

Inspection Summary Report

New Quay Surgery, Hywel Dda University
Health Board

Inspection date: 16 October 2023

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

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It was clear from our inspection that staff at New quay Surgery were committed to providing a helpful and professional service for their patients.

The practice was situated in a spacious, purpose-built building and offered good accessibility for all patients. The whole practice offered ground floor access, as well as a disabled toilet and parking directly outside the main entrance.

We saw an extensive range of health promotion information available in the waiting area, the majority of which was available bilingually. This included smoking cessation and weight management information as well as several flyers for mental health support services.

There were arrangements in place for patients wishing to communicate through the medium of Welsh. Questionnaire respondents confirmed that they were actively offered the opportunity to speak Welsh at the practice. However we noted not all Welsh speaking staff wore 'Iaith Gwaith' badges, which we raised as an improvement for the setting.

Our review of staff training records confirmed that no staff had completed fire safety training. We also found that non-clinical staff working at New Quay Surgery had not completed safeguarding training. We raised this as an immediate concern with the setting, but have since seen evidence of all staff either having completed or scheduled to complete the relevant training.



As part of our inspection, we reviewed a sample of 10 patient records. Overall, these records were clear and maintained to a good standard. However, our review highlighted some inconsistencies in the level of detail provided in patient records following appointments. We raised this with senior staff and asked that all look to provide consistency in the detail recorded in patient records.

It was evident that all staff at New Quay Surgery were clear about their roles, responsibilities and there were clear lines of accountability in place at the practice.

The practice kept a comprehensive register of policy and procedures. The names and content of each policy reviewed were clear and we were told that staff have access to all relevant documents through a shared drive.

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 New Quay Surgery, Hywel Dda University Health Board on 16 October 2023.

Our team for the inspection comprised of one HIW Healthcare Inspectors and three clinical peer reviewers. The inspection was led by a HIW 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

It was evident that staff at New Quay Surgery were committed to providing a caring and professional service for patients. We witnessed staff speaking to patients and their carers in a polite and positive manner, and HIW questionnaire respondents also spoke positively of the care they had received.

The practice had an extensive range of health promotion information available for patients in the waiting area, the majority of which was displayed bilingually. There were a number of Welsh speaking staff at the practice.

The practice offered good accessibility for all patients. The whole practice offered ground floor access, as well as a disabled toilet and parking directly outside the main entrance.

Where the service could improve

- All calls are redirected from the front desk, so that no calls can be overheard in the waiting area.
- A privacy screen to be fitted on the computer at the front desk.
- The practice manager to provide 'laith Gwaith' badges, to show patients that staff speak or are learning Welsh.
- The practice manager to ensure an equality and diversity policy is developed as soon as possible.

What we found this service did well

- Extensive range of health promotion information available for patients.
- All reception staff had completed care navigation training.
- Most of the patients who completed HIW questionnaires, felt they were treated with dignity and respect whilst at the practice.

Patients told us:

“Excellent service and care.”

“All staff are considerate and are always helpful.”

Delivery of Safe and Effective Care



Overall Summary

All clinical rooms in the practice were an appropriate size and generally kept tidy. The practice had suitable handwashing facilities available in all bathrooms, and elbow operated taps in treatment and consulting rooms. All bins in the practice were foot operated and it was clear that the environment was furnished to allow for effective cleaning. All clinical areas were fitted with suitable, hard flooring and all surfaces were wipeable.

Our review of staff records confirmed that all relevant staff members were up to date with Hepatitis B vaccinations.

Where the service could improve

- Our review of staff training records confirmed that no staff had completed fire safety training and non-clinical staff had not completed safeguarding training. The practice manager should ensure that all staff are up to date with mandatory training.
- Staff to ensure the cleaning cupboard is tidied, and mops are stored appropriately.
- The practice manager to review the business continuity plan and bring it up to date.
- Senior staff to arrange Portable Appliance Testing (PAT Testing), for all relevant devices and equipment.
- Senior staff to ensure consistency in the level of detail recorded in patient records.

What we found this service did well

- The practice had comprehensive, and up to date safeguarding policies and procedures in place.
- The practice had a comprehensive infection prevention and control (IPC) policy in place.
- All relevant staff members were up to date with Hepatitis B vaccinations.



Quality of Management and Leadership

Overall Summary

It was clear that practice staff were committed to providing good patient care, and were eager to carry out their roles effectively.

We saw evidence of regular staff meetings taking place and minutes being recorded. The practice also had a comprehensive register of policies in place. All were easily accessible for staff through a shared drive.

Where the service could improve

- The practice manager to implement an official wellbeing programme.
- Staff complete equality and diversity, and duty of candour training.
- The practice manager to implement a more robust appraisals system for clinical and non-clinical staff.
- The practice manager to develop a practice specific concerns policy.

What we found this service did well

- We saw evidence of a clear management structure in place at the practice.

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 service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service 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 service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

