

General Practice Inspection Report (Announced)

The Robert Street Surgery, Milford
Haven, Hywel Dda 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.



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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 The Robert Street Surgery, Hywel Dda University Health Board on 26 November 2024.

Our team for the inspection comprised of a HIW senior healthcare inspectors and three clinical peer reviewers. 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 21 questionnaires were completed by patients or their carers and seven were completed by staff. 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:

The findings in our patient questionnaires were mixed. Almost all patients felt they were treated with dignity and respect and that measures were taken to protect their dignity. However, only three respondents to the patient questionnaire felt they could obtain a same-day appointment when they needed to see a general practitioner (GP) urgently and that they could also arrange routine appointments when necessary.

There was good access into the premises allowing patients with impaired mobility and wheelchair users to easily access the facilities. The patient waiting room was clean and spacious, with a separate room available for private discussions.

The practice's culture and processes supported equality and diversity and this was supported through the policies and staff training.

There was not a workflow policy to ensure all relevant documentation was passed onto clinical staff for decision and action. Also, there were no subsequent audits of workflow carried out.

This is what we recommend the service can improve:

- Document a workflow policy
- Consider the patient comments in the questionnaires
- Consider the language needs of the patients and ensure that more information is provided, in relevant languages, including in Welsh.

This is what the service did well:

- Good health promotion information available
- Waiting areas bright and airy
- Ensured that patients felt they were treated with dignity and respect.

Delivery of Safe and Effective Care

Overall summary:

The processes in place at the practice protected the health, safety and wellbeing of all service users. All areas within the practice were clean, tidy, free of clutter and in a good state of repair. Our findings demonstrated a dedicated and enthusiastic clinical team who worked hard to provide patients with safe and effective care.

The environment, policies and procedures, staff training and governance arrangements upheld the required standards of infection prevention and control (IPC) and protected patients, staff and visitors using the service. An appropriate system was in place to ensure practice staff were protected against the transmission of hepatitis B.

The patient medical notes were of a good quality with safe and effective management of acute and chronic illness.

Improvement was needed to strengthen local safeguarding processes by re-introducing the regular meetings to discuss children who were subject to the child protection register and looked after children.

There was appropriate resuscitation equipment and emergency drugs in place to manage a patient emergency, such as a cardiac arrest. These met the primary care equipment standards as outlined by the Resuscitation Council UK guidance.

Processes were in place to support safe and effective care and the practice had links with the wider primary care services. The practice also ensured that patients requiring mental health support were appropriately signposted and supported.

This is what we recommend the service can improve:

- Introducing a log for the control of prescription pads and boxes of scripts
- Re starting the multi-disciplinary child protection meetings
- Check emergency drugs and equipment weekly.

This is what the service did well:

- The IPC standards were good
- Have appropriate resuscitation equipment
- Provide good Mental health support
- Good quality medical notes.

Quality of Management and Leadership

Overall summary:

Staff were clear about their roles and responsibilities. The management and leadership of the practice was good. There were clear reporting lines and a committed and dedicated practice management and senior team. The practice had documented most policies and procedures required to run the practice in place, which had been reviewed and updated regularly. They would benefit from writing a recruitment policy.

Responses from staff who completed the questionnaire were generally positive. All staff felt that patient care was this practice's top priority and staff were content with the efforts made to keep staff and patients safe. They would be happy with the standard of care provided by the practice for themselves or family.

Staff are supported to complete training relevant to their role and records were kept of mandatory and other training. The practice had sufficient staff with the right knowledge and skills available at the right time to meet demand.

Staff understood their responsibilities under the duty of candour and had received duty of candour training. The practice also had an in-date duty of candour policy.

The practice demonstrated that personal data was managed in a safe and secure way, with a current information governance policy in place. Some areas for improvement were noted, including holding regular all staff team meetings and annual appraisals.

This is what we recommend the service can improve:

- Hold regular all team meetings
- Document a recruitment policy
- Ensure appraisals were taking place on an annual basis.

This is what the service did well:

- Mandatory training compliance was generally good
- Staff understood the duty of candour
- Clear roles and responsibility.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care at The Robert Street Surgery for the inspection in November 2024. In total, we received 21 responses from patients at this setting. Some questions were incomplete by some respondents, meaning not all questions had 21 responses. Responses were mixed across most areas, with accessing the GP and arranging appointments being the main issue. Just over half who answered rated the service as 'very good' or 'good'. The comments received on the service and how it could improve are below:

"The doctors themselves are good. The organisation of the practice is the main problem. It is impossible to get a routine appointment. The only way to get an appointment is to turn up at the desk at 0800 or 1400 and wait for an emergency appointment hoping that a space will still be available. There is usually a very large queue of people doing the same thing. Because every appointment ends up being an emergency appointment, you don't feel like you can actually talk to the doctor about any issues worrying you because the whole experience is made to feel like a rush and inconvenience to everyone involved. The surgery itself is really good and seems to be an excellent facility, but the organisation and especially the attitude of the reception staff is very, very poor. Myself and my family have tried to move surgeries multiple times, but lots of people registered with this surgery have obviously tried to do the same so it's not an easy process."

"It is impossible to get an appointment. If you call in the morning as soon as the practice opens, you are on hold for a minimum of 30 - 45 mins. When you do get through, there are no appointments available. The call back service doesn't work either. Asked to swap practices to be the same as family and it was denied."

"Difficult to get appointments. Never anything available online. Tiresome answerphone messages, long phone queues, no ring back option."

"Impressed with speed of response. Appointment within 40 mins of phoning and then bloods taken within 2 hours of seeing Doctor. Follow up appointment just 2 days later. Very good."

“When you get to see a doctor or nurse they are helpful and most, but not all, appear competent. Things seem to be improving recently but this is from a very low point in terms of getting an appointment. Previously, people told me you needed to get to the surgery in the morning to ensure you got an appointment. If this is true, there is very little point in phoning.”

“Virtually impossible to get a routine appointment, the receptionist tells you to ring for an emergency appointment, but they are impossible to get as well now.”

Person-centred

Health promotion

Information was available at the practice relating to health and wellbeing. The notice boards within reception displayed a wide range of health promotion initiatives, which included weight management, healthy lifestyle, smoking cessation and accessing appointments. Additionally, there was information on display about how patients could access other healthcare professionals, such as physiotherapy referrals and young person counselling through the cluster and Pembrokeshire counselling service. A leaflet with the support services available was given to patients to signpost them to mental health services. It was positive to note that the practice would signpost or refer patients depending on their mental health needs.

The practice had already started the winter vaccination programme. The clinics had been advertised on the practice website and social media as well as in the surgery.

All responses in our patient questionnaire agreed there was health promotion and patient information material on display and 62% said they were offered healthy lifestyle advice. Additionally, all staff respondents said the practice offered health promotion advice and information about chronic conditions to patients in a variety of mediums.

Senior staff we spoke with described how patients who did not attend or ‘were not brought’ to their appointments were managed. This included allowing patients up to three instances of not attending for an appointment, in a twelve-month period. The practice nurses would follow up on any patients who did not attend for a vaccination. This process agreed with the did not attend policy.

Those patients without digital access were mainly kept updated about changes or new systems through notices on display at the practice. This included the current consultation on how the practice was changing its appointment process and moving to total triage. There was clear signage and leaflets available at the practice to describe this process, where every interaction with the practice required a patient to provide brief information about their health, prescription or general query. Whilst this process was easier to complete digitally via the website, where this was not possible, staff would complete the form on the patients behalf. Every request would be read and actioned by the practice and kept in the patient medical record.

There was overall, good access to the practice, particularly for patients with mental health issues, due to the new appointment system. However, there was a contrast between the practice belief that sufficient appointments were available and responses to the patient questionnaire which showed that some patients had difficulty making both routine and on the day appointments. The practice was looking at addressing this through the move to "Total Triage".

The practice must reflect on the discrepancy between practice and patient views regarding the availability of appointments and inform HIW of the actions to address any issues.

Dignified and respectful care

Suitable arrangements were in place to maintain patient privacy and dignity. The clinical rooms all had disposable privacy curtains and lockable doors. The external windows had appropriate frosted glass or curtains to maintain privacy.

Staff were seen to be discrete and sensitive when speaking with patients at the reception desk. There was a room available next to reception where confidential conversations could be carried out. All telephone calls were taken in a back office. However, very few patients felt they were able to talk to reception staff without being overheard.

The practice must consider the patient views regarding the privacy of conversations at reception, to ensure privacy can be maintained.

All but one respondent in our patient questionnaire felt they were treated with dignity and respect and all but two felt measures were taken to protect their privacy. In addition, all but one felt the GP explained things well, answered their questions and that they felt involved in decisions about their healthcare. One comment included:

“I would rather my medical concerns be addressed by the doctor instead of the receptionist telling me what’s wrong.”

The practice offered chaperones in all appropriate circumstances and there was a chaperone policy in place. Signs were also displayed on all treatment and consultation room doors reminding patients of the availability of chaperones, if required. However, the practice did not follow their policy, as there was no evidence when a chaperone was used documented in patient records.

Most patients felt they were offered a chaperone for intimate examinations or procedures and all respondents to our staff questionnaire said patients were offered chaperones when appropriate.

The practice must ensure that the use of a chaperone is documented in a patients clinical record as appropriate.

Timely

Timely care

Processes were in place to ensure patients accessed care in an appropriate and timely manner, with the most appropriate person. This included by phone or by attending the surgery. This was supported by an up-to-date practice access policy.

Staff told us sufficient appointments were usually available for the demand. If required, reception staff would consult the duty doctor to establish additional appointment capacity that day, for any urgent needs. Children aged under six would always be seen.

The new telephone system alerted the patient of their number in the queue and would also offer the patient a call back, instead of waiting. The patient would then be called back when their call reached the front of the queue. We were told that patients were much happier with the new telephone system and this provided patients with a choice, as they would not have to hold on for a long time as they can be called back.

The process was the same for patients requiring urgent mental health support or if they were in crisis and access was good. Patients would initially be managed by the practice and then referred or signposted to other support services according to their need. We were told that there was good support available to patients from mental health charities. Routine referrals would be made by a letter and urgent cases would be referred to the acute response team, a multidisciplinary team that provided a wide range of interventions in a patient’s home. NHS 111 option 2 was

also available for less severe conditions. The GPs kept an A4 page list at their desk with contact numbers to give to patients.

We were provided with a copy of the written care navigation pathway; care navigators had received online training from Health Education and Improvement Wales (HEIW) and face to face external care navigation training. There were opportunities for non-clinical care navigators to speak with clinical staff if they were unsure about the best options for a patient as well as being able to send screen message tasks on the medical record system.

For the three patients who responded in the survey regarding caring for someone with disabilities, long-term care or terminal illness, they said that they had not been offered an assessment of their needs as a carer. However, one said the practice had given them details of organisations or support networks that could provide information and support.

Our questionnaire also asked staff how the practice identified and supported carers. In contrast to the patient responses, all staff respondents were aware of the process, felt that the practice maintained a register of known carers, offered them an assessment of their needs and signposted carers to support organisations.

The practice must ensure that all patients registered or known as carers are offered an assessment of their needs as a carer and are signposted to carer support services.

Only three respondents to our patient questionnaire felt they could obtain a same-day appointment when they needed to see a GP urgently and that they could also arrange routine appointments when necessary. Some patient comments we received about accessing the GP included:

“Sometimes you want an appointment and cannot get one.”

“Haven’t been able to get an appointment yet.”

“Wasn’t offered an appointment and was told to call back at 2pm. Call back at 2pm and still can’t get an appointment. Happens regularly. Not offered telephone appt.”

“Impossible to get a routine appointment, so every appointment has to be booked the same day as an emergency (even if its not particularly an emergency). Very nearly impossible to get through over the phone due to this, the only real way to get an appointment is to go into the surgery at 0800 or 1400 and wait at the desk (usually in a very large

queue) and hope that an appointment may be available. Often you can wait an hour to be told there are no appointments left and you'll have to try again the next day."

Few patients said they were offered the option to choose the type of appointment they preferred and just over a half were content with the type of appointment offered. Over half the patients felt they were unable to access the right healthcare at the right time. Their comments included:

"Appointments difficult, otherwise satisfactory."

"Never any appointments available."

"Waiting list are awful, can't get appointments when I need it."

"Difficult to get an appointment."

"No appointments."

Regarding access to the practice, two thirds of patients felt satisfied with the opening hours of the practice, but only two patients said they could contact the practice when needed. For patients with an ongoing medical condition, only 29% said they could easily access the regular support they needed. However, 90% said they knew how to access out of hours services if they needed medical advice or consultation, if it could not wait until the practice was open.

When considering their experience of appointments, responses to our survey found that 40% of patients said their appointment was on time. 75% said their identity was checked, such as date of birth and address and 57% said their allergy status and ongoing medical conditions were checked prior to the GP prescribing new medications. In addition, 75% felt they had enough time to explain their health needs and 88% felt they were listened to.

Four out of the seven staff agreed that patients were able to access the GP services in a timely manner.

Equitable

Communication and language

We found that staff communicated clearly in a language and manner appropriate to patient needs. They also provided information in a way that enabled patients to make informed decisions about their care. The practice recorded telephone calls for training purposes and patients were informed of this in the telephone message service.

It was positive to note the electronic information board in the main reception to signpost patients to services available within the locality. There was also a light-emitting diode (LED) ticker board in reception where patients could be informed of any important information, in addition to the various notice boards.

We noted the process were in place for receiving information from secondary care both electronically and by post. Hard copies were scanned onto EMIS, the medical patient record system. Documents would then be allocated to the relevant doctor for review, with any urgent actions escalated to the attention of the duty doctor by administrative staff.

If there were further actions for the practice to take following a patient discharge from secondary care, this would be communicated by using text messages or a telephone call to patients. Clinicians would also send themselves an internal task to confirm that this had been completed. For patient reviewed by the out of hours GP service, electronic documentation was received from the services and allocated between all the GPs for review.

Where patients did not attend their hospital appointment, the letters received documenting this were allocated to the relevant clinician when received. The practice ensured communications were read and acted upon, with messages requesting a read receipt. Whilst there was a process in place regarding the receipt, scanning and forwarding of information received, a more robust process was required supported by a policy or protocol. This would help provide clear instruction and information to practice staff on the management of documents received from other services. The practice did not currently audit this process, therefore a policy would strengthen the need for this. Senior staff told us that the practice was reviewing administrative processes and procedures since changing the medical record system.

The practice must consider implementing a formal process supported by a policy to direct staff on the process of managing information/ documents received from secondary care or other services.

There was an up-to-date patient consent policy available which included the process to be followed for patients who lacked capacity and those who are regarded as minors. There was also reference to the mental capacity act and the deprivation of liberty safeguards.

There was some bilingual signage in place in Welsh and English, which was mainly provided by the health board. There was also a sign in reception informing patients

to alert reception staff if they wanted to communicate in Welsh. Patients would benefit from the practice providing more information in Welsh.

The practice must consider the language needs of the patients and ensure that more information is provided in Welsh or other languages as appropriate.

Welsh speaking staff were seen wearing a 'iaith gwaith' logo, to let patients and other staff know that they were able to communicate in Welsh.

All staff in the questionnaire said alerts were in place on patient records highlighting any patient communication difficulties.

Rights and equality

Equality and diversity were promoted to staff through practice policies and mandatory training.

The practice offered good access with a free car park adjacent to the practice and disabled parking outside the front door to the practice. We noted that all patient areas including treatment rooms and the accessible toilet were located on the ground floor.

The rights of transgender patients were also upheld, staff confirmed that preferred pronouns and names were used.

Delivery of Safe and Effective Care

Safe

Risk management

Processes were in place to protect the health, safety and wellbeing of all who used the service.

The practice had an up-to-date business continuity plan (BCP), with copies available electronically on the practice shared drive and paper copies in the reception office. The BCP included reference on how to deal with a significant health emergency, but it did not adequately cover the business partnership risk, this needed to be added to the BCP.

The practice must consider the business partnership risk within its BCP.

The practice manager received all patient safety alerts, however there was no delegation in the event of their absence. It would be wise to ensure a generic email address receives patient safety alerts to ensure access to these in the absence of the practice manager.

The practice must consider ongoing receipt and dissemination of patient safety alerts in the absence of the practice manager.

Significant events and patient safety alerts would normally be discussed at partnership meetings, which were minuted and would be shared with staff as appropriate. However, whilst a clear process was in place to record and discuss incidents, this was not supported by a policy. We noted that significant events were reviewed in a timely manner at partnership meetings.

The practice must implement a significant events policy and make this known to all staff.

We noted that the practice was clean, tidy, free of clutter and in a good state of repair. There was appropriate signage to alert staff and patients of any dangers. Sharps containers were secure and not overfilled.

All respondents to our patient questionnaire, said there were enough seats in the waiting area and most felt the toilet and hand washing facilities were appropriate for their needs.

Infection, prevention and control (IPC) and decontamination

There were two nurses appointed as IPC leads and these were both identified on the in-date IPC policy and all staff were aware of this.

The practice had a current IPC policy and a blood borne virus policy. There was also a process in place for any needlestick injuries. Nursing staff we spoke informed us of policies and procedures that were accessible on the shared drive. The nursing team appeared to work well together, with all relevant nursing policies easy to find on the shared drive, as well as a hard copy folder in the nursing treatment room. The protocols for needlestick injuries were displayed on a clinical notice board in each clinical room.

IPC notifications were received from the local health board and staff ensured they remained up to date with the most recent guidelines. Nursing staff also completed eLearning as required.

The practice had suitable hand hygiene, decontamination and sterilisation facilities. All clinical rooms had standard hand washing stations of a high and uniform standard. Hand washing audits had been conducted approximately six monthly and the practice were aiming to increase this to quarterly audits in the future. There had also been a recent IPC audit with no issues identified.

There were procedures in place for waste management, which included the safe disposal, transport and collection of healthcare waste. The practice shared the premises with another practice and whilst there was a central cleaning contract in place for both practices, there were no cleaning schedules available. In addition, clinical waste bags were not labelled appropriately in line with waste management procedures.

We also noted the vents in the toilets were partially clogged with dust impacting on infection, prevention and control.

The practice must ensure that:

- **Cleaning schedules are completed**
- **Clinical waste bags are appropriately labelled with the practice details**
- **The vents in the toilets are cleaned as part of a regular cleaning schedule.**

All respondents to our patient questionnaire said there were notices displayed explaining the procedure if patients attending were contagious. We identified that

the nursing treatment room was the designated room to segregate patients with suspected contagious infection, to help reduce the risk of cross infection to others.

Fifteen respondents in our patient survey said they had received an invasive procedure, this included blood tests, injections and minor procedures. All patients said the equipment used was individually packaged or sanitised and staff wore gloves during the procedure. Additionally, all but one patient said that antibacterial wipes were used to clean their skin before the procedure.

Regarding the practice's approach to IPC, all staff agreed that:

- The organisation had a current and effective infection control policy
- There was an effective cleaning schedule in place
- Appropriate personal protective equipment (PPE) was supplied and used
- The environment allowed for effective infection control

All patients who answered thought the GP setting was clean.

Medicines management

We saw that prescription pads were securely stored in a locked filing cabinet and staff described the process in place to securely dispose of prescription pads when a GP left the practice. However, there was not a log for the prescription pads and boxes of scripts. Additionally, there was not a requirement for patients or their nominated representative to sign for the prescriptions which contained controlled drugs. The practice need to implement this to ensure there is an audit trail of the prescription.

The practice must ensure that:

- An audit process is implemented for the control of prescription pads, when received, issued to a prescriber or to be securely destroyed when a GP leaves the practice
- An audit trail for the receipt and collection of prescriptions for controlled drugs.

The practice had previously identified the training needs relating to prescribing. New staff had training packs for prescribing practices to confirm when training had been completed.

We saw two clinical refrigerators, both with means of temperature monitoring. The refrigerators were calibrated annually and maintained as part of an annual contract for all medical equipment. Vaccines and medications were appropriately stored within their designated fridge.

There was daily monitoring of refrigerator temperatures evidenced by a record of checks, and during vaccination clinics fridge temperatures are checked before and after the clinic. There was also a temperature data logger available, which was not currently in use as the practice was awaiting the module to render it compatible with medical records system.

The ambient temperatures in rooms where drugs and medicines not requiring refrigeration were also monitored daily with a record maintained.

All drugs at the practice were checked and all were in date.

Staff were aware of how to report any adverse drug reactions through the yellow card scheme.

Safeguarding of children and adults

The practice had a named safeguarding lead for adults and children. Staff had access to safeguarding policies which were in date and included the appropriate contact details of designated persons to contact for any safeguarding concerns. All staff had received safeguarding training relevant to their roles.

Any child who was subject to the child protection register would be coded in the practice records, which alerted a clinician to identify children subject to the register. The practice aimed to review children at risk quarterly within practice meetings, but the meetings had not taken place as required. We were told the practice child protection lead was trying to reinstate the multidisciplinary team meetings, including the health visitor and other relevant professionals. The plan was to recommence these in the New Year and would initially be held monthly. The practice also had an up to date 'Was Not Brought' policy, the policy referred to the practice safeguarding meetings, which were not currently taking place.

The practice must reinstate the multidisciplinary team meetings for safeguarding children at risk and care experienced children.

There was a multidisciplinary team meeting coordinator who met with the practice every two weeks to identify adults at risk. The local authority would be notified as appropriate if any adults were known or were deemed to be a safeguarding risk.

We were told that the GPs review all the accident and emergency attendance reports, particularly for regular attenders.

Management of medical devices and equipment

There were processes in place to safely maintain equipment. All equipment was in a good condition, well maintained and appropriate electrical checks had been carried out. There were contracts in place for maintenance and calibration of equipment as appropriate and for any emergency repairs and replacement. Single use disposable equipment was used whenever possible.

The emergency resuscitation equipment and drugs contained the necessary items to meet the standards as outlined by the Resuscitation Council UK Guidelines. The practice was in process of reviewing the inventory with the co-located surgery, to assess if they could consolidate their retained items, to minimise wastage.

Whilst we were told that weekly checks were completed of the emergency drugs and equipment, including the defibrillator and oxygen cylinders, these checks were documented weekly for the equipment but only monthly for the emergency drugs. Therefore we could not be assured the checks were completed weekly as required. The practice had a portable oxygen cylinder, located in the main treatment room and a spare cylinder was also available.

The equipment was kept in the main treatment room, on an emergency equipment trolley, with relevant signage to identify the location of the equipment. We recommended that the drugs and equipment were moved to a location which would be easily accessible without compromising patient privacy and dignity. All staff were told where the emergency kit was kept. We were told that annual update training took place to maintain staff knowledge with the emergency equipment.

Staff had not completed training on how to use the portable oxygen cylinders such as the online British Oxygen Company (BOC) portable oxygen cylinder training. This was required following the Welsh Health Circular WHC/2024/036 Oxygen cylinders: regulation 28 report and patient safety notice 041. The practice had an in date documented handling and storage protocol.

The practice must ensure that:

- **The emergency drugs must be checked weekly and this must be documented appropriately**
- **Staff responsible for the use of portable oxygen cylinders must complete appropriate training, such as the online BOC training.**

Effective

Effective care

The practice had processes in place to support safe and effective treatment and care, and the processes showed links with the wider primary care services. The practice kept up to date with best practice, national and professional guidance, new technologies and innovative ways of working through several means. These included the local medical committee online group, membership of the local practice manager email group, Digital Health and Care Wales (DHCW) newsletters and the National Institute for Health and Care Excellence (NICE) guidance. These would then be discussed at clinical meetings.

The information would also be circulated to the relevant members of staff by email to maintain an audit trail through read receipts.

There was evidence that urgent referrals for cancer were acted upon quickly.

Should a patient contact the practice for emergency care, instead of calling emergency services, the administrative team were aware of the action required to manage this. There was a care navigation pathway in place and all relevant staff had completed care navigation training. If the patient refused to follow the guidance provided by admin staff this would be escalated immediately to a GP.

The practice ensured that patients requiring mental health support were appropriately signposted and supported. The practice process for supporting people in mental health crisis was described to us and patients were signposted from reception to the GP who managed acute emergencies of the day. The GP would contact the local crisis team. The care navigators had contact details for relevant local organisations, these details were also on the practice website and social media page. The practice would receive details of any interventions from the crisis team, which would be followed up by the duty GP.

In our staff questionnaire, all but one respondent felt able to meet all the conflicting demands on their time at work and had adequate materials, supplies and equipment to do their work. Five of the seven staff felt there were enough staff to allow them to do their job properly and were involved in decisions affected their work. Most staff felt able to make suggestions to improve services at the practice and all felt satisfied with the quality of care and support given to patients.

Patient records

We reviewed a sample of ten electronic patient records. These were stored securely and were password protected from unauthorised access. Overall, the records were clear, written to a good standard and complete with appropriate information. They were contemporaneous and easy to understand by other clinicians reviewing the records.

The practice had recently changed the electronic patient record system and the use of clinical Read codes had improved since the change of the clinical system. However, not all chronic diseases were Read coded, such as asthma and hypothyroid cases. The practice should consider an audit to identify patients where Read codes were omitted.

Efficient

Efficient

It was positive to note that the advanced nurse practitioner undertook home visits to patients and liaised with the acute response team and intermediate response team for ongoing patients' needs, such as provision of intravenous antibiotics at home, or investigations to prevent possible hospital admission. It was also positive to find that the multidisciplinary team co-ordinator met with the practice team to discuss patients and implement treatment plans to help prevent hospital admissions.

Patients were able to self-refer to several services including physiotherapy, podiatry, weight management, diabetes management and exercise classes.

Quality of Management and Leadership

Staff feedback

We received seven responses to our staff survey, which were overall, positive. All staff felt that patient care was this practice's top priority and staff were content with the efforts made to keep staff and patients safe. They felt they would be happy with the standard of care provided by the practice for themselves or family. However, three members of staff believed that patients were not able to access the GP services in a timely manner.

Staff comments included:

“Hard working staff who are all motivated to provide good patient care under high pressures.”

A very hard working team.”

“General repairs such as faulty hot water taps, broken toilet seats, dirty fridge interior - these are not reviewed or checked regularly and can take several months to be repaired. Carpeted areas contain stains. Reception office frequently appears very untidy which is partially visible by general public. Conversations in reception office can sometimes be heard at patient side of reception desk. Kitchen untidy and unkempt. Second-hand books in boxes and bags on kitchen floor.”

“Good overall pt care experienced nurses and excellent GPs- telephone access needs improvement.”

Leadership

Governance and leadership

Processes were in place to support effective governance, leadership and accountability, to ensure a delivery of safe and effective care. Staff were clear about their roles, responsibilities and reporting lines, as well as of the importance of working within their scope of practice.

Lessons learned would be shared at the partnership meeting where the minutes of the meeting were recorded.

Most staff spoken with felt supported and were able to approach leaders with any concerns and felt these would be addressed appropriately. Leaders confirmed that

there was an open-door policy for staff to share concerns and ideas for the practice.

We reviewed a comprehensive suite of policies and procedures. They were reviewed and updated regularly and were accessible to all staff via the practice intranet. There was an effective document management system in place.

We were told that team meetings were not held very often for administrative staff and information was normally passed to staff by email and verbally after the partners meeting.

The practice must ensure that staff meetings are held inclusive of administrative staff and minutes documented and shared as appropriate.

Staff had access to an employee assistance programme and information for the service was displayed on posters at the practice.

Workforce

Skilled and enabled workforce

Whilst there was not a workforce plan in place, the practice manager was aware of the abilities of all staff, to ensure that there was an appropriate skill mix available when required. Some staff had been trained to undertake other duties to ensure to cover during staff absences.

Staff we spoke with said that the distribution of clinical duties was within the scope of their practice. The advanced nurse practitioner (ANP) was also the nurse manager, with managerial and coordinating roles for the whole nursing team. The ANP was also a nurse prescriber and their prescribing scope was reviewed annually at their appraisal. The ANP said that they could always access a relevant clinician as appropriate to discuss their scope of practice. There was clearly effective and appropriate use and management of the prescribing ANP. The practice should consider whether more frequent reviews of their prescribing activity could be undertaken by the pharmacist or the supervising GP.

Staff described the process for recruitment and conducting pre-employment checks. This included a Disclosure Barring Service (DBS) check, references and a contract and processes were in place to establish any change to an employee's DBS status, through a self-declaration. New staff were issued with a comprehensive practice handbook when they started work. There would also be a check of a healthcare professional's registration with their regulatory body to ensure it was current.

The hepatitis B status of clinical staff was recorded and was up to date.

Whilst the recruitment process described by senior staff was satisfactory, there was no recruitment policy in place to support this, though there was a new employee induction policy.

The practice must implement a recruitment policy.

The staff questionnaire responses suggested that all staff had received an annual appraisal in the last 12 months. However, records demonstrated that annual appraisals had not been completed since October 2023.

The practice must ensure that annual appraisals are completed annually for all staff.

In our staff survey respondents said they had completed appropriate training to undertake their roles, including both mandatory and role-specific training. All staff we spoke with felt they had opportunities to complete relevant training. We were provided with information demonstrating that most staff had completed mandatory training and plans were in place for staff to renew their training where applicable.

All but one member of staff generally agreed that their job was not detrimental to their health. All staff felt the practice took positive action on health and wellbeing. All but one felt that their current working pattern allowed for a good work-life balance.

Five of the seven staff were aware of the occupational health support available to them. All felt an appropriate skill mix was in place and they could access information technology systems when needed, to provide good care and support to patients.

In relation to equality, in our survey all staff said they had not faced discrimination at work within the last 12 months. They also said they had fair and equal access to workplace opportunities and that their workplace was supportive of equality, diversity and inclusion.

Culture

People engagement, feedback and learning

A suggestion box was available in the patient waiting area, for patients to provide feedback or make suggestions about the practice. The practice results from the recent NHS Wales Experience Survey were also available. However, the results of the survey were not displayed at the practice. The practice should demonstrate

that patient suggestions were welcomed and acted upon, on a 'you said, we did' board within the practice and on the website.

The practice must ensure feedback is provided to patients following a survey or other feedback through a display on a 'you said, we did' board.

The complaints policy aligned with the NHS Wales Putting Things Right process and both were displayed in the waiting room. The practice manager was responsible for managing all complaints and this was clear within the complaints policy and procedure documents. A spreadsheet was maintained with details of the complaint. There had only been seven complaints in the last 12 months and there were no themes.

Senior staff assured us that staff would be supported to raise a concern should the need arise and we were provided with the practice whistleblowing policy.

Of those who responded to the survey, none of the patients were able to confirm they had been asked by the practice about their experience of the service, although half knew how to complain about the service. All staff who responded to our survey felt that patient feedback was collected in their practice.

Staff we spoke with understood their responsibilities under the duty of candour and had received training for this. A Duty of Candour policy was also in place. In our survey, all but one staff said they knew and understood the duty of candour and their role in meeting the duty of candour standards. All staff said that the practice encouraged them to raise concerns when something had gone wrong and to share this with the patient.

Senior staff described an open-door policy, so that staff at all levels were encouraged to speak up when they had new ideas or concerns. In our survey, staff felt that they were encouraged to report errors, near misses or incidents and they were treated fairly with any incidents they were involved with. Staff also felt that the practice took action to ensure that errors, near misses or incidents did not reoccur. Staff also felt they were given feedback about any changes made in response to incidents.

Information

Information governance and digital technology

We saw evidence that patient information was stored securely. The practice had up-to-date information governance policies for all information processed by the practice. There were arrangements in place to maintain patient confidentiality and adherence to Information Governance and the General Data Protection Regulations

(GDPR) 2018 were appropriate. There was also a comprehensive privacy notice for patients explaining data handling.

The practice used the Digital Health and Care Wales (DHCW) service to support the information governance lead.

Learning, improvement and research

Quality improvement activities

The practice engaged in learning from internal and external reviews, including incidents and complaints. All learning was shared across the practice to make improvements. There was evidence that several audits had taken place, which would be discussed in partnership meetings and learning shared. In addition, complaints were discussed and minuted, the minutes would mainly be shared by emails. When specific actions arose, the practice manager would meet with the wider team to discuss these.

Whole-systems approach

Partnership working and development

The practice provided examples of how it took account of the implications of their actions on other parts of the system, these included following the health board clinical pathways.

We were told there were several cluster projects in place, including the care co-ordinator multidisciplinary team to establish robust multidisciplinary working across the eight practices, to help reduce emergency admissions to hospital and the average length of stay. In addition, there was a diabetic foot health project to reduce the financial burden for the health service by reducing the incidence of foot ulcers and amputations in the long term. There was also evidence of a good working relationship between the practice and the cluster.

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 summarises 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: The Robert Street Surgery

Date of inspection: 26 November 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	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate assurance issues.					

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):

Job role:

Date:

Appendix C - Improvement plan

Service: The Robert Street Surgery

Date of inspection: 26 November 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	Standard / Regulation	Service action	Responsible officer	Timescale
1.	There was a contrast between the practice belief that sufficient appointments were available and responses to the patient questionnaire which showed that some patients had difficulty making both routine and on the day appointments. The practice was looking at addressing this	The practice must reflect on the discrepancy between practice and patient views regarding the availability of appointments and inform HIW of the actions to address any issues.	Health & Care Quality Standards - Health Promotion	Practice is planning to start Total Triage as soon as possible. Will hopefully be signing this before end of February.	Dr I Griffiths Fiona Walters	2 months Evidence is order for software
				Looking at different ways of working to use ANP with increased in-house clinics to increase appointments by 8 per day	Melanie Evans Fiona Walters	1 month Evidence is a template of sessions

	through the move to "Total Triage".					
2.	Staff were seen to be discrete and sensitive when speaking with patients at the reception desk. There was a room available next to reception where confidential conversations could be carried out. All telephone calls were taken in a back office. However, very few patients felt they were able to talk to reception staff without being overheard.	The practice must consider the patient views regarding the privacy of conversations at reception, to ensure privacy can be maintained.	Health & Care Quality Standards - Dignified and Respectful Care	<p>Looking at quotations for music in waiting room.</p> <p>Move barrier back to only allow 1 patient at a time at the desk.</p> <p>Move station for ordering repeat medication away from reception desk so not next to queue</p>	<p>F Walters</p> <p>F Walters N Raymond</p> <p>F Walters N Raymond</p>	<p>1 month Quotations provided</p> <p>14 days Photo taken</p> <p>14 days Photo taken</p>

3.	Most patients felt they were offered a chaperone for intimate examinations or procedures and all respondents to our staff questionnaire said patients were offered chaperones when appropriate.	The practice must ensure that the use of a chaperone is documented in a patients clinical record as appropriate.	Health & Care Quality Standards - Dignified and Respectful Care	This is already in place with all staff having been advised to enter appropriate data onto the clinical system.	Mel Evans Fiona Walters	Completed Anonymised entry as evidence
4.	For the three patients who responded in the survey regarding caring for someone with disabilities, long-term care or terminal illness, they said that they had not been offered an assessment of their needs as a carer. However, one said the practice had	The practice must ensure that all patients registered or known as carers are offered an assessment of their needs as a carer and are signposted to carer support services.	Health & Care Quality Standards - Timely Care	These are performed by PAVS and not in-house. Staff to continue to signpost new carers to them for assessment via usual form. To instigate a drive to remind existing carers to complete form to be assessed by PAVS or contact them direct if not had an assessment.	F Walters N Raymon	1 month Anonymised search and evidence of contact

	given them details of organisations or support networks that could provide information and support.					
5.	This would help provide clear instruction and information to practice staff on the management of documents received from other services. The practice did not currently audit this process, therefore a policy would strengthen the need for this. Senior staff told us that the practice was reviewing administrative processes and	The practice must consider implementing a formal process supported by a policy to direct staff on the process of managing information/ documents received from secondary care or other services.	Health & Care Quality Standards - Communication and Language	Develop workflow policy on discussion with relevant staff and partners.	F Walters	1 month Provide policy

	procedures since changing the medical record system.					
6.	There was some bilingual signage in place in Welsh and English, which was mainly provided by the health board. There was also a sign in reception informing patients to alert reception staff if they wanted to communicate in Welsh. Patients would benefit from the practice providing more information in Welsh.	The practice must consider the language needs of the patients and ensure that more information is provided in Welsh or other languages as appropriate.	Health & Care Quality Standards - Communication and Language	Due to lack of space to develop a designated noticeboard displaying important bilingual information translated by Helo Blod. Timescale dependent on translation service. Not enough room for every poster and less need locally with limited demand.	F Walters N Raymond	8 weeks Photo of board
7.	The BCP included reference on how to	The practice must consider the business	Health & Care Quality Standards -	To review the BCP documents and	F Walters Partners	8 weeks

	deal with a significant health emergency, but it did not adequately cover the business partnership risk, this needed to be added to the BCP.	partnership risk within its BCP.	Risk Management	discuss as a partnership with view to adding a section in for this.		Copy of amended BCP
8.	The practice manager received all patient safety alerts, however there was no delegation in the event of their absence. It would be wise to ensure a generic email address receives patient safety alerts to ensure access to these in the absence of the practice manager.	The practice must consider ongoing receipt and dissemination of patient safety alerts in the absence of the practice manager.	Health & Care Quality Standards - Risk Management	To arrange access to PM account and organise a forwarding rule to IT Manager	F Walters	Already completed Screenshot of rule

9.	However, whilst a clear process was in place to record and discuss incidents, this was not supported by a policy. We noted that significant events were reviewed in a timely manner at partnership meetings.	The practice must implement a significant events policy and make this known to all staff.	Health & Care Quality Standards - Risk Management	To discuss and review to create a policy for this.	F Walters	4 weeks Provide copy of policy
10.	There were no cleaning schedules available. In addition, clinical waste bags were not labelled appropriately in line with waste management procedures. We also noted the vents in the toilets were	<p>The practice must ensure that:</p> <ul style="list-style-type: none"> • Cleaning schedules are completed • Clinical waste bags are appropriately labelled with the practice details 	Health & Care Quality Standards - IPC	Discuss with cleaner contractors to get done.	Cleaning contractor and F Walters	Already doing Photographic evidence

	partially clogged with dust impacting on infection, prevention and control.	<ul style="list-style-type: none"> The vents in the toilets are cleaned as part of a regular cleaning schedule. 				
11.	<p>However, there was not a log for the prescription pads and boxes of scripts. Additionally, there was not a requirement for patients or their nominated representative to sign for the prescriptions which contained controlled drugs. The practice need to implement this to ensure there is an audit trail of the prescription.</p>	<p>The practice must ensure that:</p> <ul style="list-style-type: none"> An audit process is implemented for the control of prescription pads, when received, issued to a prescriber or to be securely destroyed when a GP leaves the practice An audit trail for the receipt and collection of prescriptions for controlled drugs. 	Health & Care Quality Standards - Medicines Management	<p>Less paper will be required for prescribing due to moving to EPS in April. No need for CD signing as no paper.</p> <p>Will keep audit of handwritten pads once further supply has been received.</p> <p>To keep these for business continuity as well as for GP bags, though do not issue scripts until return to practice.</p>	M Page F Walters	1 month Copy of log of pads

12.	The practice also had an up to date 'Was Not Brought' policy, the policy referred to the practice safeguarding meetings, which were not currently taking place.	The practice must reinstate the multidisciplinary team meetings for safeguarding children at risk and care experienced children.	Health & Care Quality Standards - Safeguarding	First date for this meeting has now been arranged for 7/03/25 and then to meet monthly on the first Friday thereafter.	M Douglas Health visiting team Fiona Walters	Already completed Minutes of first meeting/evidence of meeting
13.	<p>Whilst we were told that weekly checks were completed of the emergency drugs and equipment, including the defibrillator and oxygen cylinders, these checks were only documented monthly, for the drugs.</p> <p>Staff had not completed training</p>	<p>The practice must ensure that:</p> <ul style="list-style-type: none"> • The emergency drugs must be checked weekly and this must be documented appropriately • Staff responsible for the use of portable oxygen 	Health & Care Quality Standards - Management of medical devices and equipment	<p>Already completed</p> <p>Nursing staff and GPs to have BOC training</p>	<p>M Evans G Powles</p> <p>M Evans</p>	<p>Already completed Copies of checklists</p> <p>1 month as only 2 staff members</p>

	on how to use the portable oxygen cylinders such as the online British Oxygen Company (BOC) portable oxygen cylinder training.	cylinders must complete appropriate training, such as the online BOC training.				outstanding who have yet to be trained. Evidence of training
14.	We were told that team meetings were not held very often for administrative staff and information was normally passed to staff by email and verbally after the partners meeting.	The practice must ensure that staff meetings are held inclusive of administrative staff and minutes documented and shared as appropriate.	Health & Care Quality Standards - Governance and leadership	Will commence monthly meetings. In process of arranging a full team meeting once dates have been provided. Admin only meeting to discuss workload week after next.	N Raymond F Walters E Garlick	1 month Minutes of meetings to be provided
15.	Whilst the recruitment process described by senior staff was satisfactory, there was no recruitment policy in place to	The practice must implement a recruitment policy.	Health & Care Quality Standards - Skilled and enabled workforce	To discuss and implement a recruitment policy	F Walters	1 month Copy of policy

	support this, though there was a new employee induction policy.					
16.	Records demonstrated that annual appraisals had not been completed since October 2023.	The practice must ensure that annual appraisals are completed annually for all staff.	Health & Care Quality Standards - Skilled and enabled workforce	No contractual evidence found for need for annual appraisals for non-clinical staff though good practice. Will now arrange a staggered plan for staff appraisals over next 6 months.	F Walters	6 months Copy of plan of dates
17.	The practice should demonstrate that patient suggestions were welcomed and acted upon, on a 'you said, we did' board within the practice and on the website.	The practice must ensure feedback is provided to patients following a survey or other feedback through a display on a 'you said, we did' board.	Health & Care Quality Standards - People engagement, feedback and learning	To arrange a "you said, we did" board once 2025 patient questionnaires have been completed.	F Walters N Raymond	3 months Photograph of board

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): FIONA WALTERS

Job role: PRACTICE MANAGER

Date: 21.01.2025