Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection (Announced)

Narberth Surgery,

Hywel Dda University Health Board

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

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: **0300 062 8163**

Email: **hiw@gov.wales**

Website: **www.hiw.org.uk**

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Contents

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 Narberth Surgery, Northfield Road, Narberth SA67 7AA, within Hywel Dda University Health Board on 21 October 2019.

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

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

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

2. Summary of our inspection

Overall, we found evidence that Narberth Surgery provided a good service. Patients reported a positive experience in the practice and we found they were treated with dignity and respect. We found the practice had a lead role in the South Pembrokeshire cluster of GPs and had introduced a number of new initiatives.

We found evidence that the practice was not fully compliant with all Health and Care Standards in all areas. This included concerns regarding infection control, policies and procedures for safeguarding and the completion of mandatory training for staff.

We had immediate concerns for the delivery of safe and effective care. We found the checks on resuscitation equipment had not been completed at the required intervals and had concerns regarding the practice arrangements for fire safety.

This is what we found the service did well:

- Good range of health promotion information and initiatives
- Outreach nurse service to target hard to reach patients[1]
- Most aspects of patient record keeping
- Multidisciplinary community resource team meetings
- Cluster first contact musculoskeletal specialist[2]
- Modern and spacious minor injury clinic

[1] The outreach nurse supports patients in care homes and in the community

[2] The musculoskeletal specialist sees patients attending the surgery with joint and muscle pain

- Regular management and practice meetings
- Completion of staff appraisals.

This is what we recommend the service could improve:

- Clearer signage in the reception of the practice
- Greater provision of bilingual practice information
- Better arrangements for patient privacy in the reception area
- Improved access into the main building
- Completion of practice risk registers
- An up to date practice register of staff immunity to Hepatitis B
- Safe storage of vaccines in the pharmacy refrigerator
- Completion of DBS checks for all staff.

We had an immediate concern about patient safety that was dealt with under our immediate assurance process. This meant that we wrote to the service immediately after the inspection, outlining that urgent remedial actions were required. This was in relation to an aspect for the delivery of safe and effective patient care.

Details of the immediate improvement we identified are provided in Appendix B.

3. What we found

Background of the service

Narberth Surgery currently provides services to approximately 9,000 patients in the Narberth area. The practice forms part of GP services provided within the area served by Hywel Dda University Health Board.

The practice employs a staff team which includes seven GP partners, four practice nurses, a practice pharmacist, a health care support worker, a practice manager, a business manager and a team of reception and administrative staff.

The practice provides a range of services, including:

- General medical services
- Minor surgery
- Diabetic clinic
- Cardiac clinic
- Group respiratory clinic
- Pharmacist clinic
- Cervical smear clinic
- Travel clinic and vaccination service
- Family planning
- Musculoskeletal specialist
- Healthy lifestyle advisors
- Outreach nurse for the elderly

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 very happy with their care and were treated with dignity, respect and kindness by the practice team. We saw staff speaking with patients in a professional and friendly manner.

Good arrangements were in place to promote patients' general health, which included appointments with healthy lifestyle advisors. A wide range of literature was available on third sector organisations and health promotion.

Some areas of patient information needed improvement. This included clearer signage and more bilingual information.

The practice had taken steps to improve arrangements for patient privacy and confidentiality. However, we found there was a risk of personal information being overheard by other patients in the reception area.

An outreach nurse service was available to target patients in the community that are hard to reach, for example patients that were housebound or in care homes.

Access into the practice was potentially difficult for wheelchair users and people with pushchairs.

The practice had mechanisms in place to capture patient views and feedback, which included a patient participation group. However, the number of patients in the group was very low.

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

In total, we received 36 completed questionnaires. The majority of patients who completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

Patients were asked in the questionnaire to rate the service provided by the GP practice. Responses were positive; the majority of patients rated the service as excellent or very good. Patient comments included:

> *"Receptionists excellent and very helpful. Doctors good and very approachable"*

> *"The staff are always so very helpful and they have been like that for the 20 years I have been a patient at this practice. All the doctors I have seen, I have become very fond of"*

> *"Thank you I am very grateful for all the support provided by Narberth Health Centre. We are very fortunate to have you all"*

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

> *"Improve telephone system to avoid having to wait. Usually engaged then waiting for messages to end"*

> *"I know they are short staffed but it is awful having to struggle to get appointments!"*

> *"I think the staff are excellent, but terribly overworked. They are most kind but to get an appointment with one's preferred doctor is almost impossible"*

Staying healthy

We saw there was a wide range of posters and information available for patients to read in the reception of the practice. This included leaflets located in wall mounted holders and on the reception desk. A wide range of local and national third sector agencies was represented, which included: Age Cymru, Hafal, Macmillan Cancer Support, Tenovus Cancer Care, Dyfed Drugs and Alcohol Service and Pembrokeshire Association of Voluntary Services.

The practice had a specific information board that contained literature from the British Heart Foundation. This was located near the consulting rooms for the nurses, and contained a range of leaflets for patients to take away. The leaflets included information on cholesterol, saturated fats, sugar consumption, alcohol consumption, diabetes and smoking cessation.

Two television screens were located in the reception area, which provided a series of rolling adverts on health promotion and patient information. This included adverts for smoking cessation. We also saw there were specific posters and information leaflets available in the main reception on smoking cessation.

A self-service blood pressure monitor was available for patients to use in the reception area. We saw a sign was displayed that informed patients to speak with the receptionist first, before checking their blood pressure. A noticeboard located next to the blood pressure monitor provided information on factors that can influence blood pressure, how to interpret the results and tips on how to achieve a healthier blood pressure.

We found the cluster[3] healthy lifestyle advisors attended the practice twice a week. The lifestyle advisors were allocated to a group of patients, to provide support and help make positive changes to their lifestyle to improve their health. This included providing advice on smoking, alcohol consumption, exercise, leisure, diet, sleep and hygiene.

Advice and information for carers was displayed on a designated noticeboard in the reception room. The noticeboard contained a range of posters, which included the Carers Support Group, National Carers Day and a notice to ask carers to identify themselves and complete a registration form. We saw that carer registration forms were available to collect from the reception staff.

Dignified care

Every patient who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice. Throughout the inspection we witnessed staff speaking with patients in a professional and friendly manner. The patients who we spoke with told us they felt they were always spoken to in a polite and kind manner.

Patients could use a self-check in screen or go to the reception desk to check in on arrival. The self check-in touch screen system was positioned next to the

[3] A cluster is a group of GPs working with other health care professionals to plan and provide local services.

main reception desk, and we saw it used several times when patients entered the practice. The self check-in helped to enhance patient privacy by reducing potential queues, and stopped the need for patients to verbally confirm their details at reception.

We found that the seats in the reception waiting area were positioned fairly close to the reception desk. We were informed that the seats had been positioned at right angles to the reception desk, rather than directly facing it, to help protect patient's privacy and dignity when speaking to the reception staff. The reception area did not have any glass barriers or similar to block the conversations, which meant the receptionists could sometimes be heard talking on the phone.

We saw a sign was clearly positioned near the reception desk, which informed visitors to respect the privacy of the person in front, and to wait at the sign to be called. However, we saw that many patients did not wait at the sign and moved forward whilst waiting to speak to the receptionist, potentially breaching the privacy of the patient in front of them. Although the sign was clearly visible, the practice should consider how to address this, to maintain the privacy and dignity of patients at reception.

We saw there was a notice on the reception desk, which informed patients to let the receptionist know if they wanted to discuss something in private. We were informed when patients requested a private conversation they would be taken into a seating area outside the consulting rooms that was away from the main reception.

We did not see any signage in the reception informing patients that they could take a chaperone into an appointment. We were advised that a notice on the use of chaperones was displayed in each of the GP consulting rooms, and it is advertised on the television screens. We found there were a number of staff trained to provide a chaperone service for patients, which aims to protect patients and healthcare staff when intimate examinations of patients are performed.

Improvement needed

The practice must:

- Consider ways to improve patient privacy and reduce the risk of any personal information being over heard by other patients, for example, a screen on the reception desk
- Ensure permanent and clear signage is displayed in the reception area to inform patients a chaperone facility is available.

Patient information

We found the practice had a very informative and professional website that was easy to navigate. The website provided clear information across a range of areas including the practice team, opening hours, appointments and prescriptions. The practice website promoted My Health Online[4]. This can assist patients to make appointments and request repeat prescriptions online. We were informed approximately 1,000 patients were registered for this service.

We saw there was a sign on the exterior wall of the practice with the emergency out of hours GP contact number. The majority of patients who completed a questionnaire told us that they would know how to access the out of hours GP service.

A number of certificates and awards were displayed on the wall of the reception. This included the bronze award from Investors in Carers in 2017, Doctor of the Year award from the Western Telegraph in 2018, and shortlisted for Working Seamlessly Across Organisations award from NHS Wales in 2018.

We found the signage in the practice was unclear and saw several patients who were unsure of where to go for their appointment. We could not see any signage to the treatment rooms. The patient call system was linked to the two television screen in reception, and was used to alert patients when they could be seen. We saw the display on the television screen showed the patient and

[4] https://www.myhealthonline-emisweb.wales.nhs.uk/languages?returnurl=/

GP name, however it did not always show the room number. We saw several patients tell practice staff they did not know where to go for their appointment, and we also saw GPs who had to come into the reception to find patients. When we raised this with practice staff we were informed the IT systems had been updated to Windows 10 in the previous week, and this had affected the patient call system and resulted in the room numbers not being displayed.

We found there was no literature available on NHS Wales Putting Things Right[5]. When we raised this with practice staff we were informed that an electronic version of the Putting Things Right poster was part of the weekly schedule of adverts on the television screens. However, as no permanent poster was displayed some patients may not see the advert. One of the patients we spoke with told us they did have a complaint but did not know how to raise it with the practice.

The practice complaints procedure was printed on a piece of paper and copies were available for patients to take away from the reception desk. The complaints procedure clearly identified the complaints lead as the practice manager, and the timescales and process for making a complaint. It also included sources of advocacy if a patient was dissatisfied with the outcome of a complaint. The sources of advocacy included the health board and the Public Health Services Ombudsman for Wales. It did not include contact details for Healthcare Inspectorate Wales.

[5] 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.

Improvement needed

The practice must ensure that:

- Signage in the reception clearly shows where the consulting and treatment rooms are located
- The patient call system includes information to show patients which room to attend for an appointment
- Putting Things Right poster is displayed along with leaflets available for patients to take away in reception
- The complaints policy includes Healthcare Inspectorate Wales as a source of advocacy.

Communicating effectively

Almost every patient who completed a questionnaire told us that they were always able to speak to staff in their preferred language. All of the patients felt that things are always explained to them during their appointment in a way that they can understand, and all but one of the patients told us that they are involved as much as they wanted to be in decisions made about their care.

We saw that some practice information was available bilingually, however this was very limited. We also found the website did not have a feature to translate the text into Welsh. However, a sign was clearly displayed on the reception desk, which informed patients to ask for two named members of staff it they would like to speak in Welsh. We also found that staff could access a translation service if they needed to communicate with patients who did not speak English.

A portable hearing loop system was available to assist patients with hearing aids. We saw this facility was advertised on the reception counter.

We found there was a process in place for ensuring all incoming clinical information was reviewed by a GP, however there was no written policy. The practice should consider writing a policy to ensure all staff are following the same process, and it can be shared with new members of the team.

We looked at a sample of discharge summaries from hospital. We found the practice scanned hospital letters and uploaded them onto the electronic clinical system in a timely manner, to inform future care and treatment. However, we found the quality of the discharge information from Withybush General Hospital

was poor, which included insufficient information and some handwritten notes that were not easily comprehensible. The practice should raise this issue with the local health board.

Improvement needed

The practice must ensure important practice information is available bilingually, which includes information on the website.

Timely care

The majority of patients who completed a questionnaire said they were very satisfied or fairly satisfied with the hours that the practice was open, and over two thirds said it was very easy or fairly easy to get an appointment when needed.

When asked in the questionnaire to describe their overall experience of making an appointment, most patients described their experience as very good or good. However, around two thirds said they could only sometimes get to see their preferred doctor.

We found that patients were able to book appointments in person, via telephone and online. The practice provided GP appointments that could be booked in advance and on the same day. Appointments were available from 08:30am to 6:00pm five days a week.

We reviewed the arrangements in the practice for ensuring all patients who needed an appointment were offered a consultation with an appropriate healthcare professional. We found the receptionists signposted patients to the most appropriate clinician, however there was no formal script in place for the receptionists to follow, to ensure this is done appropriately.

One of the patients who we spoke with informed us their daughter had attended the surgery and asked for a GP appointment for ear ache. The patient was signposted to the pharmacist, who spoke to the patient in the corridor and did not complete an examination. The patient returned two days later needing a GP appointment, where it was found she had a swelling in the ear that required antibiotics.

Improvement needed

The practice must ensure a written process or protocol is implemented, to ensure patients are signposted to / or offered a consultation with an appropriate healthcare professional.

Individual care

Planning care to promote independence

All of the patients who completed a questionnaire felt that it was very easy or fairly easy to get into the building. The GP consulting rooms and treatment rooms were on the ground floor, and the nurse consulting rooms were on the first floor. A lift was available in the reception area for wheelchair users and those with pushchairs to access the first floor.

We found the entrance doors into the main building were very heavy and not automated. Therefore, it may be difficult for wheelchair users and people with pushchairs to enter the building. However, one of the patients we spoke with was a wheelchair user and told us they had no problems in entering or moving around the practice. We saw the reception desk incorporated a low level area that was accessible for wheelchair users.

We were informed that the practice had an elderly population with many patients over the age of 65, who may have difficulty accessing services. An outreach nurse role had been developed through the local cluster, who attended the practice one day a week. The aim of outreach nurse was to support patients in their own homes or care homes, and reduce potential non urgent GP call outs and hospital admissions.

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, for example by identifying patients that were hard of hearing or visually impaired. We also found that patients with learning disabilities had an annual review by a GP that was recorded on the patient record.

Improvement needed

The practice must explore options to improve access into the practice building for wheelchair users and people with pushchairs.

People's rights

We found that peoples' rights were promoted within the practice and saw staff treating patients with dignity, respect and kindness. We found the practice gathered data on equality and diversity information from the new patient registration forms. We also saw a number of patients who were accompanied by relatives or carers during their appointment.

Listening and learning from feedback

A patient suggestions box was located on the reception desk, which included forms for patients to complete and provide feedback. We saw an advert was displayed on the television screens in reception, which asked patients to complete the comments forms and provide feedback on GP services. We were informed the number of feedback forms that was received was very low.

Posters were displayed in the reception area that advertised the patient participation group, and we saw joining forms were available on the reception desk. The group provided a route for patients to advise and inform the practice on what matters most to patients, and to help identify solutions to problems. We found the group was established in 2017 and over time the number of members had reduced to only three currently. We were informed the practice is planning to revamp the patient participation group in 2020, with a clearer mission statement.

Delivery of safe and effective care

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

The practice was a clean and spacious environment to provide patient care. However, we found the practice did not have risk assessments in place or a central risk register.

The standard of patient record keeping was generally good. However, we found improvements were needed regarding linking medications to conditions, and recording why medications had been discontinued.

The practice had a lead role in the South Pembrokeshire cluster and had implemented many cluster based initiatives. This included multidisciplinary community resource team meetings.

Some areas of infection control needed to be improved. This included updating the register of staff immunity to Hepatitis B.

Medication and vaccines were stored in a pharmacy refrigerator. However, several vaccines touched the back of the refrigerator, and were therefore potentially too cold and needed to be removed.

Safeguarding policies and procedures needed to be updated. Some information was significantly out of date. We could not be assured that all relevant staff had completed safeguarding training, however it had been arranged for the near future.

We had a number of immediate concerns relating to patient safety that were dealt with under our immediate assurance process. This included more robust arrangements for fire safety and more frequent checking of resuscitation equipment.

Safe care

Managing risk and promoting health and safety

The main building provided a shared premises for up to 64 members of staff, which included the GP practice and health board staff. We saw there were rooms for chiropody, community psychiatric nurses, district nurses, midwives and health visitors. The practice included consulting rooms for GPs and nurses, three clinical rooms and a very spacious and modern treatment room for minor surgery. We were informed several improvement grants had been used to improve the building in recent years. The main building also housed a pharmacy and opticians.

We found the practice building was clean and spacious. The main reception and GP consulting rooms were located on the ground floor. A small waiting area and consulting rooms for the nurses were on the first floor. Patients could access the first floor via stairs near the entrance or via a lift in the reception area. The corridors were clear of any clutter and hazards that may cause a person to trip and fall.

We saw there were male and female toilets located in the ground floor reception area. A sign informed patients that the disabled access toilet and baby changing facilities were available on the first floor, which could be accessed via the lift. We saw the entrance door to the first floor toilet was in the upstairs waiting area. However, we found a chair and small table were positioned very close to the toilet door. There was minimal space to open the door, and a wheelchair user would not have been able to manoeuvre in between the furnishings to access the toilet.

The practice had a plan in place to deal with a flu pandemic. However, we found there was a lack of risk assessments in place to manage and report new and existing risks in the practice. This included no annual health and safety risk assessment and no central risk register.

We considered arrangements for fire safety, which included speaking with staff, and reviewing training records, the fire policy and procedure, and the external fire risk assessment that had been completed for the building. We found that fire drills were not currently taking place and there was no record that any staff had completed fire safety training. We saw the fire policy and procedure was reviewed in September 2019, however, the agreed weekly and monthly tests on the fire alarm and emergency lighting were not taking place.

We saw the external fire risk assessment that had been completed by a fire safety company in April 2019. The fire risk assessment gave an overall

evaluation that fire safety management levels for the premises were considered to be adequate. However, we saw in the action plan that accompanied the fire risk assessment, it identified a number of follow up actions that included weekly fire alarm testing and fire safety training for staff. The actions should have been addressed within three months, however we found the actions had not been implemented.

Our concerns regarding fire safety were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Improvement needed

The practice must:

- Ensure practice risk assessments are completed, which includes a health and safety risk assessment
- Ensure the approach to the disabled access toilet upstairs is kept clear of any obstacles
- Commission a new external fire risk assessment.

Infection prevention and control

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

We saw bottles of hand sanitiser were available at various locations in the reception waiting area. Also, sanitiser dispensers were located on several walls within the practice. This helped to reduce the risk for cross infection between patients coming into the practice.

The consulting and treatment rooms were fitted with disposable dignity curtains around the examination couches, to help prevent or reduce the risk of cross infection. However, we found that not all of the curtains had been dated to show when they had been replaced. We also found that not all of the clinical waste bins in the practice for holding medical sharps had been dated.

We found the clinical waste bin was located in the car park and it was secure. However, it was not stored in a secure compound, as highlighted on page 144

within the Safe Management of Healthcare Waste (WHTM 07-01)[6] document, and could therefore potentially be moved or misused. When we raised this with the practice manager we were advised the practice was very aware of this issue. We saw the grounds immediately surrounding the practice were sloping downhill, which is why the clinical waste bin was stored in the car park and could not be secured to the building. The practice had approached the owner of the building to request if a hardstanding could be built on a grassed area, or if a stake could be positioned in the ground to secure the clinical waste bin. However, the owner of the building had not given permission for either option.

We found the practice had an up to date infection control policy, which was included in the staff induction pack for all staff. We saw hand hygiene instruction were displayed next to sinks in the practice along with instructions on the disposal of waste in the appropriate bin. We were advised that an infection control audit had been recently undertaken, however the results could not be provided on the day of the inspection.

We saw the flooring in the consulting room upstairs that was used for chronic disease management was carpet. The practice should consider replacing the carpet with lino or vinyl flooring, which can be easily cleaned for improved infection control.

We asked to review the records for clinical staffs' immunity to Hepatitis B. We found the central record of Hepatitis B status was out of date and needed to be updated, to show all practice staff had immunity to protect themselves and patients.

[6] WHTM 07-01: http://www.wales.nhs.uk/sites3/Documents/254/WHTM%2007-01.pdf

Improvement needed

The practice must:

- Ensure all disposable dignity curtains are dated and replaced at the required intervals
- Ensure all clinical waste bins for holding medical sharps are dated
- Explore the options for maintaining the security of clinical waste, such as its outdoor storage
- Update the central log of all clinical staff's immunity to Hepatitis B.

Medicines management

We found that a pharmacy refrigerator was used to store vaccines and other medicines. However, we found some of the vaccines boxes were in contact with the back of the fridge, which is close to the cooling plate and may therefore be colder. This meant the vaccines may have been stored at an unsafe temperature. We raised this with the practice on the day of the inspection and were informed the vaccines had been removed. However, as the room was in use we were unable to re-check the fridge to establish if the vaccines had been removed.

A practice pharmacist was on site who was responsible for carrying out medication reviews to ensure the correct usage, dosage and medication was prescribed for patients. The pharmacist also completed a prescribing audit. We found the lead GP attended quarterly prescribing meetings, and disseminated the information to the clinical team during the weekly clinical meetings.

We saw that in order to report concerns about adverse reactions to drugs the practice followed the yellow card scheme[7], and more than ten incidents had been reported in the past 12 months.

The practice was using the local health board's formulary and we were told this was updated regularly to take account of local and national guidance. This

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

meant that clinicians would prescribe medication from a preferred list of medicines approved by the health board.

Staff training records were incomplete, therefore we could not be assured that all staff had completed mandatory training on cardiopulmonary resuscitation (CPR). The issue of incomplete training records is highlighted further within the Quality of Management and Leadership section of the report.

We reviewed arrangements for the checking of resuscitation equipment, and saw records to evidence that monthly checks had been completed by staff. The Resuscitation Council (UK)[8] defines the minimum frequency of checks for resuscitation equipment in primary care settings, as at least weekly. The lack of regular checks meant there was a risk to patient safety, because the resuscitation trolley may not be sufficiently stocked, or equipment / medication may not be in-date and ready for use, in the event of a patient emergency

Our concerns regarding weekly checks on the resuscitation equipment was dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

Improvement needed

The practice must:

- Put measures in place to ensure medication and vaccines in the pharmacy refrigerator do not touch the back of the refrigerator therefore maintaining appropriate cold chain
- Ensure all staff complete mandatory CPR training.

Safeguarding children and adults at risk

We found a GP partner was appointed as the safeguarding lead. This meant that staff had a local contact available, to report and discuss any safeguarding concerns. The majority of staff who we spoke with were all aware who the named safeguarding lead was in the practice. However, one member of staff

[8] Resuscitation Council UK Quality Standards for Resuscitation

was unsure, and told us they would contact the practice manager with any concerns.

We saw the practice had a policy in place for the protection of vulnerable adults (POVA), which had been reviewed in September 2019. However, we found the policy needed to be updated as it did not state who the practice safeguarding lead was or provide key contacts and telephone numbers for staff to make a referral if required.

We found there was not a policy in place for the safeguarding of vulnerable children. However we saw a safeguarding children procedure was included as part of the induction pack for all new staff. The procedure stated the process on how staff could make a referral, however the information was significantly out of date. The procedure referenced contact information for Pembrokeshire and Derwen NHS Trust, which ceased to exist in April 2008, and is now Hywel Dda University Health Board.

We found staff training records for the safeguarding of children and vulnerable adults were incomplete. We were advised in our feedback session at the end of the inspection, that training had been arranged for all clinical staff to attend level three children and POVA safeguarding training on 20 November 2019. The issue of incomplete training records is highlighted further within the Quality of Management and Leadership section of the report.

We found that safeguarding was discussed at the weekly clinical meetings. However, there was a lack of formal meetings in place with the two health visitors to discuss children and family safeguarding issues. We found there were arrangements in place to identify children at risk, which included an alert placed on the child record.

Improvement needed

The practice must:

- Ensure all staff are aware who the safeguarding lead is in the practice
- Ensure safeguarding policies for children and POVA are relevant and up to date
- Ensure all practice staff complete mandatory training in children and POVA safeguarding, and provide evidence to HIW once completed
- Establish formal meetings with the health visitors to discuss children's safeguarding issues.

Effective care

Safe and clinically effective care

We found the practice documented and reviewed significant events, and discussed them at weekly clinical meetings. We also saw an annual end of year meeting was held to review and learn from the significant events, which also included discussion of Datix[9] submissions, written concerns and verbal concerns.

The practice provided the following example where a change was implemented following a significant event. This was in respect of when a patient had used the blood pressure monitor in reception, and received a very high reading then left the practice. As a result the protocol was changed, to inform patients that if a blood pressure result is above a certain level the patient must tell the receptionist, and then remain in the practice to see a GP.

We were informed the practice was in the early stages of using Datix to report significant events. We suggest the practice embeds the use of Datix for incident reporting, which includes arranging any necessary training for team members on how to identify and record a significant event on Datix.

We were informed 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)[10] professional guidance. This included the practice manager distributing updates via email to practice staff and discussion at the weekly clinical meetings

Quality improvement, research and innovation

We found the practice had a lead role in the South Pembrokeshire cluster, which included five GP practices. The practice manager and a GP partner were the cluster leads for their respective areas.

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[9] Datix is a bespoke incident management system that can support practices with recording and analysis of Significant Events.

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

The practice had implemented a range of cluster based projects to enhance service provision. This included an outreach nurse for elderly patients, healthy lifestyle advisors and the community resource team (CRT). The CRT meetings were held every two weeks where the following roles may be present: GP, practice manager, district nurse, frailty nurse, advanced chronic conditions nurse, cluster occupational therapist, cluster pharmacist, physiotherapist, social services and the community psychiatric nurse.

The practice had also recently appointed a cluster first contact musculoskeletal physiotherapist. The physiotherapist worked as the first point of contact for patients alongside the GPs, and had a clearly defined remit, for example, reviewing soft tissue injuries, strains, sprains and arthritis related pain. The objective of this approach was to see patients at an earlier stage to provide intervention before their conditions got worse.

Information governance and communications technology

We found that the practice had policies in place regarding the General Data Protection Regulation (GDPR). This included the management of patient information and access to health records. We saw a poster was displayed in the reception area on the fair processing notice for patients. This informed patients why the practice collected personal information, how it was used, and patients' rights to access their personal data. A full copy of the fair processing notice was available from reception for patients to take away.

We saw there was a dedicated section on the practice website for GDPR that was clearly presented and easy to understand. The website also signposted patients how to raise a complaint with the Information Commissioner's Office if they had a concern regarding data processing methods in the practice.

We found that some staff had completed training on information governance, however, staff training records were incomplete. The issue of incomplete training records is highlighted further within the Quality of Management and Leadership section of the report.

Improvement needed

The practice must ensure all staff complete mandatory training on information governance.

Record keeping

We looked at a sample of nine electronic patient medical records and found a generally good standard of record keeping. The records were clear and could be easily followed to ensure the continuity of care between clinicians.

We saw the clinical findings were updated in a timely manner with a good narrative recorded of each contact. We found the records provided a good level of detail when needed, for example in a record where a patient presented with chest pain. We saw the GP had recorded detailed information on other relevant factors that were explored in the consultation.

We saw that in some of the records prescribed medicines were not clearly linked to the appropriate conditions. We also found some examples where reasons were not recorded to show why a medication had been discontinued.

We found patients were provided with information about their condition and management options, so they could understand their own health and illness.

We found evidence that showed the GP had requested patient consent in the one instance where it was required. There were no instances where a chaperone may have been required for intimate examinations in the records we reviewed.

We found there were two designated staff for summarising patient notes who had received training. 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. We found the summarised notes were not regularly reviewed or audited by a GP in terms of quality, and suggest the practice considers implementing this to ensure good standards are maintained.

Improvement needed

The practice must:

- Ensure that prescribed medicines are clearly linked to appropriate conditions in patient records
- Ensure the reasons are recorded where a medication has been discontinued.

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 there were clear lines of management and accountability in the practice. The management team were experienced and very keen to learn from the inspection.

Regular meetings took place, which included weekly business and clinical meetings. However, the minutes of meetings were sometimes very brief, and no action log was recorded to clearly show action points from the meetings.

Practice policies were available for staff on the intranet and staff told us they knew how to access them. We found the practice did not have a whistleblowing policy in place.

DBS checks had been completed in the majority of staff records that we reviewed, however we found one example where a clinical member of staff did not have a DBS check on file.

Staff received regular appraisals to identify any performance issues, and staff training and development needs.

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

Governance, leadership and accountability

We found the two GP practices in Narberth had voluntarily merged in 2016 to form Narberth surgery. At the time of our inspection, the practice was operated by seven GP partners. We were informed the practice used one regular locum GP who had been employed for over five years, and therefore had a good

knowledge of the practice and relationship with patients. The practice manager said they felt very supported by the GP partners, and was able to raise any ideas and concerns.

The practice manager had a leadership role in the practice, which included cluster working, IT, finance and health and safety. The business manager had a clearly defined work area, which included managing personnel and HR issues, completion of the GP rota and reporting on concerns, complaints and significant events.

We found the practice held weekly practice meetings, which included a business meeting followed by a clinical meeting. The meetings were attended by the GP partners, practice manager and business manager. The agenda for the business meeting included significant events and patient complaints. We saw the agenda for the clinical meeting included safeguarding and an update on cluster activities. We found the meetings were minuted, however on some occasions we found the notes were very brief and only provided bullet points. It could therefore be difficult for a member of staff who did not attend the meeting to fully understand the context of what was discussed. We also found there was no action log in the minutes to clearly show what the agreed actions were, who would complete them and any timescales for completion.

We were informed the nurses meet once a month, however we did not see any of the minutes from these meetings. We were also informed the reception team had not had regular team meetings for some time, however it was something the practice was aware of and was looking to implement.

We found full staff meetings were held once every two months. The agenda for the meeting included agenda items set by GPs, nurses, practice manager, business manager and administrative and reception teams. We saw the agendas for the meetings were called agenda / minutes, however they did not contain any minutes of the meetings.

We saw practice policies that covered clinical and administration areas were held on the staff intranet site, and the staff that we spoke with told us they knew where to find any relevant policies and could easily access them. However, on the day of the inspection we were unable to access the policies from the intranet as the hyperlinks had stopped working following an update to Windows 10 in the previous week. Therefore, the practice manager provided us with access to the local shared files to review the policies.

We found a number of policies had been recently reviewed, such as the staff appraisal policy, complaints policy and chaperone policy. However, we found there was not a whistleblowing policy in place. A whistleblowing policy provides

employees with an avenue to raise concerns internally and receive feedback on any action taken.

Improvement needed

The practice must ensure that:

- Minutes of practice meetings are comprehensive and include an action log
- Minutes are taken for the full practice meetings
- All policies can be accessed via the intranet following the upgrade to Windows 10
- A whistleblowing policy is implemented.

Staff and resources

Workforce

The practice had a recruitment policy in place that included pre-employment checks. This included the completion of Disclosure and Barring Service (DBS)[11] checks. It showed clinical staff were required to complete an enhanced level DBS check. However, when we reviewed a sample of staff files we found one instance where a clinical member of staff did not have a record of a DBS check or copy of a certificate on file.

We found there was a review of the nursing skill mix in 2018, which reviewed the roles and responsibilities for members of the nursing team. We also found that the practice had recently recruited two new receptionists in the dual role of reception/phlebotomy. This was done in order to provide more flexibility across the nursing and reception teams. We were advised the teams were very supportive of each other.

[11] The Disclosure and Barring Service helps employers make safer recruitment decisions, by processing and issuing DBS checks. DBS also maintains the adults' and children's Barred Lists, and makes considered decisions as to whether an individual should be included on one or both of these lists and barred from engaging in regulated activity.

Staff were able to describe their roles and responsibilities and indicated they were happy in their roles. Staff told us they had annual appraisals and a sample of staff records supported this. The annual appraisal process will help identify any performance issues, and staff training and development needs. It also provides an opportunity for managers to give feedback to staff on their performance.

As previously highlighted, the practice training records were incomplete. This included records for mandatory training in fire safety, CPR, safeguarding and information governance. We found the practice did not hold an easily accessibly up-to-date training matrix or evidence of training certificates to show all training undertaken by the medical, nursing and administrative staff. We saw separate spreadsheets were updated for individuals that showed the course, date and venue. Without an up-to-date training matrix it was not possible to establish if staff had received all the relevant training within appropriate timescales, to ensure their skills and knowledge were kept up-to-date.

Improvement needed

The practice must:

- Ensure DBS checks are completed for all staff at the required level for their role
- Ensure staff training information is up-to-date and maintained in a training matrix to easily show when new or refresher training is needed.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect GP practices

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

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: Narberth Surgery

Date of inspection: 21 October 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.

Improvement needed	Regulation / Standard	Service action	Responsible officer	Timescale
Safe and Effective Care				
The practice is required to provide HIW with details of the action it will take to ensure that: The appropriate arrangements are in place for fire safety. This includes staff training, fire drills and regularly testing the fire alarm equipment.	2.1 Managing risk and promoting health and safety	The Practice have arranged for Dyfed Alarms to provide training on undertaking weekly fire checks, and a register will be produced to record these checks. The practice have arrange for the Fire Safety Training e-learning to be completed by all current staff and at induction with The National Fire Risk Assessment Centre. All staff email addresses to be sent to customer.service@nfrac.co.uk (this is a one off access to the training)	Rachel Harries	01.11.2019 31.12.2019

Improvement needed	Regulation / Standard	Service action	Responsible officer	Timescale
		The training includes instruction on completion of a Fire Drill. Once training completed these will be conducted a minimum of twice per year and logged accordingly		
The practice is required to provide HIW with details of the action it will take to ensure that: The appropriate checks on the resuscitation equipment trolley will be completed and recorded at least weekly.	3.1 Safe and clinically effective care	The practice register has been changed to reflect weekly checks. A link to the Resuscitation Council's Website has been added to the Practice Intranet and will be reviewed for any changes.	Kirsty Gilling / Hazel Hughes/Anna Doble/Ruth Edwards/Maria Young	Completed

Service Representative:

Name (print): **Kirsty Gilling**

Role: **Practice Manager**

Date: **24.10.2019**

Appendix C – Improvement plan

Service: Narberth Surgery

Date of inspection: 21 October 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice must: • Consider ways to improve patient privacy and reduce the risk of any personal information being over heard by other patients, for example, a screen on the reception desk	4.1 Dignified Care	The Practice will discuss the possibility of installing glass privacy panels on the reception desk with the landlord The receptionist now request that patients remain behind the privacy sign at the reception desk until called	Kirsty Gilling (Practice Manager) Cathy Howells/Nicola Phillips (Senior Receptionists)	January 2020 January 2020
• Ensure permanent and clear signage is displayed in the reception area to inform patients a chaperone facility is available.		A chaperone poster will be clearly displayed in reception and on the reception patient information screens as well as in each consulting room	Kirsty Gilling (Practice Manager)	January 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that: • Signage in the reception clearly shows where the consulting and treatment rooms are located	4.2 Patient Information	The practice will install additional signage for the treatment room areas	Kirsty Gilling (Practice Manager)	January 2020
• The patient call system includes information to show patients which room to attend for an appointment		The patient call in system advises the patients the location of the consulting room, whether it is to the left, right, opposite or behind the reception area	Kirsty Gilling (Practice Manager)	January 2020
• Putting Things Right poster is displayed along with leaflets available for patients to take away in reception		Putting Things Right Poster and leaflets will be clearly displayed in reception and on the reception patient information screens	Cathy Howells/Nicola Phillips (Senior Receptionists)	January 2020
• The complaints policy includes Healthcare Inspectorate Wales as a source of advocacy.		Practice complaints procedure and policy will be updated to include HIW as a source of advocacy	Shirley Foster (Receptionist/IT Support)	January 2020
The practice must ensure important practice information is available bilingually, which includes information on the website	3.2 Communicating effectively	The practice will endeavour to make all practice generated patient information bi-lingual using the NHS translation service. All new information received will be displayed bi-lingually	Kirsty Gilling (Practice Manager)	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure a written process or protocol is implemented, to ensure patients are signposted to / or offered a consultation with an appropriate healthcare professional.	5.1 Timely access	The practice will implement a policy to include the current documentation highlighting the additional services available at the practice through Cluster and Third Sector for all staff to follow when signposting patients to the appropriate healthcare professional. This protocol will be discussed at a future staff meeting and also form part of the induction process	Kirsty Gilling (Practice Manager)	March 2020
The practice must explore options to improve access into the practice building for wheelchair users and people with pushchairs.	6.1 Planning Care to promote independence	The practice will discuss the possibility of installing electronic door openers on the main reception to improve access with the landlord	Kirsty Gilling (Practice Manager	March 2020
Delivery of safe and effective care				
The practice must: • Ensure practice risk assessments are completed, which includes a health and safety risk assessment	2.1 Managing risk and promoting health and safety	The practice will undertake a health & safety risk assessment, to include staff training and document accordingly	Kirsty Gilling (Practice Manager) Cathy Howells (Senior Receptionist)	July 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
• Ensure the approach to the disabled access toilet upstairs is kept clear of any obstacles		The access to the disabled toilet has been improved by the removal of a table and some of the waiting area chairs	Kirsty Gilling (Practice Manager) Cathy Howells (Senior Receptionist)	January 2020
• Commission a new external fire risk assessment.		The practice will arrange an external fire risk assessment to be carried out by FPS in April 2020. The practice will use FPS for all fire safety needs in the future for continuity of service The Practice have arranged for Dyfed Alarms to provide training on undertaking weekly fire checks, and a register will be produced to record these checks. The practice have arrange for the Fire Safety Training e-learning to be completed by all current staff and at induction with The National Fire Risk Assessment Centre. The training	Kirsty Gilling (Practice Manager)	March 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		includes instruction on completion of a Fire Drill. Once training completed these will be conducted a minimum of twice per year and logged accordingly		
The practice must: • Ensure all disposable dignity curtains are dated and replaced at the required intervals • Ensure all clinical waste bins for holding medical sharps are dated • Explore the options for maintaining the security of clinical waste, such as its outdoor storage • Update the central log of all clinical staff's immunity to Hepatitis B.	2.4 Infection Prevention and Control (IPC) and Decontamination	All disposable dignity curtains will be dated and replaced at the required intervals All clinical waste bins for holding medical sharps will be dated The practice will discuss the possibility of installing a secure hardstanding area in the top left hand side of the car park for storage of the clinical waste bins with the landlord All staff Hepatitis B statuses will be updated and recorded in their individual staff folders as well as being held electronically	Ruth Edwards (Practice Nurse) Hazel Hughes (HCA) Anna Doble (Phlebotomist Kirsty Gilling (Practice Manager) Kirsty Gilling (Practice Manager)	March 2020 January 2020 March 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must: • Put measures in place to ensure medication and vaccines in the pharmacy refrigerator do not touch the back of the refrigerator therefore maintaining appropriate cold chain • Ensure all staff complete mandatory CPR training.	2.6 Medicines Management	A sign will be placed on the front of each fridge holding vaccines advising the importance of maintaining cold chain and how this is achieved. Staff training on this will be provided at the next staff meeting All staff to complete CPR training updates and for these to be recorded on a training matrix	Kirsty Gilling (Practice Manager) Kirsty Gilling (Practice Manager)	January 2020 July 2020
The practice must: • Ensure all staff are aware who the safeguarding lead is in the practice • Ensure safeguarding policies for children and POVA are relevant and up to date	2.7 Safeguarding children and adults at risk	A staff training session will be arranged to ensure all staff are aware of the policies and procedures to follow when dealing with safeguarding or POVA The practice will review all safeguarding and POVA policies and update accordingly	Kirsty Gilling (Practice Manager)	July 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
• Ensure all practice staff complete mandatory training in children and POVA safeguarding, and provide evidence to HIW once completed • Establish formal meetings with the health visitors to discuss children's safeguarding issues.		A record of staff training in safeguarding and POVA will be held on the training matrix and in individual staff folders Formal meetings have been arranged for the last Friday in every month will the Health visitors and Midwives	Kirsty Gilling (Practice Manager)	January 2020
The practice must ensure all staff complete mandatory training on information governance.	3.4 Information Governance and Communications Technology	The practice manager will look at options for all staff to complete IG training, whether this be e-learning or in group format	Kirsty Gilling (Practice Manager)	July 20201
The practice must: • Ensure that prescribed medicines are clearly linked to appropriate conditions in patient records • Ensure the reasons are recorded where a medication has been discontinued.	3.5 Record keeping	Dr Wang has advised all the Partners on this requirement	Dr Helen Wang	January 2020

Quality of management and leadership				
The practice must ensure that: • Minutes of practice meetings are comprehensive and include an action log • Minutes are taken for the full practice meetings • All policies can be accessed via the intranet following the upgrade to Windows 10 • A whistleblowing policy is implemented.	Governance, Leadership and Accountability	The practice will ensure that minutes are taken for all meetings and that these be comprehensive and include action logs Practice policies are accessible through the Practice intranet for ease of access for all staff, the practice will ensure that each member off staff has access The Practice will develop a Whistle Blowing Policy and advise all staff of its content, relevance and where to access	Kirsty Gilling (Practice Manager) Kirsty Gilling (Practice Manager) Kirsty Gilling (Practice Manager)	January 2020 January 2020 March 2020
The practice must: • Ensure DBS checks are completed for all staff at the required level for their role • Ensure staff training information is up-to-date and maintained in a training	7.1 Workforce	All staff DBS check status will be reviewed and where necessary re-done The practice will implement a training matrix for all staff, including GP Partners	Kirsty Gilling (Practice Manager)	July 2020

matrix to easily show when new or refresher training is needed.				

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: 7 January 2020