

Inspection Summary Report

Morfa Lane Surgery, Hywel Dda University
Health Board

Inspection date: 14 November 2023

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

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It was evident that staff at Morfa Lane Surgery were committed to providing a helpful and professional service for their patients.

Due to the location of the practice, there was no designated parking available for patients. However, the building itself offered good access, with a separate entrance available for wheelchair users, and ground floor surgeries and waiting area. The practice also had a disabled toilet available.

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

The waiting room displayed extensive bilingual patient information, as well as some information available in easy read format. The practice manager confirmed that there was a hearing loop in place at the practice and informed us that patients could request information in braille.

There were several Welsh speakers working at the practice, however we did not witness anyone wearing 'Iaith Gwaith' badges for patients to identify the Welsh speaking staff. We raised as an improvement for the setting.

We found the practice premises to be generally clean, tidy and free from clutter.



We confirmed that effective handwashing facilities were available in all bathrooms, as well as treatment and consulting rooms. It was also evident that the environment was furnished to allow for effective cleaning. All clinical areas were fitted with suitable, hard flooring and all surfaces were wipeable.

The practice had a comprehensive safeguarding policies and procedures in place. These included contact details for the local safeguarding team and clearly identified the safeguarding lead at the practice.

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

The practice had a comprehensive catalogue of policies in place. All were in date and subject to regular reviews.

We confirmed that that all staff were up to date with mandatory training

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 Morfa Lane Surgery, Hywel Dda University Health Board on 14 November 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors and two 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

The findings from our patient questionnaires were very positive. This included all patients felt they were treated with dignity and respect. During our visit we witnessed staff speaking to patients and their carers in a polite and positive manner.

It was positive to find the practice was very proactive in ensuring individual patient needs were met. This included appointments for autistic people during quieter times, as it may be challenging to access when the practice is busy.

Good arrangements were in place for health promotion initiatives, which included a focus on mental health. This included a health and wellbeing coach, a social prescriber and wider cluster initiatives for mental health and suicide prevention in young adults.

Where the service could improve

- All bilingual staff to wear ‘Iaith Gwaith’ badges so that they are easily identifiable for Welsh speaking patients
- Practice Manager to review the equality and diversity policy to ensure all information is up to date.

What we found this service did well

- The practice offered bilingual health promotion information for patients in the waiting area
- Staff worked hard to uphold patient’s rights, ensuring preferred names and pronouns were used when treating transgender patients
- A range of communication methods were used to provide information to patients. This included sending letters, to patients who do not have access to a mobile phone for the text alerts.

Patients told us:

“Service always excellent.”

“The family receive excellent care from the surgery, I call weekly about my husband's medication.”

Delivery of Safe and Effective Care



Overall Summary

We found that all clinical rooms at Morfa Lane Surgery were an appropriate size, and the practice was clean and tidy.

Good arrangements were in place for effective infection prevention and control (IPC) to keep patients safe. This included a comprehensive IPC policy and effective cleaning schedules in place. We also found surfaces in clinical areas were smooth and wipeable, to facilitate effective cleaning.

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

Where the service could improve

- Practice manager to update the fire risk assessment to include the E-vac chair
- Practice manager to provide evidence of read codes being implemented for children and families at risk.

What we found this service did well

- Comprehensive safeguarding policies and procedures were in place to protect vulnerable patients
- Our review of electronic patient records showed that they were maintained to a good standard.



Quality of Management and Leadership

Overall Summary

We found the staff were committed to providing a high standard of patient care. This included evidence that all staff had completed the necessary mandatory training, to help keep staff, patients and visitors safe.

Good governance arrangements were in place, to ensure the effective management of the practice. We saw evidence of regular staff meetings taking place and minutes being recorded. The practice also had a comprehensive register of policies in place.

Where the service could improve

- Senior staff to develop and implement a formal audit program for the practice
- Practice manager to develop a practice specific Duty of Candour policy.

What we found this service did well

- We saw evidence of a clear management structure in place at the practice
- Our review of staff records highlighted that all staff were up to date with mandatory training.

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.

