

General Practice Inspection (Announced)

Four Elms Medical Centre,
Pengam Green; Cardiff
and Vale 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 at Four Elms Medical Centres, Pengam Green, Sterling Close, Ffordd Pengam, Cardiff, CF24 2HB on 18 January 2017. Our team for the inspection comprised of a HIW inspection manager (inspection lead), a HIW inspection manager (shadowing), GP and practice manager peer reviewers, a clinical leadership fellow (shadowing) and representatives from Cardiff and Vale of Glamorgan Community Health Council (CHC).

HIW explored how Four Elms Medical Centres met the standards of care set out in the Health and Care Standards (April 2015). Inspections of General Medical Practice (GP) services 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

Four Elms Medical Centre currently provides services to approximately 12,000 patients. The practice forms part of GP services provided within the area served by Cardiff and Vale University Health Board.

Four Elms Medical Centre also provides care, treatment and advice to patients from a second site which is based within Cardiff Royal Infirmary. Services at this facility were not inspected during the course of our one day visit.

The practice employs a staff team which includes five GP partners, a salaried GP, a Practice Manager, Deputy Practice Manager, three nurses, three health care support workers and a well established team of administrative/reception staff.

Health Visitors, community based Nurses and Midwives (who are employed by the health board) work closely with the staff team at the medical centre.

Four Elms Medical Centre is an accredited teaching practice. This means that GP's employed at the practice offer further training to fully qualified Doctors in General Practice and also undergraduate training to Medical Students.

Languages spoken by staff at the medical centre are English, Welsh, French, Italian, Afrikaans, Punjabi and Urdu.

The health centre provides a comprehensive range of primary care services which includes:

- Management of long term health conditions
- Minor surgery
- Minor illness-nurse led clinics
- Cervical smear screening
- Contraceptive services
- Vaccinations and immunisations (adults and children)
- Child health surveillance
- Maternity services
- Travel vaccinations and advice
- Care of patients who are terminally ill
- Smoking cessation clinics

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

For ease of reading, Four Elms Medical Centre will be referred to as the 'practice' throughout this report.

3. Summary

HIW explored how the practice 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. There were also specialist nurse led clinics which included minor illness.

We found that the practice was well run, managed and led by the GP partners and managers. 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. Given that recorded entries were very clear about patients' assessment, and their ongoing plans of care and treatment, relevant members of the team would be able to determine the plan of care required
- Staff we spoke with were happy in their roles and felt well supported in their day to day work. New members of staff were provided with a named mentor to assist them in getting to know how the practice worked and what was expected of them. The practice was commended for this approach
- Staff were proactive in identifying and making improvements to services and we could clearly see where changes had been made.

This is what we recommend the practice could improve:

- There was a need for the practice to ensure that sharps containers were stored more safely in consultation rooms. This was in order to minimise the risk of accidental spillage/access, which could lead to injury and cross infection
- Action needed to be taken to ensure that all relevant members of staff at the practice were supported to complete a Display Screen

Equipment risk assessment in accordance with current Health and Safety legislation

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. The practice had a system in place to enable patients to raise concerns/complaints and to provide feedback on services. Such information was used to identify improvements.

Two members of the local Cardiff and Vale of Glamorgan 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 by Four Elms Medical Centre through the distribution of questionnaires and via face to face conversations with patients and/or their carers. The CHC had also provided the practice with 200 patient questionnaires prior to the inspection. Of that number, 46 were completed; an additional 20 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 18 electronic patient records and 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. All such information was found to be relevant and current.

The practice's website provided patients with detailed information about the services offered-in a number of languages. This was considered to be good practice.

We were able to confirm that the practice had a nominated 'Carer's Champion' who was available to assist patient's carers; offering them the opportunity to discuss the challenges they faced, and providing them with useful information about various agencies and organisations who may be able to support them with their day to day responsibilities. We saw the carer's register held at the practice which was used to enable the staff team to identify patients who had such a day to day responsibility. We also saw the wide range of information gathered by practice 'champion' that was offered to carer's in response to their needs. The nominated 'champion' also attended meetings scheduled by the health board to ensure that the practice remained informed of any changes and/or new initiatives available in the area.

We found that the practice partners 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.

Standard 3.2 Communicating Effectively

In communicating with people health services proactively meet individual language and communication needs.

We considered the process in place for patients and/or parents of children to receive results from blood tests and other investigations. We were therefore able to determine that each GP received the results of any investigations they requested; contacting patients as needed. In addition, we were told that patients were advised to contact the practice to obtain their results.

We were informed that the practice had not been asked by patients, to discuss their health problems in Welsh during appointments. We were able to confirm though that staff would use 'language line'² to assist patients (whose first

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.

² **Language Line** is a UK language translation service agency that provides a wide range of language services. www.languageline.co.uk

language was not English) to discuss their health related problems with doctors and nurses, if required.

Patients were provided with the opportunity to speak in French, Italian, Afrikaans, Punjabi or Urdu, as members of the staff team were fluent in the use of those languages. Additionally, the interactive touch screen at reception enabled patients to 'sign in' using various languages to assist them on arrival at the practice.

A hearing loop system was available to patients with hearing difficulties. This was located at reception, although signs about such assistance could be made clearer to patients.

There were no bilingual (Welsh) patient leaflets on display at the practice at the time of our inspection. However, signs at the premises were displayed in English/Welsh and braille.

We found that there were robust processes in place with regard to the use, sharing of, and protection of patient information at such times when house calls were made. The same robust processes applied to times when data needed to be shared between the practice and GP out of hour's service. We further found that there was a well established system in place to alert the practice team about patient deaths.

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 were able to confirm that the practice had well established systems in place to ensure patients' confidentiality.

Observation of the way which staff at the open reception area spoke with patients on their arrival, confirmed that every effort was made to speak in soft tones to prevent other people from overhearing the conversation taking place. We also found that all telephone conversations with patients (incoming and outgoing calls), were made within the confines of the office at the rear of the reception area to ensure that patient's information was discussed in a confidential manner at all times.

We discussed the use of staff chaperones in relation to patient examinations and found that the medical centre tried to ensure that clinical staff were used in this role wherever possible. The training available to non clinical staff regarding

chaperone duties was also described as there were occasions when clinical staff were not able to be present. We were also told that on the rare occasions when an appropriate chaperone was not available, patients would be offered a further appointment, or one of the GPs would be asked to assist (if possible).

However, we found that the practice had insufficient signs within the waiting area to alert patients who may wish to request the presence of a chaperone during their consultation/examination. Senior staff were though, receptive to our suggestion to display clear signs about this issue within the patient waiting area as well as including a message within the interactive touch screen facility on arrival. This was to help patients understand their rights in this regard.

Conversations with the deputy practice manager revealed that a room adjacent to reception would be used should patients wish to speak to reception/practice staff privately. We were also made aware of the nature of the training provided to all staff regarding the importance of patient confidentiality.

We saw that doors to consulting/treatment rooms were closed at times when practice staff were consulting with patients. This meant that appropriate steps were being taken to maintain patients' privacy and dignity.

We found that there were appropriate arrangements in place to obtain consent from patients prior to minor operation procedures; specific consent forms being available for a nominated person to sign in relation to children. We did find however, that a consent form within the sample of patients' records reviewed, contained a minor surgery consent form that was not completed in full. The practice may therefore wish to consider undertaking an audit of patients' records to determine whether this was an isolated incident, particularly as the patient record sample reviewed at this inspection, was small.

The practice had a policy in place with regard to obtaining consent. We saw however, that this required revision/amendment to include reference to the recent Montgomery judgement³ (2015).

³ The law on informed consent has changed following a Supreme Court judgment. Doctors must now ensure that patients are aware of any "material risks" involved in a proposed treatment, and of reasonable alternatives, following the judgment in the case *Montgomery v Lanarkshire Health Board*. <http://www.medicalprotection.org/uk/for-members/news/news/2015/03/20/new-judgment-on-patient-consent>

Improvement needed

The practice is required to inform HIW of the action taken to ensure that its consent policy is consistent with the Montgomery judgement.

Standard 4.2 Patient information

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them make an informed decision about the care as an equal partner.

Practice website information was available in numerous languages and staff told us that they were able to provide patients with written information in various languages to help them to understand the services provided and make decisions about their health and well-being.

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.

The practice was open Monday to Friday between the core hours of 8:30am to 6:30pm and didn't close at lunchtime. The first available appointment was 8:30am each day. There was a daily on call/telephone triage system in place which enabled patients to receive advice about their healthcare concern. Appointments were then offered, or patients would be requested to make a routine appointment, as appropriate. We also found that nurse appointments were available to patients with a minor illness, the nurse having completed required training on this topic.

The practice team were proactive in offering access to My Health Online appointment booking and for ordering repeat prescriptions. Discussion with members of the practice team also resulted in a willingness to increase this further, to assist patients to access services.

Conversations with the practice manager and senior GP partner revealed however that the medical centre continued to face challenges in terms of the number of appointments requested by patients, versus the number of appointments available.

Patient referrals to secondary care were all made via the Welsh Clinical Communications Gateway (WCCG)⁴. All referrals were checked each day by nominated members of the administrative staff to ensure that they had reached the relevant hospital destination. This reduced the risk of any referrals being delayed, or mislaid.

We were provided with a description of services offered to patients registered with this, and a neighbouring practice, regarding Warfarin treatment. The service was working very well. The staff team were commended for this aspect of service.

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.

We were able to confirm that the practice's answerphone message was detailed in its advice to patients regarding how to deal with emergency and non emergency healthcare situations.

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.

The practice had seen significant patient growth over a two year period (April 2014 to April 2016); this pattern reported as being considerably above those experienced at GP cluster, Health Board, or National levels.

Such a level of patient migration was said to cause considerable workload, with approximately 300 patient transactions being managed every month. A restructure of non clinical staffing roles and responsibilities, recruitment and a comprehensive training programme had assisted the practice to have appropriate staff in place to complete the necessary administrative work and all

⁴ The Welsh Clinical Communications Gateway (**WCCG**) is a national system in Wales for the electronic exchange of clinical information such as referral letters.

other non clinical function efficiently and effectively, as indicated within the Practice Development Plan and confirmed by staff.

Discussions held with members of the team, demonstrated that the practice made every effort to work closely with other health and social care professionals and groups to support patients in the community wherever possible. Conversation with the practice manager also revealed the intention to work with voluntary organisations in their locality to identify opportunities for collaboration, which would hopefully have a positive impact on patients' care in the future.

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 found that the practice had a well established system in place for responding to concerns and handling complaints. We were also able to confirm that the practice had responded to such issues in accordance with Putting Things Right⁵ arrangements. We did however advise that patients were provided with contact details of the local CHC, local Health Board and the Public Service Ombudsman for Wales at the beginning of the concerns/complaints process, as opposed to the point when the issue concerned had been investigated by the practice. The practice manager was receptive to our suggestion.

The practice had been pro-active in their attempts at establishing a Patient Participation Group, particularly within the past twelve months. We were informed however, that very few patients had responded to invitations to join the group. Discussions held with CHC members during the course of the inspection did however result in the exchange of information to assist the practice to go forward with this matter in the very near future.

⁵ Putting Things Right refers to the current arrangements in Wales for raising concerns about NHS treatment.

We were made aware that a survey had been completed by the practice four years ago which was designed to obtain patients' views on access to its services. The practice had engaged with the local CHC during that exercise. We were told that the practice appointments system had been altered slightly as a result of that survey, to help patients.

We were informed that a suggestions box had recently been placed in the patient's waiting area the use of which would be monitored regularly by the nominated member of staff. In addition, the practice provided hand sanitiser alongside the touch screen facility at the reception area. Both changes had been made as a result of the CHC patient survey completed during November 2016. This demonstrated that the practice adopted a positive approach to making changes, for the benefit of patients.

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. There were also specialist nurse led clinics which included minor illness.

The practice facilities were very good and urgent patient appointments were available on the same day.

The sample of patient records we reviewed was of a very good standard.

We did however, identify a small number of areas of service which required improvement. Specifically, we identified the need for:

- The completion of staff health and safety (Display Screen Equipment) risk assessments. This was, in accordance with Health and Safety legislation**
- The practice to ensure that sharps containers were stored more safely in consultation rooms. This was in order to minimise the risk of accidental spillage/access, which could lead to injury and cross infection**

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.

There were older persons health checks available and healthcare reviews for those patients who were unable to leave their home, were completed by the GPs, as indicated within the practice development plan.

We further found that the practice had a register of patients with long term conditions which they monitored closely to ensure that recall appointments and health checks took place (with the assistance of the administrative team). For example, patients who did not attend reviews were contacted; further appointments being offered at a convenient time to the individuals concerned.

The nursing team had developed areas of specialism in relation to a number of long term health conditions such as Diabetes, Asthma and minor illness, for which they had received appropriate training. The practice team had also worked closely with secondary care colleagues to obtain swift advice on how to manage and monitor patients with Diabetes.

The practice had a cervical screening programme. Appointments were available outside of school hours and the premises were suitable for children and babies.

Antenatal clinics were run by a midwife attached to the practice and child health clinics were run by a health visitor also attached to the practice.

The practice carried out annual health checks for people with a learning disability and communication needs regarding vulnerable patients, or those with a sensory impairment, were identified on their records wherever possible. This was as a means of alerting staff to their needs on visiting the practice.

We found that the practice had not completed statutory risk assessments with regard to an element of health and safety legislation. Specifically, we spoke with a number of staff who used display screen (computer) equipment for many hours during each working day and discovered that they had not been subject to a Display Screen Equipment (DSE) risk assessment for some time. This was brought to the attention of senior members of the staff team.

Improvement needed

The practice is required to describe the action taken/ to be taken in order to address the absence of staff (DSE) health and safety risk assessments.

We were able to confirm that the practice team worked very well together; staff working at the premises in Pengam Green and the branch surgery at Cardiff Royal Infirmary, on an agreed rota basis. There was also good communication between the doctors who met regularly, to discuss both clinical and organisational matters.

We saw that all areas of the practice occupied by patients were well presented and maintained, pleasantly decorated, clean and uncluttered (which reduced the risk of falls within the premises). In addition, the practice had a lift located at ground level to enable patients to access the first floor, as and when required. There were automatic doors at the entrance, fully accessible toilet facilities and doors wide enough for people with mobility difficulties to enter the consultation/treatment rooms.

We saw that key codes were fitted to doors of administrative offices to prevent unauthorised access. This meant that the practice recognised the importance of

ensuring staff and patients' safety as well as the security of all records held at the premises.

We found that practice policies and procedures were reviewed on an annual basis, or sooner. This was to ensure that staff were able to access relevant guidance to assist them in their day to day work.

Staff had easy access to a handbook which provided them with relevant information about their terms of employment and their opportunity to raise issues of concern about any aspect of the practice services anonymously (via a whistleblowing policy). The staff handbook was bespoke to the practice and seen to be clear, up to date and comprehensive.

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.

Discussions with staff confirmed that all instruments used during the course of minor surgery procedures were purchased as sterile single use items which avoided the need for the use of sterilisation/decontamination equipment. A member of the nursing staff also described the cleaning procedures adopted by the team at the start, and end, of minor surgery sessions. We found those to be satisfactory.

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.

All relevant members of the practice team had received Hepatitis B vaccinations and we were able to confirm their subsequent level of immunity by looking at the information held. This meant that there was an appropriate system in place to ensure that staff and patients were protected from this blood borne virus.

During a tour of the practice premises, we noted that sharps containers were placed on working surfaces in consultation rooms, some being located next to chairs that would be used by adults and children. This could lead to spillage/accidental access which could result in injury and cross infection.

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to ensure that sharps containers are relocated and made secure within all areas that are occupied by patients.

Standard 2.6 Medicines management

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

We discussed the local policy in place for effective prescribing with a senior GP and looked at a sample of patient records. As a result, we were satisfied that the practice was compliant with legislation, regulatory and professional guidance.

We explored the arrangements in place with regard to the management and clinical monitoring of patients who were prescribed Warfarin drug treatment. As a result, one of the nurses provided us with a detailed explanation of the process in place to support patients in receipt of those services provided.

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 nominated a lead GP in respect of adult and child protection and each of the GPs had completed protection of vulnerable adults training at level 3. We were also able to confirm that all staff had received training with regard to All Wales child and adult protection arrangements and had access to a current policy and contact details for the local safeguarding team to guide them about what to do in the event of the identification of a potential/actual safeguarding issue. We were informed that refresher training on this topic was made available to staff on an annual basis.

Discussions with a senior GP demonstrated that there were good multi-professional arrangements in place which assisted in ensuring that the practice held appropriate information about child protection matters.

We were provided with a demonstration of the practice's computer system which clearly provided relevant members of the practice team with alerts regarding vulnerable patients.

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.

We spoke with various members of the staff at the practice who were able to describe the effective system in place for the sharing and dissemination of patient safety incidents or significant events. We were also assured that any patient safety incidents/serious adverse events (SAEs) were reviewed and discussed at the practice during weekly GP meetings which were attended by other members of the staff team as and when required, so that lessons could be learned and improvements made to the services provided. We also saw evidence of changes to practice policy/procedures as a result of discussions about SAEs.

There was a system in place to ensure that staff completed fire safety training.

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. This was in addition to formal practice meetings where they were able to put forward any ideas or suggestions for service improvement.

Discussions with the senior GP partner and management staff revealed that the practice were currently in the process of considering alternative ways of meeting the needs of their patients more effectively. We were told that this may result in the increased use of practice nurse skills, greater involvement of pharmacy advisers and social workers and the introduction of mental healthcare professionals to the practice team. This demonstrated that the practice was proactive in response to the changing, complex needs of patients.

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.

We looked at the content of 18 patients' electronic records and found that members of the practice team would have no difficulty deciding what needed to be done next. Overall, patients' records reviewed were accurate, up to date, and understandable in accordance with professional standards and guidelines. The content of some was exemplary and we saw that the recording of house visits was audited daily, a matter for which the practice was commended.

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.

We were able to confirm that patients' records were stored securely, updated and were able to be retrieved in a timely way.

Quality of management and leadership

We found that the leadership provided by the GPs and the Practice and Deputy Manager respectively, 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 a training/orientation programme in place to ensure the effective induction of new members of the practice team. This meant that patients were supported by individuals who had received sufficient training to become familiar with their role and practice processes. Similarly, established members of the team were provided with the opportunity to undertake regular training, relevant to their work and development.

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 that the leadership provided by the GPs and the Practice and Deputy Manager respectively, resulted in a positive culture, and an organisation that placed an emphasis on continuous improvements and the delivery of high quality patient centred care.

Specifically, there were good governance arrangements in place in the form of regular audits (for example, a bi-monthly patient record audit). There were also up to date and relevant protocols, procedures and policies in place which underpinned the day to day work of the practice.

GP partners met together weekly and staff confirmed that they were consulted on any changes made to the way the practice worked at weekly practice meetings. We were also told that meetings took place every six months so that the practice team could discuss clinical events and incidents; any aspects of learning being applied to the provision of care to patients.

Whilst it was clear that the practice made every effort to check, monitor and improve aspects of service provision to patients, it may be helpful in the future to develop its quality improvement methodology to maximise the use of the staff team. Such methodology may also assist in reducing the need for some existing audit activity in favour of others which may lead to the identification of

other service improvements.

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.

Conversations with the practice manager revealed that staff sickness levels were low. We also found that a number of staff had been working at the practice for many years.

We were provided with a copy of the induction manual which clearly set out the key skills that staff were helped to acquire. We also saw that staff induction included computer based learning in respect of safeguarding, fire safety and lone working. Each new member of staff received regular feedback and support from a named mentor. We commended the practice on their approach in this regard. We spoke with a member of staff who had joined the practice team in the past six months and received very positive comments about their initial training and on-going assistance from the practice team.

Discussions with the lead GP and practice management staff highlighted that some key members of the team were due to retire within the next five years. They went on to describe the succession planning arrangements that were being discussed, in order to ensure business/service continuity and the provision of high quality services. Some changes have already been made in the form of access to nurse led minor illness clinics; plans for the future focussing on ways of increasing this element of patient service. We were also made aware of an innovative 'in-house' multidisciplinary approach to supporting and caring for, patients with long term heart conditions. This had already proved to be a great success-from the point of view of patients, and the practice team.

We found that there was a system in place to provide staff with an annual appraisal. That meant that there were arrangements in place to promote two way discussions with employees about aspects of their work. It also meant that the effectiveness of completed training could be evaluated and future staff training could be planned in a timely way.

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 Four Elms Medical Centre 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, measurable, 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: Four Elms Medical Centre

Date of Inspection: 18 January 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
	No service areas identified for improvement.				
Delivery of safe and effective care					
17	The practice is required to describe the action taken/ to be taken in order to address the absence of staff (DSE) health and safety risk assessments.	2.1	A training session is planned for 7 th March to deliver appropriate advice and correctly demonstrate workstation analyses methods and advice on eye care and testing. Annual reviews are scheduled into staff training calendar and individual training records will be updated. All staff will complete <i>Display Screen Equipment Workstation checklists</i> as supplied by HSE. All static workstations will be assessed	Practice Manager	31 st March 2017

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			for glare and ergonomic design/layout. Annual reviews diarised.		
19	The practice is required to inform HIW of the action taken/to be taken to ensure that sharps containers are relocated and made secure within all areas that are occupied by patients.	2.4	The Practice have ordered 30 wall brackets so that all 2/3/4/7/9 litre Sharps containers may be securely wall mounted. Until these are fitted all Sharps containers have been positioned safely at the rear of counter tops.	Practice Manager	10 th March 2017
Quality of management and leadership					
	No service areas identified for improvement.				

Practice representative:

Name (print):MARK GALL.....

Title:PRACTICE MANAGER.....

Date:15TH FEBRUARY 2017.....



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Four Elms Medical Centre
Date / Time:	Wednesday, 18 th January 2017 at 9:00am
CHC Team:	Jane Jenkins Jill Shelton
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

The CHC participated in a joint GP inspection, with Healthcare Inspectorate Wales (HIW), to The Four Elms Medical Centre at Pengam Green, Cardiff. The CHC involvement was centred on obtaining the patients' experience of the Practice.

In order to reach a greater number of patients, the CHC undertook a Patient Satisfaction Survey prior to the inspection. Out of 200 surveys supplied to the practice, 46 patients responded. This represented a 23% response rate. The results of this survey are attached separately. Additionally, the CHC visiting team spoke with 20 patients during the inspection and all these patients completed surveys on the day. These surveys have been supplemented to the initial results received, taking the total patient response rate to 33%.

Patient Feedback

Matters to be commended:

- Very well run Practice.
- Bend over backwards to help patients with chronic conditions.
- Care for the carers and patients.
- Nurses rated as excellent by all patients surveyed.
- Branch Surgery and Medical Centre work seamlessly together.

Matters of Concern:

- Appointments - difficulty in getting through on telephone at 8:30am and once through, appointments are full.
- One patient had dialled 101 times and another 71 times on redial.
- Very difficult to see choice of GP within 2 weeks and therefore continuity can be lost.

Additional Notes:

- The majority of patients they had spoken to during the visit found the opening hours good/satisfactory.
- Reception staff are rated highly, with one exception.
- GPs rated highly and very helpful.
- Patients overall experience was given as good or above.

Observations

Environment - External

Matters to be commended:

- External areas well maintained.
- Level access, with no trip hazards.
- Planted area well cared for and weed free. Shrubs have been pruned, so no overhanging branches/twigs to present a hazard.
- Ample car parking
- Automatic doors leading into the Practice.

Matters of Concern:

Members of the CHC did not note any matters of concern about the external environment of the Practice.

Environment - Internal

Matters to be Commended:

- Décor is clean and fresh looking.
- Carpets clean and in good repair.

Matters of Concern:

- The condition of some of the seats in the waiting area is poor. The upholstery is torn, exposing foam padding.
- Patient toilet clean, but with an unpleasant odour when checked on two occasions during the visit.

Communication & Information on Display

Matters to be Commended:

- Notice boards were clearly marked and with up to date information.
- Receptionists are careful to ensure patient's confidentiality is maintained.

Matters of Concern:

- Leaflet rack situated away from the main waiting area and easily overlooked by patients.

Jane Jenkins
Jill Shelton
CHC Members

20th January 2017