resolved.

[4] Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed “Concerns”. This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

Delivery of safe and effective care

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

We found the practice had arrangements in place to promote safe and effective patient care. Suitable arrangements were in place to ensure the safe prescribing of medicines, and we saw good evidence of clinical peer review.

The interior of the practice building was clean and tidy but was tired looking, and did not provide an ideal environment for staff or patients. The exterior of the building had been poorly maintained and was in urgent need of refurbishment.

There was a current lack of set clinics available for chronic disease management due to a key member of the nursing team leaving the practice. The health board have now appointed a full complement of nursing staff that will help address this issue.

The standard of patient record keeping was good but there was an ongoing issue regarding a backlog of historic patients' records that require summarising. We were advised the work has already been commissioned for an external company to complete this task.

Safe care

Managing risk and promoting health and safety

Nearly all of the patients who completed a questionnaire felt that it was very easy to enter the premises.

We saw that the corridors were clear of any clutter and hazards that may cause a people to trip and fall. The interior of the practice appeared tired, but was generally clean and tidy. We found two chairs in the waiting room with large tears. This is a potential risk to patient safety because bacteria could enter the fabric, and effective cleaning cannot be maintained. This therefore poses a risk of cross infection to patients and visitors.

The exterior of the building was in a poor condition and had not been maintained. We saw the wooden window surrounds were rotting and paint was peeling off all the window frames and the large wooden storage doors near the entrance. Large weeds were growing on the grounds, and we saw that a very large weed had blocked the gutter and caused it to break that resulted in rain water dripping onto the floor. There was also some graffiti on the brickwork around the side of the building near the fire exit.

Senior staff confirmed the health board was responsible for the maintenance of the entire building that was co-located by the two practices. We saw on the Practice Development Plan there was an action to address the condition of the building and complete refurbishment works over a two year period starting in June 2017. This work had not been completed, and the exterior of the building was in urgent need of refurbishment.

The staff that we spoke with highlighted the challenges of working in a building that was originally built in 1972, and was no longer fit for purpose. Senior staff from the health board informed us that the poor condition of the building and other associated issues, such as, lack of IT infrastructure are on the risk register. Staff also highlighted the lack of ventilation in the building and small rooms, which meant it was uncomfortable for staff and patients during hot weather.

We saw that a fire risk assessment had been conducted and the practice held a folder to store daily fire safety checklists. The checklists included visual checks to ensure the means of escape were clear and fire extinguishers were available at various locations in the practice.

Improvement needed

The health board must:

- Ensure that any damaged chairs in the waiting room are repaired or replaced, to enable effective cleaning to minimise the risk of cross infection
- Prioritise refurbishment works to the exterior of the building.

Infection prevention and control

There were no concerns raised by patients regarding the cleanliness of the practice; the majority of the patients that completed a questionnaire felt that, in their opinion, the practice was very clean.

The treatment room and consulting rooms appeared visibly clean. We saw there was appropriate hand washing and hand hygiene facilitates available, along with appropriate bins in the clinical areas. We saw there was an infection control policy in place that was specific to the practice, along with a generic health board policy.

There were waste management procedures in place, which included a policy, and lockable clinical waste bins at the front of the practice but the bins were not secured to a wall or stored behind a locked door. This meant that potentially someone could still access the clinical waste.

We were unable to confirm if all relevant staff had received Hepatitis B immunisations, as this information was held centrally on staff records by the health board's Occupational Health team.

Improvement needed

The health board must:

- Ensure that the central record of the Hepatitis B status of staff is complete and a copy is retained at the practice
- Ensure the clinical waste bins are stored securely.

Medicines management

We saw that effective systems were in place for the safe management of medicines. The practice had a full time pharmacist who takes the main responsibility for medication reviews, and is supported by health care support workers. The pharmacist was not available on the day of our inspection to discuss protocols for medication reviews. We were advised that the pharmacist will remove any unused medication during the review, and will discuss with the GP if necessary.

We saw that in order to report any adverse reactions to drugs, the practice used manual yellow card scheme[5] referral forms, although none had been submitted in the past 12 months. The practice may consider using the submission of yellow cards from either within the Vision system via the adverse reaction tab or alternatively via the online yellow card scheme

The practice was using the local health board's formulary and we were told this was updated regularly online to take account of local and national guidance. This meant that clinicians would prescribe medication from a preferred list of medicines approved by the health board.

Safeguarding children and adults at risk

We saw that the practice had a safeguarding policy in place for the protection of vulnerable adults and children. One of the practice GP's was appointed as the safeguarding lead. This meant that staff had a local contact available, to report and discuss any safeguarding concerns.

Senior staff confirmed that clinical and administrative staff had attended safeguarding training but we did not see evidence of this due to incomplete training records. This is highlighted further within the Quality of Management and Leadership section of the report.

Medical devices, equipment and diagnostic systems

The Resuscitation Council UK Quality Standards for Resuscitation[6] stipulate, that healthcare organisations and providers have an obligation to provide a high-quality resuscitation service. We saw that all equipment and medication for use in a patient emergency (collapse) were readily available, and it was shared between the two practices on site. However, we did find that the room where the equipment was stored, was cluttered, therefore, the practice may wish to introduce a process to ensure it is kept tidy. We saw evidence that regular checks of the equipment and medication had been completed and recorded, but it was unclear which practice had overall responsibility for doing this.

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[5] https://yellowcard.mhra.gov.uk/

[6] Resuscitation Council UK Quality Standards for Resuscitation

During inspection of the emergency equipment, we saw the practice had a centrally based resuscitation trolley equipped with defibrillator, oxygen and emergency drugs. We reviewed the drug register and performed visual checks that showed all drugs were in date.

Effective care

Safe and clinically effective care

The staff informed us of the arrangements for keeping the practice team up to date with best practice and any new National Institute for Health and Care Excellence (NICE)[7] professional guidance. This included distributing updates via email to practice staff and discussion at the weekly clinical meetings.

We saw good evidence of clinical peer review and mentoring of staff. Peer review and sharing of learning points, were set agenda items at the weekly clinical meetings. Although there were interesting case review discussions at the meetings, we were informed that significant events were not routinely reviewed, but the practice is planning to address this. We saw that the practice had recently developed a pro forma for significant event analysis that will be used to facilitate discussions and learning at the weekly clinical meetings.

The practice had a process in place to ensure that relevant safety alerts were circulated to members of staff and acted upon. This involved a review of the information by the clinical team lead, who would then distribute updates via email to relevant clinicians.

We were informed that not all chronic disease clinics that are usually offered by the practice were being held. This is because the previous lead nurse for Chronic Disease Management (CDM) left the practice in December 2018. This resulted in a recruitment process, and there are now three part time nurses who work across the Cwmafan and Cymmer sites. We were advised the lead nurse for diabetes has now established set clinics, however other clinics are yet to be recommenced.

[7] https://www.nice.org.uk/

Improvement needed

The health board must prioritise plans to recommence chronic disease management clinics that were previously in place for patients.

Quality improvement, research and innovation

We were advised that the practice is part of the Afan cluster[8] of GP surgeries, and has actively participated in a number of cluster based initiatives. The deputy practice manager and clinical team lead attend the cluster meetings.

The initiatives that the practice has been involved in included a community paramedic pilot in 2018, to help address the cluster wide challenge of capacity to attend home visits. Also in 2019, a physician's associate pilot took place to provide support to doctors in the diagnosis and management of patients in the cluster. The impact of the pilots will be discussed within the cluster meetings.

Information governance and communications technology

There were health board information governance policies and procedures in place. Staff members we spoke with were aware of how to access this information and training records showed most staff had completed training in information governance.

Record keeping

We looked at a sample of electronic patient medical records and found a good standard of record keeping.

The records were detailed with enough information to ensure the continuity of care between clinicians and locum staff. The clinical pathways and decision process were well documented and appropriate to the clinical cases. Prescribed medication was appropriate to the clinical conditions, however, we found one isolated case of a sub-optimal dose of antibiotic being prescribed.

[8] http://www.gpone.wales.nhs.uk/clusters

We saw that all the records included key information, such as the identity of the clinician recording the notes, the date and outcome of the consultation. This ensured the information that was recorded about patients was completed in a timely manner to produce a clear timeline of events. The timely updating of medical history and medication lists for patients after receiving discharge summaries from hospital was also good.

We found one case where more in depth counselling prior to vasectomy referral would be in keeping with good practice. It is however acknowledged that this information and counselling would be repeated at the receiving hospital.

At the time of our inspection, senior staff confirmed there was a backlog of approximately 300 records that required summarising. Although we were assured that all new patient notes are summarised. Summarising information helps ensure that GPs and nurses have easy access to a patient's relevant past medical history to help inform care and treatment decisions. Summarising records has been a long standing issue for the practice since it was taken over by the health board in 2017. We were advised that various approaches have been undertaken to resolve the backlog, however these have been hindered by periods of unplanned staff absences. The health board have now commissioned the Shared Services Partnership[9] to clear the backlog.

Improvement needed

The health board must prioritise the work that has been commissioned to clear the backlog of patients' records that require summarising.

[9] The NHS Wales Shared Services Partnership (NWSSP) is an independent organisation, owned and directed by NHS Wales. NWSSP supports NHS Wales through the provision of a comprehensive range of high quality, customer focused support functions and services

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 very well supported by the health board, and were positive about opportunities for training and development.

Management and clinical team meetings were in place along with processes to share information and the staff told us they felt well informed.

We identified that improvement was needed to ensure the staff training information was up to date, and is easily accessible to demonstrate the training that was due and that had been completed.

Governance, leadership and accountability

Swansea Bay University Health Board took over management of the practice in April 2017, and amalgamated it with a practice based in Cymmer, to deliver services from one practice team over two sites.

The health board has consulted with staff and members of the public at a patient engagement event, regarding changes to the name of the combined practice. It was felt that a new practice name will help embed the understanding that it is one practice on two sites, rather than two separate practices. A final decision has not yet been reached on the new name.

We were informed that an organisational change process is being completed to formalise the new staff structure across both sites, which includes revised job descriptions and re-banding for some roles. The practice manager will be retiring this financial year and the health board has been proactive in developing the assistant practice manager, to gain the relevant skills and experience as part of succession planning.

We saw that the staff worked well together and were very well supported by the health board. Members of the practice team described the good level of support provided from the health board's primary care management team, and staff were positive about the working environment in the practice.

We were told about the arrangements for regular clinical and practice management meetings, which also involved senior members from the health board. The process for disseminating information from the team meetings was described, where minutes are taken and an action log is maintained to ensure the actions are completed. Any relevant actions are sent via email to the relevant person to complete. We were informed that reception staff do not attend the meetings, but there is a process where members of the team can formally raise concerns. This involves recording issues in a concerns book that is then discussed at the team meetings.

Senior staff informed us that since the practice merged in April 2017, there had been a lot of work undertaken to align all the necessary policies and procedures between the two practices. When policies are updated, staff receive emails of any changes and the read receipt feature was used to monitor that all staff have read the updates. The staff we spoke with stated they felt very aware and informed of any changes, and confirmed that they had access to the health board intranet site that contained all the policies and procedures.

We saw that the Practice Development Plan (PDP) had been updated in 2017 to reflect the management of the two practices along with a range of specific actions planned from 2017 to 2020. The health board confirmed that all members of the practice team were involved in the development of the PDP. The health board should consider reviewing the PDP to update any completed actions and to ensure the timescales are still accurate for example premises improvement works.

Staff and resources

Workforce

We saw evidence of a supportive environment for the development of the staff team in the practice. This included a good pool of clinical knowledge for peer review between the sites, and both clinical and administrative staff confirmed they had access to a range of training opportunities. We were informed that the two healthcare support workers are being supported to study a level three diploma in health care support. Once qualified this will enable the support workers to assist

the nurses, for example, in Phlebotomy (taking blood samples), and in doing so, will create more nurse capacity for more chronic disease management

Each member of staff had an individual Electronic Staff Record (ESR). Aside from staff details, the ESR allows managers and individual staff to see details of any training that has or has not been completed. The ESR data can produce reports to show compliance with mandatory training for each employee, and is monitored on a monthly basis by the primary care manager, and is then disseminated to the practice manager.

We were shown the ESR training report and the mandatory training compliance for individual staff members. However, three staff records did not contain any data, and we were advised this was because the data was not updated on ESR. As a result, we therefore could not be fully assured that all staff were up to date with all mandatory training.

The training record showed evidence that staff had completed level one (basic awareness) training in adult and children safeguarding. The health board was unable to provide evidence on the staff that had completed level two safeguarding training, but strongly assured us all clinical staff had completed the required level of safeguarding training. The clinical team lead showed us their ESR record which highlighted they had completed level three safeguarding training. We spoke with a GP who verbally confirmed all of the GPs had completed level three training and this information was captured on an internal training matrix. However, when we viewed the training matrix it was blank and did not contain any information.

We were informed that staff recruitment including pre-employment checks was managed by the health board's central human resource shared services teams. We were not able to see evidence of completed Disclosure and Barring Service (DBS) checks for all staff, as the information was not held at the practice. Senior staff described a comprehensive recruitment process to ensure potential staff were suitable to work at the practice. This included detailed pre-employment checks for DBS, right to work, employment references and occupational health checks. We were advised that all staff complete a DBS at the start of employment or if they change roles, and when the health board took over management of the practice in 2017, all staff were required to complete a new DBS check.

Staff we spoke with confirmed they had received an annual appraisal but we did not see evidence of the documentation. We were advised the appraisal documents are scanned and saved on ESR, but staff could not locate copies to show us. The health board staff produced a summary report showing that all staff in the practice had received an appraisal in the last 12 months.

Improvement needed

The health board must ensure that all practice staff complete mandatory training in a timely manner, including safeguarding training at the appropriate level, and the data is promptly recorded on ESR.

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.

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

Appendix B – Immediate improvement plan

Service: Cwmafan Health Centre

Date of inspection: 10 July 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
No immediate improvement plan was required.				

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: Cwmafan Health Centre

Date of inspection: 10 July 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 health board must: • Consider ways to ensure that the divide between practices, and the purpose of the privacy line is made clear for patients • Ensure more staff receive chaperone training, to ensure the service is available at all times • Ensure there is a robust process is in place for staff to record that a chaperone was present during the examination.	4.1 Dignified Care	To clearly mark the privacy line and ensure the intention is made clear to patients. Privacy will be enhanced by the introduction of a divide between reception areas. A request has been submitted to Estates. Ensure staff access online chaperone training and provide protected time to complete this To continue to utilise the Chaperone read code in patient documentation as outlined in all clinical rooms via a specific poster. Ensure all posters are still in	Primary Care Support Manager/Estates Lead Practice Manager Clinical Lead	Dec 2019 October 2019 Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		place and discuss the importance of chaperone documentation in upcoming clinical meeting - discussed in August clinical meeting. Ensure all staff are aware of the chaperone read codes and how to input these. Staff training completed and policy updated. Ensure annual medical records audit captures the use of chaperone read codes and analyse results within practice meetings to ensure compliance is maintained.	Clinical Lead Practice Manager	Completed October 2019
The health board must: • Update the practice website to reflect the current services provided • Consider how to clearly define each practice within Cwmafan Health Centre • Ensure that patients are appropriately directed to their consulting rooms, and	4.2 Patient Information	The need for a website update has been identified and prioritised as part of ongoing practice development. The Patient Participation Group will take an active involvement in the development which will be in line with the new Welsh Government Access Standards. To clearly define each practice through colour coded signage and logo to help	Practice Manager Primary Care Support Manager/Estates Lead	January 2020 December 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
which reception area they should report to • Update the exterior signage on the building with current information.		patients identify the correct reception and consultation rooms Exterior improvements to be requested as part of ongoing Estates assessment for building improvements. Old signage to be removed as a matter of priority to avoid confusion for patients	Primary Care Support Manager/Estates Lead	December 2019
The health board must ensure notices are clearly displayed highlighting the availability of a hearing loop and translation service.	3.2 Communicating effectively	Clear notice to be added to the reception area to promote the availability of the hearing loop and translation service and resources	Practice Manager	Completed
The health board must commission a disability access assessment to establish the impact that the building has on patients with disabilities.	6.2 Peoples rights	A disability access assessment has been completed as part of our internal practice audit. A further assessment /guidance will be sought	Primary Care Support Manager	September 2019

Delivery of safe and effective care				
The health board must: • Ensure that any damaged chairs in the waiting room are repaired or replaced, to enable effective cleaning to minimise the risk of cross infection • Prioritise refurbishment works to the exterior of the building.	2.1 Managing risk and promoting health and safety	Review of all chairs in waiting rooms and consultation rooms will be completed as part of an Infection Control (IPC) audit. All damaged chairs not compliant with IPC standards will be replaced Refurbishment requests have been submitted to Estates Services and we await decision on the extent of any possible repairs / improvements to the exterior of the building	Practice Manager Primary Care Support Manager/Estates Lead	October 2019 December 2019
The health board must: • Ensure that the central record of the Hepatitis B status of staff is complete and a copy is retained at the practice • Ensure the clinical waste bins are stored securely.	2.4 Infection Prevention and Control (IPC) and Decontamination	All Hepatitis B staff data is collated and stored by Occupational Health department for the Health Board. An internal record of all initial OH staff clearance and any ongoing vaccination requirements will be devised and maintained within the practice This has been identified and noted by Estates Services. A replacement bin and secure wall chain has been sourced and due to be installed	Practice Manager Practice Manager	October 2019 September 2019
The health board must prioritise plans to recommence chronic disease management clinics that were previously in place for patients.	3.1 Safe and Clinically Effective care	Recruitment into the nursing department has improved clinical output. Set Chronic Conditions Management clinics are in the	Clinical Leads	September 2019

		process of being reinstated by designated clinical leads		
The health board must prioritise the work that has been commissioned to clear the backlog of patients' records that require summarising.	3.5 Record keeping	Summarising of notes backlog has already commenced. Priority has been afforded to this area and completion is expected within the timeframe noted	Practice Manager	September 2019
Quality of management and leadership				
The health board must ensure that all practice staff complete mandatory training in a timely manner, including safeguarding training at the appropriate level, and the data is promptly recorded on ESR.	7.1 Workforce	Review of all staff ESR Mandatory training compliance is ongoing. All staff will continue to be notified of any non-compliance via line management as a cascade approach. Further protected time to be identified for staff to complete core modules as needed.	Practice Manager/Clinical Lead	September 2019

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): Sam Page

Job role: Interim Head of Primary Care

Date: 20 August 2019