

General Practice Inspection (Announced)

Llwynypia Surgery;
Cwm Taf University
Health Board

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Llwynypia Surgery at Tyntyla Rd, Tonypandy CF40 2SX on 14 February 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and representatives from Cwm Taf Community Health Council.

HIW explored how Llwynypia Surgery met the standards of care set out in the Health and Care Standards (April 2015). Inspections of General Medical Practice (GP) inspections are announced and we consider and review the following areas:

- Quality of the patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person
- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Llwynypia Surgery currently provides services to approximately 3,800 patients in the Llwynypia area of Rhondda Cynon Taff, South Wales. The practice forms part of GP services provided within the area served by Cwm Taf University Health Board.

The practice employs a staff team which includes:

- Four GPs
- One practice nurse and a health care assistant
- A practice manager and a team of four reception and administration staff.

The practice provides a range of services, including:

- GP and practice nurse appointments
- Child Health and Immunisation
- Asthma Clinic
- Hypertension Clinic
- Diabetic Clinic
- Minor Surgery Clinic
- INR (Warfarin) Clinic
- COPD (Chronic Obstructive Pulmonary Disease) clinic
- Well Woman Clinic:
- Contraceptive Clinic:
- Hypertension Clinic
- Phlebotomy Clinic:
- Counselling Services

We were accompanied by two local members of the Community Health Council (CHC) at this inspection.

3. Summary

HIW explored how Llwynypia Surgery met standards of care as set out in the Health and Care Standards (April 2015).

We found that the staff team at the practice placed considerable emphasis on ensuring the provision of high quality and safe services to patients in accordance with the Health and Care Standards.

Services were planned and delivered to take account of the needs of different patient groups and to help provide flexibility, choice and continuity of care.

We found that the practice was well run, managed and led by the practice manager and Lead GP. We also found that all members of the team were provided with the opportunity for on-going learning and to contribute ideas and suggestions for doing things differently/better. We further found that the practice team treated each other, and patients, with respect and kindness.

This is what we found the practice did well:

- Patients were happy with the service provided.
- The content of patient records was of a very good standard.
- Staff we spoke with were happy in their roles and felt well supported in their day to day work.
- There was good leadership and open discussions between all disciplines at the practice.

This is what we recommend the practice could improve:

- Develop their online resources to provide patients with up-to-date information and support.
- Strengthen the practice's governance of policies.
- Formalise the processes in place for discussions between disciplines, staff meetings and providing feedback to staff members on changes to practice and procedures.
- Improve its employment and recruitment processes and checks

4. Findings

Quality of patient experience

Staff made every effort to get to know patients and their family/carers and we found people were treated with dignity and respect by the team. However, the practice should provide staff with Chaperone training to support the process that is in place.

The practice provided a good range of patient information; however the practice should make greater use of their website to inform and support patients.

Two members of the local Cwm Taf Community Health Council (CHC) were present at the practice on the day of our inspection. Their role was to seek patients' views with regard to services provided Llwynypia Surgery through the distribution of questionnaires and via face to face conversations with patients and carers. 24 questionnaires being completed on the day of the inspection.

The CHC have produced a report which provides an analysis of the information they have gathered. That report can be found at Appendix B.

Staying healthy

Standard 1.1 Health promotion, protection and improvement

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities.

We reviewed the content of electronic patient records from all four GPs who regularly worked at the practice and the current and previous practice nurse. We found that clinical staff had provided patients with sufficient information about their health condition, investigations needed and options for managing their health and wellbeing.

We saw a variety of health promotion/lifestyle information on display in the patient waiting area and individual consultation rooms, for people to take away with them for future reference. The practice leaflet was readily available to people, together with information about support services and organisations. The practice leaflet was also available in Welsh and there was a large font sign

stating that the practice was able to provide the practice leaflet in large font if required.

The waiting area had a television display providing relevant health promotion information for patients. All such information was found to be relevant and current; however we felt that the practice leaflet could be developed further to encourage patients to use online resources.

The practice's website provided limited information about the service. We recommend that the practice develops their website to better engage with individuals who prefer electronic resources. The website should be developed to provide information on the range of services available at the practice and also provide easy access to the practice's complaints procedure. It could also provide health promotion information, advice on management of minor illness, signposting to other community practitioners such as pharmacists and optometrists and also provide links to the other community resources which they have good relationships with.

There was very limited information other than in English readily available for patients; again the development of the website could assist in providing this information in the patient's preferred language directly or for staff to access on a patient's behalf.

The practice had a nominated 'Carer's Champion' who was about to undertake training to support their role. Information about the Carer's Champion was displayed in the practice and a supply of forms was readily available for carers to complete to identify themselves. The practice maintained a register of carers.

We found that the practice partner and management staff adopted a positive approach to the work and development of the GP cluster¹ in the area, as a means of improving services and support to patients in the future.

¹ A GP practice 'Cluster' is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. GPs in the Clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients.

Dignified care

Standard 4.1 Dignified care

People's experience of healthcare is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.

We found that people were treated with dignity and respect by staff. We observed staff greeting patients, both in person and by telephone, in a polite, friendly and welcoming manner and treating them with dignity and respect.

We considered the physical environment and found that patient confidentiality and privacy had been considered. The reception area was separated from the waiting area by a built up desk and there were screens fitted to the desk which provided suitable confidentiality during face to face discussions with patients or telephone calls.

There wasn't a designated room off reception for patients to discuss any sensitive or confidential issues with staff; however staff stated that there would be a room free within the practice to ensure that a private conversation could be held. Due to the confines of the surgery this was a reasonable solution.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. This meant that staff were taking appropriate steps to maintain patients' privacy and dignity during consultations.

The practice had an up-to-date policy on Chaperones with practice staff available to under chaperone duties. Posters in the reception and clinical areas displayed the availability of a Chaperone. Patient records also evidenced when chaperones had been used.

We reviewed some patient notes and there were many examples of consent being documented by staff for examinations, vaccines and nursing procedures.

Timely care

Standard 5.1 Timely access

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

We found access to care services to be good. Patients were able to book appointments in person at the practice or by telephone. However, patients were

not able to book appointments on line using [My Health Online](#)². Discussions with the practice manager and lead GP indicated that this was a service that they have considered to introduce. This could assist to ease pressure on telephone booking lines.

Patients were able to book appointments on the day or in advance. Patients could state if they had a preference for which GP they wished to be seen by. Where possible staff would attempt to accommodate the request, however if unavailable an appointment would be made with another GP at the practice.

If surgeries were running late, we were told that an announcement would be made in the waiting room to inform patients. Reception staff would also notify patients when they booked in to the surgery.

It was positive that the practice received electronic hospital discharge letters which eliminates the chance of misreading handwriting. Hospital Out Patient Department letters were scanned and then scrutinised and coded by the appropriate doctor.

It was very positive to note that the practice had local arrangements with the general hospital to access advice from consultants at the hospital. This demonstrated good working relationships between primary and secondary services for the benefit of the local population.

Individual care

Standard 6.1 Planning care to promote independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.

Access to the building was generally good; the entrance was at the same level as the car-park. The surgery was on a bus route and a stop was directly outside.

The surgery did not have automatic doors; however if someone required assistance with opening the doors staff were able to help from the reception. We suggest the practice consider automatic or power-assisted doors for ease of access for all.

² <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

Improvement needed

The practice should consider automatic or power-assisted doors for ease of access.

All patient areas were on one level and easily accessible throughout. Toilets, including disabled toilets, and baby changing facilities were located near the reception area. There was a hearing loop system available for use, as and when it was required.

Standard 6.2 Peoples rights

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

Staff stated it was rare that patients required a language other than English, however if patients did present as non-English speaking, then staff had access to a telephone translation service. This would also be used for Welsh speaking patients because no staff at the practice could provide a Welsh service.

Throughout the practice there was limited Welsh information and signage. We were informed that the practice has had very limited requests from patients to engage in the service through the medium of Welsh. However, the practice must ensure that language needs of patients are properly considered.

The practice provided Local Enhanced Services (LES) which meant that it provided greater access outside of normal working hours. However, during the inspection the practice could not confirm that they provided sufficient appointments during the evening to satisfy the LES provision. The practice agreed to review the appointment availability to ensure that the LES criteria are met.

Improvement needed

The practice must review their approach to providing bilingual Welsh / English patient information and signage to ensure that it meets the principles of the Health and Care Standards.

The practice must ensure that it provides appointments to meet the Local Enhanced Services criteria.

The practice also provided home visits for patients who are unable to attend the practice.

Standard 6.3 Listening and learning from feedback

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.

We saw there was a suggestions/comments box within the reception of the practice. There was evidence that the practice audited patient views with the most recent results giving a high satisfaction rate.

The practice had a complaints policy and a patient complaints leaflet. However, the complaints leaflet required updating to include information regarding the NHS Putting Things Right³ process; this was completed on the day of the inspection.

The practice manager had kept all written complaints and a record of verbal complaints along with compliments received by the practice. From the sample of complaints we viewed it was evident that the practice was dealing with written and verbal complaints in a timely manner.

The practice had a whistleblowing policy in place.

The practice did not have a formalised process to feedback to staff on the findings of complaints or significant events. We understood that the practice manager and Lead GP Partner would be involved with any relevant member of staff in relation to the specific event.

However, it would be beneficial if the practice involve all staff in looking at significant events, whenever this is possible. This would allow for all staff to be made aware of lessons learnt following complaints or significant events and that this is documented. This would also help give the staff team a feeling of being part of the process and the opportunity to raise their own concerns, which would be beneficial for practice development.

³ Putting Things Right refers to the current arrangements in Wales for raising concerns about NHS treatment.

The practice did not have a Patient Participation Group established. The practice had considered setting up a Patient Participation Group but had not undertaken any further action in pursuing this. HIW would encourage the practice to establish a Patient Participation Group.

Delivery of safe and effective care

We found that the staff team at the practice placed considerable emphasis on ensuring the provision of high quality and safe services to patients in accordance with the Health and Care Standards.

Services were planned and delivered to take account of the needs of different patient groups and to help provide flexibility, choice and continuity of care. The practice provided urgent patient appointments which were available on the same day.

The practice had a number of informal processes and meetings that are required to be formalised and documented so that discussions, actions and outcomes can be clearly identified.

Safe care

Standard 2.1 Managing risk and promoting health and safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.

During a tour of the practice building, we found all areas to where patients have access to be clean and uncluttered which reduced the risk of trips and falls. The practice building was suitably maintained both externally and internally.

We found that safety checks i.e. electrical equipment and fire safety were being undertaken on a regular basis and records maintained.

The practice had a range of policies in place, however there were no formal policy review schedules in place, rather they were reviewed near the end of each financial year. The practice manager would email all updated policies to staff members. Copies of the policy were available in hard copy in a designated file or on the computer system. However, not all hard copies were the most up-to-date and not all staff had access to where the up-to-date policies were stored on the practice's computer system.

During the inspection the practice was unable to provide a Health and Safety Policy for the practice, this was subsequently provided to HIW during the inspection feedback at the end of the inspection.

The practice must review the governance of practice policies. Staff must have direct access to the most up-to-date policy. The practice should have a schedule of policy review and update. The practice must keep a log of when staff have read and understood revised policies.

Improvement Needed

The practice must ensure that staff have direct access to the most up-to-date policy.

The practice should have a schedule of policy review and update.

The practice must keep a log of when staff have read and understood revised policies.

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.

We saw that hand washing facilities and paper hand towels were available in all clinical areas and toilet facilities to reduce the risk of cross infection and protect both patients and staff. There was also a hand gel dispenser available in the reception area.

The staff files reviewed contained a record of staff being offered Hepatitis B vaccinations. This meant that there was an appropriate system in place to ensure that staff and patients were protected from this blood borne virus.

Standard 2.6 Medicines management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

On review of patient records we were satisfied that the practice was compliant with legislation, regulatory and professional guidance.

The practice followed the prescribing formulary suggested by the local health board (LHB). The practice worked with two LHB pharmacy advisors and regularly audits the patient records to ensure medication reviews for patients on four or more medications are undertaken and up-to-date.

Standard 2.7 Safeguarding children and adults at risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

The practice had an up-to-date Child Protection and Protection of Vulnerable Adults (PoVA) policies available to staff.

Any concerns that staff had, could be shared with the health visitor who visited the practice weekly; staff would follow appropriate procedures for urgent concerns.

Staff had undertaken appropriate Child Protection training. However, in line with guidance by the Royal College of Paediatrics and Child Health⁴, the practice should ensure all GPs have undertaken level 3 training and consider following current best practice of offering level 3 training to their nurses.

We recommended that the practice also confirms and records the level of Child Protection training that locum GPs have completed.

Improvement needed

The practice should record the level of Child Protection training completed by locum GPs who work at the practice.

Effective care

Standard 3.1 Safe and clinically effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

⁴ [Safeguarding children and young people; roles and competencies for health care staff.](#)
[INTERCOLLEGIATE DOCUMENT](#)

We spoke with various members of the staff at the practice who could not describe an effective system in place for the sharing and dissemination of patient safety incidents or significant events. As highlighted above (Standard 6.3 Listening and learning from feedback), feedback was not always inclusive of all staff following incidents. We recommend that any patient safety incidents / serious adverse events (SAEs) are reviewed and discussed at the practice during GP meetings which are attended by other members of the staff team as and when required. This will enable lessons to be learned and improvements made to the services provided and formalise changes to practice policy/procedures as a result of discussions about SAEs.

We spoke with members of the practice team on the day of our inspection and were able to confirm that staff were encouraged to raise any concerns they may have about patients' and/or their own safety.

More specifically, staff confirmed that there were daily opportunities to address and discuss any patient service issues with the practice manager and/or one of the GPs. However, we recommended that the practice should consider introducing more structured and minuted meetings between partners and also between partners and other staff, which would give a record for all concerned of what had been discussed and decided for future reference.

Improvement needed

The practice must introduce a formalised and documented process of providing staff with feedback and lessons learnt from patient complaints, patient safety incidents and serious adverse events.

The practice should consider introducing more structured and minuted meetings between GPs and staff, which would give a record for all concerned of what had been discussed and decided for future reference.

Record keeping

Standard 3.5: Record keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.

All current patient records were electronic which required a password controlled login. All historic paper records were securely stored away in non-patient areas of the practice.

The practice had established systems for the management of external and internal communications. Arrangements were in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner. The practice had robust 'Read-coding'⁵ process to ensure that information is correctly referenced.

We looked at the content of 18 patients' electronic records and we were assured that the high quality of clinical entries would ensure that patients would have continuity of care regardless of which clinician the patient was seen by. Entries made by clinicians evidenced that members of the practice team would have no difficulty understanding what had been discussed and decided at previous consultations.

Overall, patients' records reviewed were accurate, up to date, and understandable in accordance with professional standards and guidelines. The content of most records was exemplary.

In addition, we found evidence of the appropriate use of guidance published by the National Institute for Health and Care Excellence in terms of assessing and treating patients.

⁵ **Read codes** are the standard clinical terminology system used in General Practice in the United Kingdom. It supports detailed clinical encoding of patient information including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms etc

Quality of management and leadership

We found that the leadership provided by the Lead GP and the practice manager resulted in a positive working culture.

Staff were clear about their roles and day to day responsibilities and they also told us that they felt supported by all members of the practice team.

We found there was training in place to ensure staff had the skills and knowledge to undertake their relative roles. However, the practice is required to improve its employment and recruitment processes and checks.

The practice needs to document future planning meetings and arrangements to document the practice's aims, actions and achievements.

Governance, leadership and accountability

Health and Care Standards, Part 2 - Governance, leadership and accountability
Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

We found effective leadership and a stable, patient-centred staff team who were committed to providing the best services they could to their patients. Staff were positive about the working environment and felt ownership over the practice, taking responsibility over different areas. Staff told us they felt well respected and supported by their colleagues.

The practice had a range of relevant written policies and procedures to guide staff in their day to day work. This included a whistleblowing policy in place and staff told us they felt able to raise concerns with senior staff. However, as detailed above, the governance arrangement of policies requires improvement.

The practice only had a small number of administrative staff who tended to work on specific tasks, however knowledge of others tasks was evident. However, we felt that there was little contingency in the administrative staffing resources to cover long term or multiple absences. The practice should review its administrative resources to ensure there is sufficient contingency to cover absent staff to reduce the risk of disruption to services for patients.

It was evident that individual disciplines had regular meetings with their peers. Staff confirmed that communication between themselves and colleagues was open, respectful and positive. Staff confirmed that they could meet with the practice manager and GPs at ease and found them supportive and open to suggestions on changes to the workings of the practice. As advised above (Standard 3.1 Safe and clinically effective care), we recommend that these meetings be structured and minuted to support staff and the practice.

Through discussions with senior members of staff there was consideration for future and succession planning of the practice; however this was not formally documented. We recommend that the practice has regular structured and minuted planning meetings that document the practice's aims, actions and achievements.

Improvement needed

The practice should introduce documented future planning meetings with senior members of the practice.

The practice should review its administrative resources to ensure there is sufficient contingency for absent staff.

Staff and resources

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

The practice manager monitored staff training to ensure that all staff complete relevant training. Certificates were kept in the staff files. Staff we spoke to were positive about the training opportunities that were available at the practice. It was positive to note that the practice was supporting the practice nurse who wished to develop their skills in completing additional courses. This provided mutual benefit for the practice nurse and the practice.

Staff files contained evidence of annual appraisals; however the majority had not had an appraisal in over 18 months. The practice should ensure all staff have annual appraisals to record employees performance and identify any training or development opportunities.

Improvement needed

The practice should ensure all staff have annual appraisals.

Staff files did not contain a complete set of recruitment and employment details; it was evident that some staff had been employed at the practice for over 20 years and therefore documentation may not have been kept at time of appointment. However, the practice must ensure that there is a record of recruitment checks for all new employees appointed. All files of staff currently at the practice require to have an up-to-date job description and contract of employment.

Improvement needed

The practice must ensure that there is a record of recruitment for all new employees appointed.

The practice must ensure that all current staff files have an up-to-date job description and contract of employment.

We were informed that the practice checks that all clinical staff were registered with their associated professional body, however the practice did not keep a record of these checks. The practice must keep a record of professional body checks for all relevant persons employed at the practice, permanently or on a temporary basis.

Improvement needed

The practice must keep a record of professional body checks for all relevant persons employed at the practice, permanently or on a temporary basis.

The practice had not undertaken Disclosure and Baring Service (DBS) checks on clinical or administrative staff employed at the practice. The practice must complete appropriate level of DBS checks on all staff working at the practice.

Improvement needed

The practice must complete appropriate level of DBS checks on all staff working at the practice

The practice had no clinical vacancies at the time of our inspection. As stated above (Governance, leadership and accountability) the practice should review its administrative staff establishment to ensure it meets the needs of the practice.

5. Next steps

This inspection has resulted in the need for the GP practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Llwynypia Surgery will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be evaluated and published on HIW's website.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures

- Exploration of the arrangements in place with regard to clinical governance.

These inspections capture a *snapshot* of the standards of care within GP practices.

We provide an overview of our main findings to representatives of the practice at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the practice and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

Appendix A

General Medical Practice: Improvement Plan

Practice: Llwynypia Surgery

Date of Inspection: 14 February 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
9	The practice should consider automatic or power-assisted doors for ease of access.	6.1			
10	The practice must review their approach to providing bilingual Welsh / English patient information and signage to ensure that it meets the principles of the Health and Care Standards	6.1			
10	The practice must ensure that it provides appointments to meet the Local Enhanced Services criteria.	6.2			

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Delivery of safe and effective care					
13	The practice must ensure that staff have direct access to the most up-to-date policy.	2.1			
13	The practice should have a schedule of policy review and update.	2.1			
13	The practice must keep a log of when staff have read and understood revised policies.	2.1			
14	The practice should record the level of Child Protection training completed by locum GPs who work at the practice.	2.7			
15	The practice must introduce a formalised and documented process of providing staff with feedback and lessons learnt from patient complaints, patient safety incidents and serious adverse events.	3.1			
15	The practice should consider introducing more structured and minuted meetings between GPs and staff, which would give a record for all	3.1			

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	concerned of what had been discussed and decided for future reference.				
Quality of management and leadership					
18	The practice should introduce documented future planning meetings with senior members of the practice.	Health and Care Standards, Part 2			
18	The practice should review its administrative resources to ensure there is sufficient contingency for absent staff.	Health and Care Standards, Part 2			
18	The practice should ensure all staff have annual appraisals.	7.1			
19	The practice must ensure that there is a record of recruitment for all new employees appointed.	7.1			
19	The practice must ensure that all current staff files have an up-to-date job description and contract of employment.	7.1			
19	The practice must keep a record of professional body checks for all	7.1			

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	relevant persons employed at the practice, permanently or on a temporary basis.				
19	The practice must complete appropriate level of DBS checks on all staff working at the practice	7.1			

Practice representative:

Name (print):

Title:

Date:

Appendix B

Community Health Council Report



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Llwynypia Surgery
Date / Time:	14/2/2017 at 8.45am – 11.45am
CHC Team:	Cwm Taf CHC Anne Roberts – Member Lead Rowena Myles - Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

The CHC members were able to complete 24 questionnaires via face to face interviews or patient completion.

Overall patients were happy with the service provided by the Practice.

Matters of Concern

One patient stated that blood results were relayed to her by a HCA who could not answer her questions. She was offered the opportunity to see a doctor, but the patient did not know if it was necessary or not.

Another young mother who had a baby with a temperature, and a young toddler with her, had phoned at 8am and managed to get an emergency appointment.

She had been worried because if there were no appointments she would have to ring back at 1pm.

Another child was unwell and the mother rang the surgery at 1pm and there were no appointments left. The child eventually saw the Out of Hours Doctor.

Doctors in particular are always running late and most patients said they waited for over 20 minutes.

A few patients complained about the lack of continuity of care because of the different doctors doing surgery.

Commendations

- Child Health Clinic is not held during general surgery time but has a set time each week. This ensures a more child friendly environment.
- Some patients felt the appointment system was fine.
- Apart from one person patients were very happy with the care they received.
- Apart from one person patients felt staff were helpful and friendly.
- All patients spoken to felt that the Doctor and Nurse consultations were very good.

Observations

Environment - External

Concerns

- No clearly displayed disabled parking bays.
- Limited car parking.
- Main road parking difficult particularly for mothers and young children.
- No clearly displayed Doctor parking spaces (Emergency calls).

Commendations

- Local surgery which is accessible by foot for a number of patients.
- Easy access for disabled patients.
- Clear signage at the front of surgery – easy to find.

Environment – Internal

Concerns

- No variable height chairs but comfortable bench style seating.
- One patient felt that Consulting Room 1 door was dirty. Query cause of discoloration.
- Jeyes fluid bottle on floor in toilet.
- Broken bin in toilet.

Commendations

- Cleanliness excellent.
- Disabled toilet clean and roomy.
- Napkin changing facilities.

Communication

Concerns

- Initial errors identified with the Practice leaflet were discussed.

A review of the Practice Leaflet, provided by the Practice on the visit, indicated that a number of points of information had been either omitted or were partially included. The following points should be included in the leaflet:-

- The name of the Local Health Board (leaflet refers to RCT local Health Board)
- The full name of each person performing services in relation to the Practice, his or her professional qualifications
- Whether the practice undertake the teaching or training of health care professionals or persons intending to become health care professionals
- Where services are, pursuant to the practice statement, only to be provided to persons resident in a particular area, the area (by reference to a sketch diagram, within which a person resident would be entitled to receive services from the practice

- The rights of patients to express a preference of practitioner in accordance with direction 11 and the means of expressing such a preference
- The **criteria** for home visits and the **method** of obtaining such a visit
- The arrangements for services in the out of hours period (whether or not provided by the practice) and how the patient may access such services
- The action that may be taken where a patient is violent or abusive to any member of staff of the Local Health Board or other persons present on the practice's premises or in the place where treatment is provided
- Details of who has access to patient information (including information from which the identity of the individual can be ascertained) and the patient's rights in relation to disclosure of such information
- The fact that details of primary medical services in the area may be obtained from the Local Health Board and the name, address and telephone number of that Local Health Board.

In addition to the above points, it is noted that the details of the practice website is included in the section entitled 'Useful contact Details'. It would be helpful for patients if this information was more prominent and included in the first section of the leaflet.

Commendations

- Excellent screen provided in waiting room.
- Health promotion information
- Showed delayed surgeries
- Visual calling system for patients.
- Tannoy calls also from screen.
- Notice boards well kept.
- Receptionists observed to be warm and friendly.