

Inspection Summary Report

Pontardawe Health Centre, Swansea Bay
University Health Board

Inspection date: 4 July 2023

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This summary document provides an overview of the outcome of the inspection

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The practice had a good supply of health promotion information available and on display. There were quick response (QR) posters, including one dedicated to youth issues, to view information through smart phones.

The process for monitoring and recording instances where patients did not attend (DNA) needs to be formalised.

The team at the practice were hardworking and committed to providing patients with safe and effective care in an environment that was clean, tidy and free from visible hazards. We found the practice had good leadership and clear lines of accountability. The staff team worked very well together.

Immediate improvements were required in relation to aspects of the recruitment process and staff training compliance, which required immediate action by the practice.

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



What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Pontardawe Health Centre (the practice), Swansea Bay University Health Board on 4 July 2023.

Our team for the inspection comprised of a HIW Senior Healthcare Inspectors, two clinical peer reviewers and a practice manager. The inspection was led by a HIW Senior Healthcare Inspector.

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).



Quality of Patient Experience



Overall Summary

Patient responses received through HIW questionnaires were generally positive, with respondents rating the service as 'good' or 'very good'.

The practice had a good supply of health promotion information available and on display to patients. There were quick response (QR) posters, including one dedicated to youth issues, encouraging patients to view information through their smart phones.

There was level access to the practice allowing wheelchair users or those with mobility issues to access the facilities easily. The waiting room was spacious and the treatment areas were all situated on the ground floor.

There were a number of Welsh speakers working at the practice, these were listed on posters in the reception area. However, we did not witness anyone wearing 'iaith gwaith' badges for patients to identify the Welsh speaking staff.

The process for monitoring and recording instances where patients did not attend (DNA) hospital appointments and where children did not attend appointments at the practice needs to be formalised.

Where the service could improve

- The DNA process needs to be formalised
- Ensure Welsh speaking staff wear the 'iaith gwaith' badge.

What we found this service did well

- Displaying health promotion information
- Treating patients in a caring and friendly manner within surgeries that preserved their dignity
- Ensuring good facilities for patients with disabilities to access to the practice.

Delivery of Safe and Effective Care



Overall Summary

The team at the practice were hardworking and committed to providing patients with safe and effective care in an environment that was clean, tidy and free from visible hazards. All treatment rooms were of a good size and were well equipped.

Risk assessments were being undertaken regularly and there was evidence of appropriate policies and procedures.

Patient medical records that we reviewed were found to be clear and easy to navigate. However, some improvements were required with appropriate read coding to describe the care and treatment.

Whilst areas of good practice were seen, we did identify a small number of issues in relation to infection prevention and control (IPC) audits and the need for weekly emergency equipment and emergency drug checks.

Where the service could improve

- Completing a programme of IPC audits
- Checking emergency drugs and equipment weekly
- Use of clinical Read coding.

What we found this service did well

- Providing an environment that ensured safe and effective care
- Up to date risk assessment
- Recording of information on patient records.



Quality of Management and Leadership

Overall Summary

We found the practice had good leadership and clear lines of accountability. The staff team worked very well together and were committed to providing a high standard of care for their patients. Staff were knowledgeable of their roles and responsibilities and committed to providing a quality service to patients.

Responses given by staff in the questionnaire were generally positive, a high number of respondents felt that they could make suggestions to improve services at the practice.

We identified improvements were needed in relation to aspects of the recruitment process and staff training compliance, which required immediate action by the practice.

Immediate assurances:

- All staff were out of date in training in the practical aspects of basic life support (BLS)
- Managers were unable to confirm what staff had completed what training in the areas of safeguarding and infection control
- Not all members of staff had completed Disclosure Barring Service (DBS) checks
- The hepatitis B register was not up to date as it did not reflect the status of all current staff at the practice.

Where the service could improve

- Implement a process to display outcomes of patient feedback that influenced improvements made at the practice
- Ensure staff complete and be up to date with all mandatory training as soon as possible.

What we found this service did well

- We saw evidence of a clear management structure in place at the practice
- Good collaborative working within the local cluster.

Staff told us:

“We don’t put ourselves in the role of a patient or understand the implications of poorly evolved routines such as our phone system, lack of privacy in reception and the difficulties patients have in making a doctors appointment.”

“Reception staff all work great together as a team and work to the best of their standards.”

Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the health board to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the health board to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the health board to confirm action has been taken in line with management responses documented in the improvement plan. We also ask health boards to provide documented evidence of action taken and/or progress made.

