Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report
(Announced)

Park Lane Surgery, Cwm Taf Morgannwg University Health Board

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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.

Contents

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 Park Lane Surgery, Cwm Taf Morgannwg University Health Board on 07 February 2024.

Our team for the inspection comprised of two HIW Healthcare Inspectors and three clinical peer reviewers. The inspection was led by a HIW 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 30 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
In general, patient feedback received through HIW questionnaires was positive in regard to healthcare received, but poor in regard to accessing appointments.

We found that staff worked hard to provide a caring and professional service for patients and worked actively within the local healthcare cluster to ensure a collaborative approach to serving the community.

A good range of bi-lingual information was available both within the practice and on the website to help patients improve their health and wellbeing.

There was level access to the practice and treatment areas allowing patients with impaired mobility and wheelchair users to access facilities easily. We saw staff aiding patients with impaired mobility

The patient waiting room was clean and spacious with a quiet room available for patients who were anxious or neurodivergent. Patient toilets were easily accessible.

We saw a chaperone service was offered with relevant policies in place. However, some patients told us that chaperones had not been offered to them for intimate examinations or procedures.

This is what we recommend the service can improve:

- Improve arrangements for privacy and confidentiality of patients when speaking at the reception desk
- Improve appointment booking arrangements for patients
- Active offer of Welsh language to be implemented.

This is what the service did well:

- Quiet room available for patients
- Healthcare assistants conduct regular audit to ensure follow-ups have been carried out.
- Cluster funded mental health support available.

Delivery of Safe and Effective Care

Overall summary:
The practice team were dedicated to providing patients with safe and effective care in an environment that was spacious and free of clutter and visible hazards. However, we found the foyer area at the entrance to require some attention with an accumulation of algae on the glass roof and dust and mould present on patient wheelchairs.

Our review of infection prevention control measures found a policy in place. However, there was no lead appointed, we did not see a cleaning contract and cleaning schedules were not available to us. While soap and hand sanitizer gel were available throughout the practice, we found the patient toilets in need of some additional cleaning.

Overall, medicines management was good with audits and reviews conducted regularly, and prescription pads and medication found all to be securely stored and in date, there was no checklist of the drugs or vaccines retained by the practice.

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

This is what we recommend the service can improve:

- Staff to be informed of the results of significant events analysis to promote learning from incidents
- Conduct risk assessment for home visits
- Suitably trained infection prevention and control (IPC) lead to be appointed
- Emergency equipment to be stored in one location and checked weekly.

This is what the service did well:

- Buddy system with nearby practice as part of the business continuity arrangements
- Medical equipment and devices were calibrated, well maintained and in good condition.

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.

While there were daily planning meetings held between the practice manager and doctors and good communication streams in place to keep staff informed, there was a lack of regular team meetings with no evidence of minutes having been recorded.

We found a robust induction process in place for new staff and mandatory training compliance was monitored. However, we identified that improvements were needed as training for some staff was incomplete.

The practice had a complaints policy in line with the NHS Putting Things Right and had various arrangements to gather feedback from patients. We were told the practice telephone system had been changed because of feedback. We suggested the practice installs a 'You Said, We Did' display within the waiting room to demonstrate changes made as a result of patient comments.

This is what we recommend the service can improve:

- Conduct regular team meetings with formal minutes to be kept
- Staff mandatory training to be completed
- Complaints policy to be amended to reflect current members of the practice team
- Putting Things Right poster to be displayed.

This is what the service did well:

- Senior management have an open-door policy. Staff considered GP partners to be 'very supportive'
- Engaging with local patient participation group to improve and develop services
- Duty of Candour incorporated into the practice induction programme.

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. Responses were mostly positive, with the main issue being accessing the GP and getting appointments. Most of the respondents who answered rated the service as 'very good' or 'good'. Some of the comments we received about the service and how it could improve are below:

> ***"The doctors and staff are wonderful, [Doctor] in particular is amazing both with myself and my children. My only gripe is that you can only call to get an appointment and the phones lines are always so busy."***
>
> ***"The staff at the practice are brilliant the only issue at this practice is trying to get appointments."***
>
> ***"[Doctor] is extremely helpful and takes time to listen and support with the patient's condition."***
>
> ***"When you get to see the doctors, they are fantastic. The problem is getting appointments..."***

Person centred

Health Promotion
During our inspection, we saw that the practice had a wide range of written health promotion information available for patients.

Staff informed us that health promotion information was provided by the health board and third sector organisations. The information was displayed in the patient waiting area, on entrance foyer noticeboards and promoted through the practice Facebook page and website. A dedicated member of staff was responsible for keeping the online material up to date.

We were told that the practice engaged with mental health promotion initiatives such as referrals to cluster funded MIND counsellors run on Mondays and Tuesdays. The practice healthcare assistant (HCA) completed pre-diabetes checks and well person clinics offering healthy lifestyle advice including referral of patients to slimming world with vouchers funded by the healthcare cluster.

Of the 30 patients who completed the HIW questionnaire, 28 told us that they either 'agree' or 'strongly agree' that there is health promotion information on display at the practice.

We were told that the practice monitors and reviews patients who did not attend (DNA) appointments, with instances logged in the patient notes. The practice frequently telephoned patients directly, which was usually sufficient to resolve the matter. There was no written plan in place for dealing with DNA and we discussed implementing a process especially regarding child patients.

The process in place to manage the winter vaccination program was described. We were told that vaccinations for over 65-year-olds were completed and that most vaccinations for those under 65-year-olds who qualified had also been carried out. The practice was aware that some patients had received their vaccinations at a nearby pharmacy who also provided this service.

Dignified and respectful care

Reception staff were observed welcoming patients in a professional and friendly manner. To protect confidentiality telephone calls were taken in the administration office, away from the reception desk. However, over half of the respondents to the HIW questionnaire (18/30) felt that they were unable to speak with a member of reception staff without being overheard by all in the patient waiting area. Some of the comments we received about privacy in reception were:

> ***"More privacy when talking to the receptionist, its quiet and everybody can hear what you're talking about including giving personal details."***

> ***"There is no privacy to ask receptionists questions."***

The practice must ensure that patients speaking at the reception desk are enabled to do so in a way that upholds their privacy and confidentiality.

During the tour of the practice, we saw treatment rooms were closed and that curtains were in place to maintain patient's privacy and dignity. We were told that GPs would offer chaperones to patients as appropriate, with chaperones provided from members of the practice nursing team. We saw a notice offering the

chaperone service in the waiting area and saw that a practice chaperone policy was in place. However, two respondents to the patient questionnaire indicated they had not been offered a chaperone for intimate examinations or procedures.

We recommend the practice reflects on the issue raised in this feedback to ensure all patients are offered chaperones when appropriate, in line with the practice policy.

We noted that all patient areas including treatment rooms were located on the ground floor with level access from street level, giving good accessibility for wheelchair users. We saw staff assisting patients with impaired mobility.

All but one of the patients who answered the HIW questionnaire felt they were treated with dignity and respect and almost all patients who answered said measures were taken to protect their privacy.

Timely

Timely Care

Park Lane Surgery was open between the hours of 8am and 6:30pm Monday to Friday. Access to appointments was either via telephone or e-Consult. We were told that the practice was considering re-opening electronic booking but were concerned that they may reach DNA levels last seen pre-pandemic.

Suitable arrangements for assessment and referral to mental health services were described. This included a cluster funded support worker based in the practice and additional appointments to support patients in crisis. It was commented that access to specialist psychiatry, especially Child and Adolescent Mental Health Services (CAMHS) was difficult.

We were told that administrative staff did not triage patients and that all medical care queries would be passed to the doctor. Extra appointments were created and there was an additional doctor available on Thursday afternoons to cover demand.

The practice believed that there was a preference by patients for face-to-face appointments rather than remote consultations, with the doctors regularly conducting home visits. We were told all children under five years old were seen face-to-face.

Just over half of the patients who responded to the questionnaires said they were able to get a same-day appointment when they need to see a GP urgently and that they could get routine appointments when they need them. Very few of the

patients (20%) who answered were offered the option to choose the type of appointment they preferred.

Some comments we received about accessing the GP are below:

> ***"I have not been with the surgery long but anytime I have rang I have managed to get a same day appointment."***
>
> ***"It appears that the practice is serving too large a population as appointments are scarce. It's particularly frustrating when trying to arrange a routine appointment, as requested by a GP, and need to take time out of work to call during given hours. Why is online booking not an option in this age?"***
>
> ***"…if you can actually get an appointment, and depending on doctor seen, actual care can be very good."***
>
> ***"Telephone booking is poor. Always no space available even you are in beginning of the queue. Not possible to book routine checks."***
>
> ***"There is no allowance for working patients who need to book time off work and can't just phone in the morning to book an appointment ..."***
>
> ***"…getting an appointment is dreadful."***

We recommend the practice reflects on the issues raised in this feedback to ensure patients receive treatment in a timely manner.

Equitable

Communication and language
Staff informed us of the methods of communication used to convey information to patients. As well as face-to-face, staff would call and text patients with specific information if necessary and social media platforms were constantly updated.

We saw staff were proactive in ensuring individual patient's needs were met. The practice manager told us they try to book appointments during quieter times for patients with autism and advised that they would be triaged to be seen quicker. We saw a quiet room was available and a hearing loop was installed for patients use.

There was a large amount of bilingual patient information in the practice and there was access to a translation service, which they had used on several

occasions. Whilst there was a Welsh learner working at the practice, we were told they were not confident enough to wear the 'Iaith Gwaith' badge for patients to identify them as a Welsh speaker and that the 'Active Offer' was not made to patients. We asked the practice manager to encourage the individual to consider wearing these badges going forward.

The practice manager is required to provide HIW with details of the action taken to implement the 'Active Offer'.

The practice ensured messages, including diagnoses and changes in patient conditions were communicated to the appropriate people by using messages and alert flags on the practice IT system and queries were documented in patient notes. The system allowed for messages to be marked as complete to ensure all messages had been acted upon.

We found the practice circulated paper documents around the practice, with the document scanned onto the system at the end of the process, once all actions were completed. We were also informed that the practice printed out electronic correspondence which was then distributed for action before being scanned back into the system once completed. The healthcare assistant conducted an audit on a regular basis to ensure follow-ups had been carried out. The process of passing paper copies presented risks in that mail could go missing, work duplicated, passing and acting on important information would be delayed and the distribution audit trail would be lost.

We recommend all incoming mail is scanned onto the practice IT system prior to distribution to relevant staff for action by workflow on the IT system.

Almost all patients who answered the HIW questionnaire felt that the GP explained things well to them and answered all of their questions and felt involved in decisions about their healthcare. Some comments we received about patient care were:

> ***"[Doctor] is extremely helpful and takes time to listen and support with the patient's condition. The care provided is second to none and any future appointments required will be made with a specific request to see him personally!"***
>
> ***"GPs are very caring and make you feel comfortable and listened to."***
>
> ***"Very rarely can I get an appointment that's suits me if at all. Then when I do get an appointment, doctors seem fairly disinterested and dismissive, having to go back for the same thing many times. Best they***

want to do is give you some tablet to help mask the issue and not actually find out what's wrong and help resolve the issue."

"The staff are always great. The booking system has improved a huge amount."

Rights and Equality

The practice offered good access. There was a dedicated free car park and cars were also able to pull up outside the main doors to allow patients with impaired mobility to access the building easily. We were told there were plans to make the parking at the front as disabled only spaces.

Automatic doors had been installed in the waiting area to enable access to services and we were told the practice was preparing to extend this provision to the front doors and surgeries. The waiting area and treatment rooms were spacious, with easy access to patient toilets.

We saw evidence of a comprehensive equality and diversity policy in place, along with a bullying and harassment policy. 'Treat Me Fairly' training had been completed by most staff. However, there were two respondents to the HIW questionnaire who felt that they had faced discrimination when accessing or using this health service.

The practice must inform HIW of what further actions they are taking to prevent discrimination of patients.

The practice was proactive in upholding the rights of transgender patients. We found that transgender patients were treated sensitively and staff confirmed that preferred pronouns and names were always used. The electronic record system flagged the preferred pronouns and names of patients.

Delivery of Safe and Effective Care

Safe

Risk Management
In general, we found the practice patient areas well lit, clean, tidy and free from clutter.

We saw that the glass roof of the entrance foyer had an accumulation of moss and algae on the outside, and the remnants of whitewash on the interior. We found several wheelchairs in the foyer available for the use of patients with impaired mobility. However, we found the presence of mould on one chair and dust on others. Our tour of the practice also highlighted that the patient toilet required additional cleaning as we saw staining on the wall. We also noted that the accessible toilet did not have an emergency pull cord available.

The practice is required to arrange for the cleaning issues to be resolved and the emergency pull cord fixture to be installed as soon as possible.

To the rear of the building, we found the staff entrance was not secure giving access to restricted areas within the practice. We considered this put staff, medical equipment, medicines and records at risk. We raised this immediately with the practice manager who arranged for the door to be secured.

The practice must install an appropriate door lock mechanism to ensure the rear entrance is secure.

We reviewed the practice business continuity plan which was up to date. This contained all relevant information and included details of a 'buddy' system with a neighbouring practice, to ensure patient care could continue in the event of an emergency or adverse situation.

The practice manager told us they received patient safety alerts. These were distributed appropriately amongst staff via email. We were informed that any patient safety alerts and significant events were also discussed in clinical team meetings. However, staff we spoke to were unaware of feedback from significant events analysis.

The practice must ensure that staff are informed of the results of significant events analysis to promote learning from incidents.

We were told that emergency assistance was via a designated call button built into the clinical IT system that would alert all users once pressed. However, we found some staff were unclear of this facility and the process to follow should they need to urgently call for help.

The practice must ensure all staff are fully aware of the red button alert system.

We discussed action taken when home visits were requested and found that following triage by a doctor, the visits would be usually carried out the same day, with appropriate personal protective equipment (PPE) taken as clinically indicated. However, these visits were conducted based on trust and their knowledge of their patients. We confirmed that a risk assessment relating to home visits had not yet been completed.

The practice is required to conduct risk assessments in relation to home visits.

In the event of a patient facing a lengthy wait for an ambulance at home, primary care would be given to stabilise their condition prior to risk assessing whether alternative transport is required.

Infection, Prevention, Control (IPC) and Decontamination
Of the patients that responded to our questionnaire, most felt the practice was either 'very clean' or 'clean'. Fourteen told us that hand sanitizer was always available for them in the practice, whilst three patients disagreed with this and eleven were unsure. In addition, most patients agreed that healthcare staff washed their hands before and after delivering care.

Eleven respondents to the questionnaire indicated that they attended for an invasive procedure. All said that the equipment used was individually packaged and appeared sanitised, whilst the majority answered that staff wore gloves during the procedure and that antibacterial wipes were used to cleanse the skin prior to the procedure starting.

Soap was available in both patient and staff toilets. We saw hand washing posters displayed in the treatment areas and toilets. Sanitising hand gel was seen throughout clinical areas.

We were provided with the practice Infection Prevention and Control Policy. This had been recently reviewed and was available to all staff via a shared drive on the practice IT system. This included the process to be followed in the event of a needlestick injury. However, we noted that needlestick injury posters were not

available in treatment rooms to advise staff of the course of action to follow in the event of a sharps injury.

We recommend the practice have a sharps injury flowchart available in each clinical area to avoid unnecessary delay in seeking medical treatment or advice.

An IPC audit had been carried out recently by the practice manager. There were appropriate waste management procedures in place with clinical waste and sharps bins managed by practice nurses. However, there was no IPC lead appointed, with nurses and healthcare assistants responsible for the clinical treatment rooms.

We recommend the practice appoints an IPC lead to provide advice and support to colleagues relating to infection prevention and control matters.

Our observations of the clinical environment found this to be good overall. Flooring and work surfaces were of a suitable wipe design, allowing for effective cleaning and appeared to be in a good condition. Cleaning of the practice was undertaken by an external company. However, we could not find a copy of the cleaning contract, nor did we see evidence of cleaning schedules.

The practice must ensure that a cleaning contract is in place and that adequate cleaning schedules are used and provide HIW with evidence.

Staff Hepatitis B immunisation monitoring and audits were managed by the practice manager.

Medicines Management

Requests for repeat prescriptions could be made via My Health Online, in person at the practice or via the local pharmacy. To ensure patients continued to be prescribed the most appropriate medications, we were told patients would be required to undergo annual medication reviews. Additionally, the practice monitored if medications were ordered early or had not been ordered for some time. This would inform decisions to prevent overuse of medication or whether to remove medications from the repeat prescribing list.

Prescription pads were stored securely in a locked cupboard, away from unauthorised access. In the event a GP left the practice, relevant prescription pads are shredded inhouse to prevent future use. We were told that following home visits, GPs would write up prescriptions on return to the practice. Prescriptions that were destroyed were coded in records to identify that they were no longer in use.

The practice had a limited number of non-emergency drugs on site. Vaccines were stored within dedicated vaccine fridges which had annual maintenance checks. An up-to-date cold chain policy was in place to ensure safe storage of refrigerated medicines and we were assured that staff were aware of the action to take should there be a breach in the cold chain. Evidence of twice daily temperature checks were provided to us to confirm adherence to the cold chain policy. However, we saw that data loggers were not present for the medication fridges to monitor temperatures over weekends and bank holidays or following a period of power outage.

We recommend the practice consider using temperature data loggers to monitor fridge temperatures.

Checks of drugs and medications was undertaken by the nursing team. Whilst our review of medication found all to be securely stored and in date, there was no checklist of the drugs or vaccines retained by the practice. Furthermore, there was no room thermometer to ensure drugs were stored at the required temperature.

The practice must keep a checklist of drugs and vaccines kept at the practice.

We recommend the practice considers installing a room thermometer where medication is stored.

Management of Medical Devices and Equipment
The practice manager held responsibility for arranging annual checks and calibration of devices and equipment, with staff reporting any emergency repairs or replacements required. On the day of our visit, we found that all were well maintained and in a good condition.

Emergency equipment including oxygen and a defibrillator were available. The practice had considered other life-threatening conditions by holding emergency drugs for asthma and hypoglycaemia as part of the practice emergency kit. We saw evidence that checks on this equipment and emergency drugs was conducted monthly.

We recommend emergency equipment and drugs are checked weekly.

Whilst we saw signs in the reception and on the door to the relevant treatment room that indicated the location of the defibrillator, we found the oxygen and emergency drugs were not signposted. Furthermore, the emergency equipment was spread across two treatment rooms, with some equipment locked within a cupboard preventing easy access in the event of an emergency.

We recommend the practice stores all emergency equipment and medicines in one location, with appropriate signage to indicate the location to staff.

We inspected the automatic external defibrillator (AED) and found there were only adult pads available, in accordance with advice from their BLS trainer. However, we did not see a risk assessment covering the absence of child pads nor a policy to ensure all practice staff were aware of the action to take in event of an emergency involving a child.

We recommend the practice complete a risk assessment based on the BLS guidance and ensure the guidance is reflected in the relevant practice policies to ensure staff are aware of the arrangements in the event of an emergency involving a child.

Safeguarding of Children and Adults

We saw evidence of safeguarding policies and procedures in place at the practice. These included contact details for the local safeguarding team and clearly identified the safeguarding lead at the practice. However, there was no effective system in place to monitor patients who did not attend (DNA) appointments.

The practice must put in place a plan for monitoring patients who did not attend appointments.

We were told that administration staff play a key role in identifying adults at risk, including flagging concerning behaviour and changes in character. Our review of staff records confirmed that most staff had received the appropriate level of safeguarding training for their role.

We were also provided with evidence of effective multi-disciplinary team (MDT) working. This included liaison with the local health visitor regarding non-attendance at immunisations. However, we did not see a protocol governing the handover of information to the health visitor team.

The practice should put in place a protocol to hand over information to the health visitor team.

Effective

Effective Care

It was apparent that the practice had a dedicated and caring staff team that strived to provide patients with safe and effective care.

Senior staff informed us of the practice procedure for patient referrals. Referrals were appropriately categorized as routine, urgent and urgent suspected cancer.

We found the practice telephone answer service directed callers with specific emergency conditions to dial 999 and suggested attending a pharmacy for minor issues.

Patients requesting an appointment would initially be screened by a member of the reception team, who advised the patient about the most suitable type of appointment for them and then signposted or transferred as appropriate. We were told the practice used the care navigation pathway template from their healthcare cluster. However, staff were not familiar with the full range of cluster-based services available.

We recommend the practice ensure all staff are fully aware of the range of cluster-based services to enhance the quality and effectiveness of the care navigation process.

Contact from patients in crisis would be managed by the duty doctor who could signpost to supporting partner agencies such as MIND.

Patient records
We reviewed a sample of 10 electronic patient medical records. These were stored securely and protected from unauthorised access in compliance with relevant legislation.

Overall, our review indicated that patient records were clear and maintained to a good standard. We found clear records of history, examination and investigations leading to decisions relating to patient care. However, we found inconsistent Read coding resulting in summaries being incomplete. We considered this could impact locums who may have difficulty with continuity of the record.

The practice must ensure Read coding is used consistently in all patient records.

Quality of Management and Leadership

Leadership

Governance and leadership
Park Lane Surgery is owned and operated by two GP partners and is a GP training practice set within the South Rhondda Cluster of Cwm Taff University Health Board. It was evident that all staff were clear about their roles and responsibilities and there were clear lines of accountability in place at the practice.

We were told that whole team meetings were not being held on a regular basis. However, informal planning meetings were held daily between the practice manager and doctors. Information from these meetings would be shared with staff verbally, via memorandums and staff emails. We saw no evidence of minutes recorded, which would evidence shared learning and communication of important clinical matters.

We recommend the practice commences regular team meetings with formal minutes to be kept.

The practice had a comprehensive register of policy and procedures held on the practice IT system. These were reviewed regularly and staff had easy access to them via a shared drive. Any policy or procedural changes were communicated to staff promptly via email and all were required to sign confirming they had read the updated document.

The practice manager informed us of the staff engagement and wellbeing programmes. We were told that staff wellness days had recently ceased but the practice were reviewing availability to reinstate them.

At the time of our visit the main challenges and pressures faced by the practice were demand for patient appointments, retention of administrative staff in particular receptionists, and GPs having to conduct medication reviews. The practice manager told us that they had revised their recruitment process to address the staffing issue whilst they were looking to recruit their own pharmacist to conduct medications reviews.

Workforce

Skilled and enabled workforce
We spoke with staff across a range of roles working at the practice. It was clear that they all had sound knowledge of their roles and responsibilities and were

committed to providing a quality service to patients. Job descriptions were held within staff files. However, we found a job description did not accurately reflect the role of the relevant staff member and we were advised that it was not the job description they had recently signed.

The practice must ensure all staff have up-to-date job descriptions retained in their personnel files, and that these include the scope of competence of the staff member.

Newly appointed staff are required to undertake a comprehensive induction programme. This would be documented and signed off by a senior member of staff. Adjusted induction programmes were also in place for locums and registrars.

Clinical staff were reported to have time allocated to allow for study or to complete programmes of continuous professional development to meet their professional revalidation and mandatory training requirements.

Whilst nurses had up to date training in basic life support (BLS), our review of staff records highlighted several gaps in mandatory training for both clinical and non-clinical staff with evidence of IPC and safeguarding training missing for some. We raised this with the practice manager and asked that all staff be fully compliant with mandatory training as soon as possible. We also noted opportunities to complete supplementary training such as bullying and harassment were available but not done. We urge the practice to encourage staff to complete relevant ancillary training where possible, to support the practices wider policies and objectives, and help contribute to staff development.

The practice must ensure staff are fully compliant with mandatory training and provide HIW with evidence when completed.

We found that some staff were planned to undertake their annual BLS training, however the practice manager reported an issue that there was limited availability of training spaces through the local health board. This made it difficult for them to arrange training around the staff duty roster.

Staff felt workload allocation was appropriate and within their scope of practice and had access to support from the GPs as and when required. However, there was no evidence of structured formal clinical supervision for the nurses. There were opportunities for informal peer-to-peer discussions, but these were not captured in personal files.

The practice must implement a formal clinical supervision process for nurses employed at the practice.

The practice had a non-medical prescriber (NMP), however we found no evidence of formal prescribing governance in place. The NMP made no mention of oversight by the medical team when asked. We raised this with the practice partners who stated that every prescription was either carried out by or run past a GP.

The practice must clarify what arrangements are in place for non-medical prescribing at the practice and provide HIW with arrangements for the governance of this service.

We were assured that staff would be supported in raising a concern should the need arise and were provided with the practice Whistleblowing policy. This had been recently reviewed and was available to all staff.

Culture

People engagement, feedback and learning
The practice had in place an appropriate complaints policy and procedure which was recently reviewed and in line with the NHS Putting Things Right process. However, responsible individuals named in the policy were not current members of the practice team. Furthermore, there was no Putting Things Right poster displayed in the waiting area.

The practice must amend the complaints policy to ensure names of responsible individuals relate to current members of the practice team.

The practice must display Putting Things Right posters in an area where they can be clearly seen by patients.

We reviewed the practice's complaints file which contained copies of written complaints and letters. We saw that the process in which complaints were dealt with was robust and in line with the agreed complaints timescales stated within the policy.

The practice gathered feedback via patient surveys and a suggestions box as well as monitoring social media and online reviews. Additionally, the practice engages with a patient participation group who meet monthly to make suggestions and bring ideas to improve and develop services. Analysis of this feedback resulted in the practice recently changing their telephone system and provider. Separate lines were installed for amending appointments, accessing the district nurse and palliative care. However, the practice did not currently have a method for displaying to patients when comments or suggestions had been acted upon.

We recommend that the practice implements a 'You said, we did' display to demonstrate to patients how the practice considers and act on feedback that contribute to practice improvements.

We spoke to senior staff about the arrangements in place to ensure compliance with the Duty of Candour requirements. The practice had a Duty of Candour policy in place that met the requirements of the guidance. We saw most staff had completed online training on the subject and the practice manager was monitoring the completion rate for remaining staff. Duty of Candour had now been incorporated into the practice induction programme.

Information

Information governance and digital technology

We saw evidence of systems in place to ensure the effective collection, sharing and reporting of data and information. There was a notice board in the entrance foyer explaining the General Data Protection Regulations (GDPR) and how the practice used any personal information. The practice had use of 'Vision' software and reported incident data to the local health board via the Datix system.

We were informed that the practice was using Digital Health and Care Wales (DHCW) service to act as Data Protection Officer for the practice. DHCW dealt with any non-routine requests received to ensure compliance with Data Protection regulations and provided staff training in relation to subject access requests. We were told all staff had signed data confidentiality statements and had all completed General Data Protection Regulation (GDPR) training.

Learning, improvement and research

Quality improvement activities

We spoke with senior staff and were provided with evidence of audits that had been completed to demonstrate quality improvement activities undertaken by the practice. We reviewed a selection of practice audits including a prescribing audit which had been recently undertaken. These provided evidence of a programme that encouraged continuous improvement.

The practice discusses both internal and external reviews at management meetings to ensure they were kept up to date with best practice, national and professional guidance, and new ways of working. Changes to guidance and shared learning would be communicated to staff via several channels including emails, memos and verbally.

Whole system approach

Partnership working and development

The practice has established a good relationship with the Health Board primary care team and engage in regular meetings with community pharmacists to achieve reliable, and sustainable outcomes that meet the evolving needs of the community.

We were told that the practice works closely within the local GP collaborative/ cluster to build a shared understanding of the challenges and the needs of the local population and to help integrate healthcare services for the wider Rhondda area.

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 were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Park Lane Surgery

Date of inspection: 07 February 2024

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 on this inspection.				

Appendix C - Improvement plan

Service: Park Lane Surgery

Date of inspection: 07 February 2024

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
Over half of the respondents to the HIW questionnaire felt that they were unable to speak with a member of reception staff without being overheard by all in the patient waiting area.	The practice must ensure that patients speaking at the reception desk are enabled to do so in a way that upholds their privacy and confidentiality.	A private side room is available for patients to use to discuss any sensitive issues. The Practice will ensure that a line is marked on the floor for patients to 'stay behind the line until receptionist is free' and clear signage to promote this is displayed for patients to respect confidentiality.	Practice Manager	Immediate
Two respondents to the patient questionnaire indicated they had not been offered a chaperone for	We recommend the practice reflects on the issue raised in this feedback to ensure all patients are offered chaperones when	All clinicians have read the Surgery's chaperone policy and have been reminded to read code the offer of a	Practice Manager	Immediate

intimate examinations or procedures.	appropriate, in line with the practice policy.	chaperone and record the appropriate response. Information has been displayed for patients within the waiting area and on the JX board regarding chaperones.		
Patients expressed numerous negative comments about accessing the GP.	We recommend the practice reflects on the issues raised in this feedback to ensure patients receive treatment in a timely manner.	The Practice has taken on board the comments made and the management team have discussed at length and looked at appointment availability and we have increased the capacity for pre-bookable appointments. Systems are in place to ensure patients are offered appropriate appointments to their clinical needs. Regular reviews of telephone data will be completed to identify any issues. Details of any issues that affect staffing such as junior doctors strikes, sickness or	Practice Manager	Immediate and ongoing

		leave will be regularly updated to patients. During the last patient satisfaction survey, patients were asked “From the time you realised you needed to use the service, was the time you waited: Sixty-eight percent answered shorter than expected or about right. Thirty-two percent answered a bit too long or much too long.		
We were told that the ‘Active Offer’ of Welsh was not made to patients	The practice manager is required to provide HIW with details of the action taken to implement the ‘Active Offer	The Practice have produced clear signage and ‘the active offer of Welsh’ will be displayed within the patient areas, JX board, website, and social media page.	Practice Manager	Immediate
We were told the practice circulated paper documents around the practice, with the	We recommend all incoming mail is scanned onto the practice IT system prior to distribution to	The practice management team have discussed and agreed to implement the	Practice Manager	Immediate/ongoing

document scanned onto the system at the end of the process, once actions were completed.	relevant staff for action by workflow on the IT system to preserve audit trail.	scanning of all incoming mail onto the practice IT system prior to distribution to relevant staff for action. A new protocol for staff will be completed and distributed.		
Two respondents to the HIW questionnaire who felt that they had faced discrimination when accessing or using this health service.	The practice must inform HIW of what further actions they are taking to prevent discrimination of patients.	The Practice has policies in place and have asked all staff to read.	Practice Manager	Immediate and ongoing
We found areas that required additional cleaning (foyer roof/ wheelchairs/ patient toilet). We also noted that the accessible toilet did not have an emergency pull cord available.	The practice is required to arrange for the cleaning issues to be resolved and the emergency pull cord fixture to be installed as soon as possible.	The Practice have tasked the caretaker with the cleaning of the foyer roof and tasked the cleaning company with cleaning of the wheelchairs and patient toilet. Patient toilets will also be repainted. Patient emergency pull cord will be sourced, purchased, and installed immediately.	Practice Manager	1 Month

We found the staff entrance insecure giving access to restricted areas.	The practice must install an appropriate door lock mechanism to ensure the rear entrance is secure.	The staff entranced is now locked and staff are to use the main entrance until an appropriate secure door entry system can be sourced.	Practice Manager	2 Months
Staff we spoke to were unaware of feedback from significant events analysis.	The practice must ensure that staff are informed of the results of significant events analysis to promote learning from incidents.	The Practice will ensure that all staff are informed of any results of significant events analysis via Practice and clinical meetings, and this will be shown in the minutes.	Practice Manager	Ongoing
Some staff were unclear of this facility and the process to follow should they need to urgently call for help.	The practice must ensure all staff are fully aware of the red button alert system.	All staff have now been trained on how the red button alert system works. A protocol has also been written and given to staff.	Practice Manager	Immediate
We were told a risk assessment relating to home visits had not yet been completed.	The practice is required to conduct a risk assessment in relation to home visits.	A home visit risk assessment is currently in the process of being written and will be disseminated to staff on completion.	Practice Manager	Immediate

Needlestick injury posters were not available in treatment rooms to advise staff of the course of action to follow in the event of a sharps injury.	We recommend the practice have a sharps injury flowchart available in each clinical area to avoid unnecessary delay in seeking medical treatment or advice.	Sharps injury posters/information packs are now displayed in each clinical room	Nursing team	Immediate
There was no Infection Prevention and Control (IPC) lead appointed.	We recommend the practice appoints an IPC lead to provide advice and support to colleagues relating to infection prevention and control matters.	Due to the recent retirement of one of the Nursing team – IPC lead role is currently being discussed with Nursing team and Management. And a lead will be nominated imminently.	Practice Manager	Immediate
Cleaning of the practice was undertaken by an external company. We could not find a copy of the cleaning contract, nor did we see evidence of cleaning schedules.	The practice must ensure that a cleaning contract is in place and that adequate cleaning schedules are used and provide HIW with evidence.	Cleaning contract has been in place for several years. Practice have asked for an up-to-date contract to be supplied. Cleaning schedules for each room are in the process of being written.	Practice Manager	2 months
Data loggers were not present for the medication fridges to monitor temperatures over	We recommend the practice consider using temperature data	Practice will source and purchase data loggers for each fridge.	Practice Manager/Nursing team	2 Months

weekends and bank holidays or following a period of power outage.	loggers to monitor fridge temperatures.			
There was no checklist of the drugs or vaccines retained by the practice.	The practice must keep a checklist of drugs and vaccines kept at the practice.	Practice will implement a check list of all drugs and vaccines kept at the surgery and allocated time will be given to the Nursing team each week to check.	Practice Manager	Immediate
There was no room thermometer to ensure (non-refrigerated) drugs were stored at the required temperature.	We recommend the practice considers installing a room thermometer where medication is stored.	Practice will source and purchase room thermometer. Once installed this will be checked and recorded daily.	Practice Manager and Nursing team	2 weeks
We saw evidence that checks on this equipment and emergency drugs was conducted monthly.	We recommend emergency equipment and drugs are checked weekly.	Practice can confirm that emergency equipment and drugs are checked weekly. Protected time has been allocated for the Nursing team to complete each week.	Practice Manager and Nursing team	Immediate
We found the oxygen and emergency drugs were not	We recommend the practice stores all emergency equipment and	The Practice can confirm the all-emergency equipment is	Nursing team	Immediate

signposted. Furthermore, the emergency equipment was spread across two treatment rooms, with some equipment locked within a cupboard preventing easy access in the event of an emergency.	medicines in one location, with appropriate signage to indicate the location to staff.	now kept in one location, all staff are aware of this location and all emergency equipment is now easily accessible to staff when required. Clear signage for oxygen and emergency drugs is now displayed.		
The automatic external defibrillator (AED) had only adult pads available, in accordance with advice from their BLS trainer. However, we did not see a risk assessment covering the absence of child pads nor a policy to ensure all practice staff were aware of the action to take in event of an emergency involving a child.	We recommend the practice complete a risk assessment based on the BLS guidance and ensure the guidance is reflected in the relevant practice policies to ensure staff are aware of the arrangements in the event of an emergency involving a child	The Practice will complete an up-to-date risk assessment and policy stating this information.	Practice Manager and Nursing team.	Immediate
There was no effective system in place to monitor patients who did not attend (DNA) appointments.	The practice must put in place a plan for monitoring patients who did not attend appointments.	The Practice currently produces monthly searches for patients who did not attend appointments and the number displayed monthly.	Practice Manager	Immediate and ongoing

		This has been discussed with management and lists will now be looked at to identify any repetitive instances and will act on this accordingly.		
We did not see a protocol governing the handover of information to the health visitor team.	The practice should put in place a protocol to hand over information to health visitor team.	The Practice staff currently handover any information to the heath visitors verbally regarding any child health surveillance DNA's. any correspondence is placed in the health visitors box- which is given to them when they arrive at the Surgery. The surgery will implement a message book/folder for the sole use of the health visitor.	Practice Manager	1 Month
We were told the practice used the care navigation pathway template from their healthcare cluster. However, staff were not familiar with the full range of cluster-based services available.	We recommend the practice ensure all staff are fully aware of the range of cluster-based services to enhance the quality and effectiveness of the care navigation process.	Staff have been given a full protocol which includes a comprehensive list of cluster-based services. On the job training will be given to all care navigators. And extra support given to any staff member who requires it.	Practice Manager	Immediate and ongoing

We found inconsistent Read coding resulting in summaries being incomplete.	The practice must ensure Read coding is used consistently in all patient records.	All staff have been reminded of the importance of read coding. This is a current work in progress. We have recently had a staff member complete a read coding course to help with this.	Practice Manager	Immediate and ongoing
We were told that whole team meetings were not being held on a regular basis. We saw no evidence of recorded meeting minutes which would evidence shared learning and communication of important clinical matters.	We recommend the practice commences regular team meetings with formal minutes to be kept.	The Practice has put in place Practice Meetings that will take place every 3 months. Minutes will be taken and given to all staff members.	Practice Manager	Immediate and ongoing
We found a job description did not accurately reflect the role of the relevant staff member and we were advised that it was not the job description they had recently signed.	The practice must ensure all staff have up-to-date job descriptions retained in their personnel files, and that these include the scope of competence of the staff member.	The Practice can confirm that all staff job descriptions will be thoroughly checked and amended as appropriate.	Practice Manager	Immediate
Staff records highlighted several gaps in mandatory	The practice must ensure staff are fully compliant with mandatory	The Practice will identify which training each staff	Practice Manager	1 Week

training for both clinical and non-clinical staff with evidence of IPC and safeguarding training missing for some.	training and provide HIW with evidence when completed.	member needs to complete and will allocate protected time to complete. Evidence will be provided to HIW when completed.		
There was no evidence of structured formal clinical supervision for the nurses based at the practice.	The practice must implement a formal clinical supervision process for nurses employed at the practice.	The practice liaises with the LHB Nursing team to provide support with training. A written process will be drawn up with any supervision documented on a regular basis.	Management and Nursing Team	1 Week
The practice had a non-medical prescriber (NMP), however we found no evidence of formal prescribing governance in place.	The practice must clarify what arrangements are in place for non-medical prescribing at the practice and provide HIW with arrangements for the governance of this service.	The Practice does not employ a non-medical prescriber and does not intend to employ one. The individual mentioned has since retired from the Practice.	Practice Manager	Immediate
Responsible individuals named in the complaints policy were not current members of the practice team. Furthermore, there was no Putting Things	The practice must amend the complaints policy to ensure names of responsible individuals relate to current members of the practice team.	The Practice have amended the complaints policy to ensure the correct members names are named.	Practice Manager	Immediate

Right poster displayed in the waiting area.	The practice must display Putting Things Right posters in an area where they can be clearly seen by patients.	The Practice has displayed Putting things right posters both in English and Welsh in the patient waiting area.		
The practice did not have a method for displaying to patients when comments or suggestions had been acted upon.	We recommend that the practice implements a 'You said, we did' display to demonstrate to patients how the practice considers and act on feedback that contribute to practice improvements.	The Practice will update the waiting room notice board on a regular basis with any 'you said, we did' information for patients, and will also use the JX board. The PPG minutes will also be displayed on this board.	Practice Manager	Immediate

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): Rebecca Cook

Job role: Practice Manager

Date: 19/04/2024