Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report

(Announced)

Kingsway Surgery, Swansea Bay 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 Kingsway Surgery, Swansea Bay University Health Board on 29 January 2025.

Our team for the inspection comprised of one HIW healthcare inspector, two clinical peer reviewers and one practice manager reviewers.

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 14 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.

1. Summary of inspection

Quality of Patient Experience

Overall summary:
We observed friendly interactions between staff and patients and telephone calls took place in an office away from the main reception counter to aid patient confidentiality.

It was positive to find that appointment requests are triaged by a GP to help clinically assess the urgency of calls and to ensure patients are seen by the most appropriate professional. However, some patients felt that the booking process could be strengthened.

There was a range of health promotion advice displayed through the practice and a range of clinics were held for the management of chronic conditions and other services, such as vaccinations and immunisations. It was positive to find the practice had developed a Healthy Living Hub next to the practice, which provided patients with exercise facilities and the opportunity to socialise.

Patients were advised that a chaperone could be present at intimate examinations, and we saw evidence of this, but we recommended the practice ensures record keeping is strengthened to capture the offer and use of a chaperone during a consultation.

Delivery of Safe and Effective Care

Overall summary:
The practice environment was visibly clean, well-organised and accessible to all. There were appropriate arrangements in place to identify and respond to any environmental concerns, including fire, infection prevention and control, hazardous waste and legionella.

There were generally appropriate processes in place for the management of medication, including the availability of and access to emergency medical equipment. Staff were aware of the process to follow in the event of any safeguarding concerns and there were nominated clinical safeguarding leads. We have recommended that the practice reflects on the need for additional and on-going training in this area, and to ensure that flags are placed onto relevant patient records where safeguarding concerns are held.

Overall, good processes were in place to support the effective treatment and care of patients. This included multidisciplinary team working, engagement with external professionals and agencies, and forums to review and learn from incidents.

We reviewed a sample of electronic patient records and found these to be overall, clinically sound and of good quality. We identified a small number of areas to strengthen and have advised the practice to undertake an audit in due course.

Quality of Management and Leadership

Overall summary:
There was a clear management and leadership structure in place. All staff we spoke with had clear roles and responsibilities and were knowledgeable of their areas of work. Staff feedback was positive, and all noted the practice as a good place to work.

Patients were able to provide feedback in several ways, including in person, in writing or through a formal complaint's mechanism. This was aligned with the NHS Wales 'Putting Things Right' process.

The practice demonstrated a good approach towards learning and quality improvement. This included seeking and responding to patient feedback, including formal complaints, and applying learning from incident review meetings. There was consideration of Duty of Candour throughout.

The practice undertook a range of practice management and clinical based audits. These audits were completed proactively and in response to local issues affecting the patient population.

2. What we found

Quality of Patient Experience

Patient feedback

Responses were mostly positive across all patient survey areas, with some less than positive responses relating to accessing the GP and booking appointments. Three quarters of respondents rated the service as very good or good.

Patient comments included:

> *"We feel fortunate to be registered with this practice, they look after us splendidly."*
>
> *"Our GPs are lovely, professional and kind, it's just so hard to get an appointment to see them. If you don't have internet access before 9.30, it's a case of bad luck, try again tomorrow morning. Not really good enough!"*

Person-centred

Health promotion

There was a range of health promotion advice displayed throughout the practice. This included information on common illnesses, screening campaigns, mental health, and carers support. Information was of good quality and up-to-date.

The practice provided a range of clinics for the management of chronic conditions and additional services. This included minor surgery, vaccinations and child health clinics. These services were delivered by General Practitioners (GP's), practice based and community nurses, pharmacist and paramedic clinicians.

It was positive to find that the practice had developed a Healthy Living Hub next to the surgery, which provided patients with exercise facilities and the opportunity to socialise. Support was provided by an exercise therapist and a volunteer team.

Dignified and respectful care

We observed friendly interactions between staff and patients. However, some survey respondents commented that their interactions with reception staff could be strengthened.

The waiting area allowed for most conversations to be held in private between reception staff and patients, but some survey respondents disagreed that privacy could be maintained. Telephone triage calls took place in an office away from public areas.

We found surgery and clinic doors were kept closed at all times whilst patients were being seen and treated.

Patients were notified that they could have a chaperone present during their consultation or when undergoing examination. We confirmed that there were male and female chaperones available, and that training had been completed. However, we noted that the recording of the offer of a chaperone and whether this offer had been accepted or rejected by the patient, along with the details of any chaperone present, was not always entered into patient records.

The practice must ensure that the offer of a chaperone and the decision made by the patient, along with the details of any chaperone present, is entered into patient medical records.

Timely

Timely care

Access to on-the-day appointments can be accessed through the practice website, app or by calling the reception team on the morning of day the appointment is requested. Once daily appointment spaces are filled, patients have the option to request an urgent appointment for time sensitive medical issues or book an appointment in up to 4 weeks in advance.

It was positive to find that appointment requests throughout the day are triaged by a GP, to help clinically assess the urgency of calls and to ensure patients are seen by the most appropriate professional. In addition, we confirmed that information is provided to patients online and via the telephone system to contact 999 when presenting with urgent symptoms related to heart attack, stroke, or heavy bleeding. There is also information provided on how community pharmacy services can help with several common ailments and conditions.

Over half of patients who responded to our survey told us 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 needed. Some patients commented:

> *"The online booking system works well for me, but a return of turn up and wait, even if only once a week would make like easier for the elderly."*

"You can never see the same doctor; it doesn't allow for working people to book same day appointments as you have to be on your phone at certain hours which isn't possible in all jobs."

"Since Covid getting a face-to-face appointment on the day, is almost impossible, as an older person, talking to someone on phone is not the same has seeing an actual doctor. If you waiting to have a callback it means carrying a phone with you around the home, you don't know when it going to come, will it be early, will it be today. Will you actually speak to a doctor, or will it be a text only…"

The practice should reflect on this feedback, particularly how it engages older people in the appointment process, to ensure that appointments can be equitably accessed by all.

Just over half of patients who have chronic medical condition felt they can access the regular support needed. All but one patient told us they know how to access out-of-hours support.

Equitable

Communication and language

Bilingual signage and patient information were available. This included a bilingual telephone line. Whilst the number of Welsh speaking staff at the practice was low, staff told us that this was broadly in line with the language needs of the locality served.

Staff told us that they would accommodate any known language or communication needs and were familiar with services, such as Language Line to support any translation needs. A multilingual website was available to patients to access, which contained a range of information about the practice and the services it provides.

Delivery of Safe and Effective Care

Safe

Risk management
The practice environment was well maintained in all staff and patient areas. It was accessible, with step free access.

Fire detection equipment, serviced fire extinguishers, signage and lighting was present throughout the practice. This was supported by a fire risk assessment. Electrical items were seen to be PAT tested, and there was evidence of environmental and legionella audits being completed, with improvement actions implemented when required.

Staff were able to request emergency assistance, such as in the event of a patient collapse, from each surgery and clinic. When asked, staff were familiar with the process and how to respond.

Infection, prevention and control (IPC) and decontamination
The practice was visibly clean and free of clutter. This was supported by cleaning schedules and a well-maintained building which facilitated effective IPC management.

Staff had received training appropriate to their roles and responsibilities. This included IPC level 2 and hand hygiene training. A recent audit had been undertaken, with timely actions taken in response. We recommend, however, that disposable curtains are changed at six monthly intervals or sooner if soiled to minimise the risk of cross infection, given that any clinical room within the practice has the potential for invasive procedures to be carried out.

The practice must ensure that disposable curtains are replaced at six monthly intervals or sooner if soiled, in clinical areas where invasive procedures are completed.

All patients who responded to our survey and told us that they had received an invasive procedure, agreed that clinical staff wore gloves during the procedure, that single use items were used, and that antibacterial wipes were used on the skin before the procedure.

Clinical waste, including sharps items, was appropriately segregated and stored in appropriate bins. These were securely stored away from publicly accessible areas, and contracts were in place for the disposal of hazardous materials. There was a

process in place for any needlestick injuries and staff were aware of the process to follow in the event of.

There was a record kept for the Hepatitis B immunity status for all clinical staff, with evidence that this was regularly reviewed.

Medicines management

There were appropriate processes in place for the management of vaccines. This included the ordering, stock and fridge temperature checking, including an awareness of what actions to take in the event of fridge mechanical failure. However, we observed some items were stored on the base of the refrigerator, which could impact the circulation of cold air and efficacy of the drugs. This matter was resolved during the inspection.

This included sound processes to responding to medical emergencies where the emergency trolley might be required. Whilst checks were completed and recorded for all emergency equipment, including oxygen and defibrillator, the practice must ensure that this is done on at least a weekly basis in both the practice and Wellbeing Hub, in line with the Primary Care Quality Standards of the Resuscitation Council UK. This was resolved at the time of the inspection.

No controlled drugs were stored on the premises.

Safeguarding of children and adults

All staff that we spoke to were aware of the process to follow for reporting any safeguarding concerns. This was supported by a safeguarding policy, which was linked to the Wales Safeguarding Procedures.

All staff had received safeguarding training appropriate to their roles and responsibilities, and there were two nominated clinical safeguarding leads who shared the role. We found that whilst the one safeguarding lead had undertaken training to level 4, there is a need for the second to consider whether there is a need for any additional and on-going training to assist them in fulfilling this role.

The practice should consider whether there is a need for any additional and/or on-going safeguarding development and training for both nominated clinical safeguarding leads.

There was a system in place on the patient records system to ensure that children at risk are easily identified to staff at each appointment. However, we found in one record, whilst flags were placed onto the records of siblings, an appropriate flag was not placed onto the parents' record.

The practice must ensure that flags are placed onto the records of all relevant family members of any child or young person on the Child Protection Register.

Management of medical devices and equipment

Medical devices and equipment were found to be in good working order. There was evidence of calibration and replacement of faulty equipment through contracts with relevant device manufacturers and providers. Single use items were in use wherever possible.

Effective

Effective care

Overall, we found good processes in place to support the effective treatment and care of patients. This included multidisciplinary team working and engagement with external clinicians and agencies.

We found a timely and auditable process for dealing with referrals and other correspondence in and out of the practice to secondary care and/or other health professionals.

Staff had clearly identified clinical roles and responsibilities, and there were processes to disseminate clinical updates. There was evidence of meetings to review serious incidents and to establish any learning. This included consideration of Duty of Candour, when necessary.

Patient records

We reviewed ten electronic patient's records, and the contents were overall, clinically sound and of good quality. However, we identified a small number of areas to strengthen clinical record keeping. These included:

- Reflecting on the template format of how consultations are recorded on EMIS to ensure this flows logically to the clinician reviewing that record
- Ensuring that the offer of a chaperone during intimate examinations is made, and the offer, uptake and the chaperone present is recorded
- Ensuring that the reason for discontinuing medication is always recorded on the past drugs screen and is consistently linked to diagnosis.

The practice should undertake a record keeping audit and consider regular auditing to maintain the quality of record keeping.

Quality of Management and Leadership

Staff feedback

Responses to our staff survey were mostly positive, with most telling us t they felt able make suggestions to improve practices. All but one staff member said they are involved in any decision-making surrounding changes that may affect their work. Some comments included:

Staff comments included:

> *"Great team to work with who care about delivering great patient care."*
>
> *"Not enough protected training time and sometimes the training sessions are not consistent."*

Leadership

Governance and leadership
There was a clear management and leadership structure in place, and staff we spoke with were clear about their roles and responsibilities. The practice team appeared to work cohesively and spoke positively of the way in which they support each other professionally, and to better deliver patient care. All staff agreed they would recommend the practice as good place to work.

We saw evidence of regular team and practice meetings, including use of various platforms for general and urgent communication between teams.

A breadth of policies and procedures were in place to support the effective running of the practice. However, we recommend that policies are reviewed to ensure that they are sufficiently tailored and reflective of current practices adopted by the practice team.

The practice should ensure that policies and procedures are sufficiently tailored and reflective of current practices adopted by the practice team.

Workforce

Skilled and enabled workforce
There was an induction and orientation process in place for new staff. This included medical students and GP trainees, with a number of these being accommodated at the practice.

Disclosure and Barring Service checks had been completed for staff, according to their role within the practice. However, in the sample of staff files we reviewed, we found the enhanced certificate of one member of the clinical team was not immediately available. This was resolved during the inspection.

Evidence of appraisal activity was seen, and we saw examples of training and development being provided according to their developmental needs. Staff had completed a breadth of mandatory training, according to their roles and responsibilities, which was linked to their revalidation cycle.

Culture

People engagement, feedback and learning

Patients were able to provide feedback in several ways, including in person, in writing or through a formal complaint's mechanism. This was aligned with the NHS Wales 'Putting Things Right' process.

We reviewed a sample of formal complaints. These had been acknowledged within the appropriate timeframe, and were monitored by the practice management team to ensure full responses are provided in a timely manner, and to inform patients in the event of any delays.

Information

Information governance and digital technology

An appropriate system was in place to ensure the effective collation, sharing and reporting of patient information, data, referrals and requests. All electronic and paper patient records were found to be securely stored.

All staff agreed that they can access the IT systems they need to provide good care and support to patients.

Learning, improvement and research

Quality improvement activities

The practice demonstrated a good approach towards learning and quality improvement. This included mechanisms for seeking and responding to patient feedback, including formal complaints. There was also evidence of well attended serious incident review meetings, which including outcomes and learning.

The practice undertook a range of practice management and clinical based audits. These audits were completed proactively and in response to local issues affecting the patient population.

There was evidence of good cluster working to meet the needs of the local population. This included an emphasis on supporting people to lead healthy lifestyles and wellbeing promotion.

3. 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
Whilst checks on the emergency trolley, including oxygen and defibrillator, in the practice and Hub were undertaken, these were not completed and recorded on, at least, a weekly basis.	This is to ensure that the kit remains fully available and in working order	Highlighted to practice management	A weekly check list was immediately put into place.
Some drugs that required cold storage were stored on the base of the clinical fridge.	This can affect cold airflow and the efficacy of the drug.	Highlighted to practice management	Drugs were re-positioned in the fridge and clinical staff made aware.
In the sample of staff files reviewed, one clinical staff member only had a basic certificate immediately available.	All clinical staff are required to have an enhanced DBS check due to the nature of their role.	Highlighted to practice management	An enhanced certificate was obtained and staff amended their process to ensure enhanced certificates are routinely stored in staff files.

Appendix B - Immediate improvement plan

Service: Kingsway Surgery

Date of inspection: 29 January 2025

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 assurances were identified					
2.						
3.						
4.						

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):

Appendix C - Improvement plan

Service: Kingsway Surgery

Date of inspection: 29 January 2025

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.	Risk to patient experience	The practice must ensure that the offer of a chaperone and the decision made by the patient, along with the details of any chaperone present, is entered into patient medical records.	GMC guidelines Duty of Quality – Person Centred / Safe	To communicate to all clinicians how to code chaperones in patients notes with the person initials of the person who is chaperoning. Also, code is the chaperone offer is declined by the patient.	Christina Kelly	3 Months
2.	Risk to safe and effective care (IPC)	The practice must ensure that disposable curtains are replaced at six monthly intervals or sooner if soiled, in clinical areas where	National Standards for Cleaning Duty of Quality - Safe	Revert to 6 monthly change of disposal curtains or sooner if required.	H&S Officer & nursing team	Immediately

		invasive procedures are completed.				
3.	Risk to safe and effective care (Safeguarding)	The practice should consider whether there is a need for any additional and/or on-going safeguarding development and training for both nominated clinical safeguarding leads.	RCGP Standards Duty of Quality - Safe	Look at the level 4 safeguarding course for [Safeguarding Lead] as part of her role and personal development in Safeguarding lead.	Christina Kelly	3 months
4.	Risk to safe and effective care (Safeguarding)	The practice must ensure that flags are placed onto the records of all relevant family members of any child on the protection register.	RCGP / Public Health Wales Duty of Quality - Safe	Completed and actioned	Dr Rebecca Jenkinson	
	Risk to safe and effective care (Effective)	The practice should undertake a record keeping audit and consider ongoing audits to ensure record keeping is strengthened and maintained.	GMC guidelines Duty of Quality - Effective	Review the sexual health template and restructure. Hold a clinical meeting to discuss how to structure patient consultation notes consistently across all clinicians.	Dr Rebecca Jenkinson	3 months

	Management and Leadership	The practice should ensure that policies and procedures are sufficiently tailored and reflective of current practices adopted by the practice team.	Duty of Quality - Various	DNA audit set up to monitor if patients have missed appointments and letters sent out on time. A flow chart to show how a patient can request an appointment by telephone to match the digital request on the appointment policy. A chaperone audit has been set up to check clinicians are coding in patient records.	Christina Kelly	1 month

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Christina Kelly

Job role: Practice Manager

Date: 21st March 2025