

General Practice Inspection Report (Announced)

Pengorof Surgery, Powys Teaching
Health Board

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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Pengorof Surgery, part of the Ystragynlais Group Practice, Powys Teaching Health Board on 26 July 2023.

Our team for the inspection comprised of two HIW Senior Healthcare Inspectors, a general practice (GP) peer reviewer and a practice manager peer reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 28 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We observed professional and courteous interactions between staff and patients throughout the inspection. The practice was physically accessible for all and there were good processes in place for the triage of patients. Overall, the patient feedback provided to us through our HIW questionnaire was positive.

The practice should ensure that aspects of language and communication requirements are strengthened to further promote the patient experience.

This is what we recommend the service can improve:

- The practice must ensure that verbal consent for intimate examinations and offer of a chaperone is always recorded
- The practice should ensure that they are familiar with and implement provisions of the Welsh language 'Active Offer'
- The practice should ensure that language and communication needs are routinely recorded on patient medical records to ensure needs are met responsively.

This is what the service did well:

- There was plentiful health promotion on display, which was linked to regular clinics to support patient wellbeing
- Patient feedback provided to the HIW questionnaire was overall positive
- There was a well organised system for home and home care visits.

Delivery of Safe and Effective Care

Overall summary:

There was a breadth of processes in place to help ensure patients received safe and effective care according to their level of need. The environment was visibly clean and there were good mechanisms in place for medicines management, infection prevention and control and keeping up to date with clinical guidelines.

The practice should ensure that staff immunisation records are maintained to fully promote staff wellbeing and, whilst record keeping was maintained to an overall good standard, some aspects could be further strengthened.

This is what we recommend the service can improve:

- The practice must ensure that it maintains a record and review log of staff immunisations
- The practice must ensure that these aspects of record keeping are strengthened.

This is what the service did well:

- The environment was visibly clean and well organised in all areas
- There were good medicine management processes, including checks of medical emergency equipment
- There were good mechanisms in place to update staff on the latest clinical guidelines

Quality of Management and Leadership

Overall summary:

We found a well organised and structured service, with a good delegation of responsibilities for clinical staff. There was evidence of good training and development opportunities amongst some staff groups and appraisals were completed for all staff to a good standard.

Whilst we saw examples of positive audit activities, the practice should ensure that a local audit plan is created based on clinical and non-clinical priorities of the practice.

This is what we recommend the service can improve:

- The practice should create a formal, local audit plan based on clinical and non-clinical audit priorities of the practice.

This is what the service did well:

- There was good delegation of duties and responsibilities, particularly to GP staff
- Patient complaints were responded to in a comprehensive manner
- There was a good clinical training provision at the practice, with a good retention of staff upon completion of training.

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

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. We received 26 completed questionnaires. Responses were mainly positive across all areas. Most respondents who answered rated the service as very good (12/24) or good (10/24). Patient comments included the following:

"Always very helpful doctors, nurses and receptionists"

"Very excellent GP, I am pleased with the service they provided"

We asked what could be done to improve the service. Comments included the following:

"To be told about latest way we can use facilities available i.e. not expect us to be able to access technical information."

Person centred

Health Promotion

There was health promotion advice, campaigns and materials on display within the waiting area. This included health information related a range of areas, including smoking cessation and mental health.

It was positive to see that the health promotion advice available to patients was linked to regular clinics, including a weekly smoking cessation clinic and the reintroduction of Mind mental health charity attending the practice on a weekly basis.

There were multiple clinics providing screening and on-going health management for a range of chronic conditions, such as diabetes and asthma. These were supported by annual health reviews.

Dignified and respectful care

We observed professional and courteous interactions between staff and patients at all times. The waiting area was spacious and allowed for conversations at

reception to be had with a degree of privacy. Staff also told us that a side room could be used if requested.

Telephone calls for appointments and triage were taken in a private office away from public patient areas. For patients arriving at the surgery without an appointment, a form could be completed to provide to the receptionist to avoid the need to explain their reasons for attendance in close proximity to other patients.

During our tour of the practice, we observed surgery and clinic doors to be closed at all times.

In response to the HIW questionnaire, patients were mainly positive of the care and treatment they received. However, about a quarter of patients (8/28) disagreed that privacy and dignity was always maintained.

Patients were advised through posters and verbally that they were welcome to have a chaperone present. We confirmed that staff had received in house training on how to chaperone appropriately and that there were male and female staff available. However, we noted that the recording of verbal consent and the offer of a chaperone was not always recorded in the entries on patient medical records.

The practice must ensure that verbal consent for intimate examinations and offer of a chaperone is always recorded into patient medical notes in accordance with General Medical Council (GMC) guidelines.

In response to the HIW questionnaire, most patients felt they were given enough time to explain their health needs (19/23) and said they felt listened to (24/25). Almost all patients who answered said the GP explained things well and answered their questions (24/25) and felt involved in decisions about their healthcare (23/25).

Timely

Timely Care

The practice provides appointments on the day through a telephone triage process. The patient is then contacted by the most relevant healthcare practitioner according to their clinical concerns or symptoms. This could include a GP, practice nurse or pharmacist. There was dedicated GP time each day to review the triage list and in the event of any routine or urgent queries from the trained member of practice staff taking the call.

There was an online booking and telephone call back request process for a range of non-urgent matters, including management of chronic conditions, medication reviews, test results and repeat prescription requests.

We noted good processes in place for the triage of home and care home visits. There was dedicated advance nurse practitioner input and good GP lead / delegation to ensure a well organised system, with appropriate clinical oversight.

In response to the HIW questionnaire, all the patients who answered were content with the type of appointment they were offered (25/25). Most of the patients felt they were able to get a same-day appointment when they need to see a GP urgently (18/24) and two thirds of the patients who responded said they could get routine appointments when they needed them (15/22).

Equitable

Communication and language

Throughout the inspection, we saw bilingual signage and patient information available. There were a number of Welsh speakers at the practice, but this was not immediately clear to patients, for example through use of the 'laith Gwaith' badges.

The practice should ensure that they are familiar with and implement provisions of the Welsh language 'Active Offer'.

Staff told us that they would accommodate any known language or communication needs and were familiar with services such as language line. However, we found that language and communication needs were not routinely recorded on patient medical records.

The practice should ensure that language and communication needs are routinely recorded on patient medical records to ensure needs are met responsively.

Delivery of Safe and Effective Care

Safe

Risk Management

The practice environment was visibly clean and well maintained in all staff and patient areas.

The practice was accessible, with designated disabled parking and step free access into the practice from the car park. All surgeries were on the ground floor of the practice and staff told us that they would assist patients as required.

There was a business continuity plan in place, which had recently been tested and updated in response to a recent incident.

If help was urgently required within the practice, there was a system in place to request this from all computers. Staff were aware of how to use this if required.

Infection, Prevention, Control (IPC) and Decontamination

The practice was visibly clean and there were appropriate processes in place to ensure that all areas of the practice were cleaned at least daily and to a consistent standard.

Cleaning services were provided by an external contractor according to set cleaning schedules and nursing staff were responsible for decontamination of aspects of the clinics.

Staff had received IPC training appropriate to their roles and responsibilities. The lead practice nurse was appointed IPC lead and was knowledgeable of IPC procedures as they related to the practice.

There were sufficient hand washing and alcohol gel points throughout the practice including within surgeries and clinic areas. Staff confirmed that there was a sufficient supply of personal protective equipment (PPE).

There was a suitable system to manage clinical waste. Waste was appropriately segregated and stored in locked bins prior to their collection from an external contractor. Waste audits had been recently completed. There was a service contract in place to ensure its appropriate disposal.

We found inconsistent records related to staff immunisations against Hepatitis B. The practice confirmed that immunity tests had taken place and, at the time of the inspection, results and boosters were being scheduled as required.

The practice must ensure that it maintains a record and review log of staff immunisations.

Medicines Management

There were a range of methods in place for patients to request repeat prescriptions. This was supported by suitable processes for the review and authorisation of prescriptions by trained practice staff. Audit activity had been undertaken to ensure the effectiveness of these processes.

We confirmed that prescription pads, such as those used for home visits, were securely stored when not in use.

Storage of temperature sensitive medicines was found to be appropriate. Medicines were stored correctly, at the suitable temperatures, and routine checks were completed and recorded to ensure the effectiveness of clinical fridges.

Staff confirmed that no controlled drugs were stored on the premises.

Safeguarding of Children and Adults

There were policies and procedures in place for staff and the practice to follow in the event of a safeguarding concern. These policies linked to, and staff were aware of, the All Wales Safeguarding process.

We confirmed that there was a clinical safeguarding lead for the practice and that training had been completed to the required level. This included training for all practice staff relevant to their role.

We saw evidence of regular multidisciplinary team meetings. Staff demonstrated a good knowledge of the patient base and examples were provided where concerns had been escalated to clinical staff.

Following a review of patient medical records, we confirmed that markers were used to flag certain patients to staff where there were existing or past safeguarding concerns.

Management of Medical Devices and Equipment

We found that all medical devices and equipment were effective and in a good state of repair. The lead nurse took responsibility for the oversight of this

equipment and there was an on-going maintenance contract in place with a service provider.

We found that the emergency drugs and kit was accurate, all items were within date and regular checks were undertaken by nursing staff to ensure their continued availability and effectiveness.

Effective

Effective Care

We found that clinical staff took part in lunch and learning meetings with a member of the GP team who leads on implementation of clinical guideline, such as the National Institute for Health and Care Excellence (NICE).

We noted that the practice did not use Datix for reporting of incidents, but we confirmed that these were reported to the local health board primary care team as necessary.

We were told that patient safety alerts were circulated to staff by email or in paper format. We saw evidence that there was a standing item at the monthly clinical meetings, which would include any alerts.

There were dedicated teams whose role was to manage the referrals process, including urgent referrals to the relevant secondary care system. Staff noted that this process could be complex due to the proximity to three local health boards. Despite this, the practice told us that they were not aware of any particular concerns affecting their patients, apart from nationally recognised waiting list backlogs.

Patient records

We reviewed a sample of five electronic patient medical records. The clinical contents of the records we reviewed were of a good quality. This included clarity regarding evidence and reasoning for decisions made relating to patient care. Records were also up-to-date, understandable, and contemporaneous.

We identified a small number of areas for improvement to fully promote good practice in record keeping. These included:

- The need to record consent and offer of a chaperone during intimate examinations
- The need to ensure medication is consistently linked to a diagnoses and reasons for discontinuation are documented
- The need to ensure READ codes are consistently used.

The practice must ensure that these aspects of record keeping are strengthened.

All patient medical records were found to be held securely to prevent unauthorised access.

Quality of Management and Leadership

Leadership

Governance and leadership

There was a clear management and leadership structure in place and staff we spoke with were clear about their roles and responsibilities.

Clinical staff had well defined roles and responsibilities consisting of either clinical duties, such as safeguarding, or matters related to the running of the practice. A new practice manager had been appointed and the practice had provided a lengthy transition period to help ensure a robust and seamless handover.

We saw evidence of regular team meetings at all levels and practice wide meetings. These meetings appeared comprehensive, and minutes were available for staff to review if absent at the time of the meeting.

A number of policies and procedures were in place to support the effective running of the practice.

Workforce

Skilled and enabled workforce

We were provided with information that confirmed most staff had completed the required levels of mandatory training. There were some gaps identified in face to face resuscitation training. However, the practice had prioritised clinical and full time staff who had completed the course at the time of the inspection to ensure this risk was mitigated, whilst further courses become available.

There was evidence of annual appraisals for clinical and non-clinical staff. These appeared comprehensive and contained training needs as part of this process.

We found that the practice routinely hosted a number of trainee doctors and students. It was positive to see that some trainee staff had decided to become substantive staff members of the practice following their period of training.

We also noted that there was opportunity for development and upskilling, demonstrated by a healthcare assistant undergoing their training with Health Education and Improvement Wales (HEIW) to become a practice nurse.

Culture

People engagement, feedback and learning

Patients were able to provide feedback in a number of ways, including in person, in writing or through a formal complaints' mechanism, which was aligned with the 'Putting Things Right' process.

We saw evidence of feedback being reviewed in team meetings and there was a 'You said, we did' board displayed in reception outlining what actions the practice had taken.

We reviewed a sample of formal complaints, which had been acknowledged within the appropriate timeframe and responded to in a comprehensive manner. The practice told us that their response times providing a full response to the complainant had increased due to delays on behalf of legal advisors. The practice was advised to monitor this going forwards.

For practice staff, management emphasised an open door approach and that staff were welcome to provide feedback or concerns individually or at team meetings. We noted that there was a speaking up policy and procedure in place in the event of concerns which could not be resolved informally.

Learning, improvement and research

Quality improvement activities

We found evidence of audit activities at a practice and cluster wide level and we saw evidence of improvements to clinical and administrative processes in responses to these audits or incident learning. However, we were told that audit activity has been limited since the pandemic, but that there were plans to re-introduce these.

The practice should create a formal, local audit plan based on the clinical and non-clinical audit priorities of the practice.

Whole system approach

Partnership working and development

We found evidence of good partnership working with the local cluster. This included hosting pharmacy staff employed by and who worked across the cluster. Evidence of audit activity and improvements being implemented as a result of these audits were demonstrated.

Staff reported positive relationships with local care homes and there were dedicated staff, with direct telephone access, with both practice nurse and GP time allocated to support these homes. Staff described a recent incident which resulted in shared learning between the organisations as a result.

The practice worked closely with the local community hospital, for example by completing ward rounds and taking part in virtual wards and spoke positively of their working practises.

4. Next steps

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

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

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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

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

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

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

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

Appendix B - Immediate improvement plan

Service:

Date of inspection:

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No immediate improvements identified.				

Appendix C - Improvement plan

Service: Pengorof GP Practice, Ystradgynlais Group

Date of inspection: 26 July 2023

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

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Risk to patient dignity	The practice must ensure that verbal consent for intimate examinations and offer of a chaperone is always recorded into patient notes in accordance with GMC guidelines.	To be discussed/documentated in next monthly clinical meeting. Memo to be sent to all clinical members of staff.	Jo-Ann Merrick	1 Month
Risk to patient language choice	The practice should ensure that they are familiar with and implement provisions of the Welsh language 'Active Offer'.	Purchase/wear Welsh Speaker badges for staff members. Discuss 'Active Offer' in PLT in September 2023	Hayley Lewis-Rees/Jo-Ann Merrick	1 Month
Risk to patient communication needs and / or language choice	The practice should ensure that language and communication needs are routinely recorded on patient medical records to ensure needs are met responsively.	Triage template updated to ask for preferred language - medical records then updated	Jordan Best/Hayley Lewis-Rees	1 Month 1 Month

Risk to staff wellbeing	The practice must ensure that it maintains a record and review log of staff immunisations.	Review log of staff immunisations and update	Jordan Best	
Risk to patient safety and / or continuity of care	The practice must ensure that these aspects of record keeping are strengthened.	Memo to all clinical staff to ensure recording of chaperone is documented and will be raised in PLT session. How to document on linking a diagnosis and reason for discontinuation regarding medication is created and sent to all relevant staff. Ensuring READ codes are consistently used to be raised in PLT Session and documented, but also to be sent as a memo to all staff.	Jo-Anne Merrick/GPs	Ongoing
Risk to service improvement and effective care and / or service provision.	The practice should create a formal, local audit plan based on clinical and non clinical audit priorities of the practice.	Create a 12 month plan of clinical/non clinical audits to be undertaken	Jo-Ann Merrick/GPs	1 month

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): Jo-Ann Merrick
Job role: Practice Manager
Date: 8th September 2023