

**General Practice
Inspection (announced)**
Cardiff and Vale University
Health Board, Ravenscourt
Surgery

12 November 2015

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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 Ravenscourt Surgery on 12 November 2015. Our inspection team comprised of an HIW inspection manager (inspection lead), a GP peer reviewer and two representatives from Cardiff and Vale of Glamorgan Community Health Council. The team was accompanied by a Doctor in her role as Clinical Research Fellow for Aneurin Bevan University Health Board; the Doctor having requested an opportunity to shadow a HIW GP inspection.

HIW explored how Ravenscourt 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.

2. Context

Ravenscourt Surgery currently provides services to approximately 6,452 patients in the Barry area of the Vale of Glamorgan. The practice forms part of GP services provided within the geographical area known as Cardiff and Vale University Health Board.

The practice employs a staff team which includes 1 GP partner, 2 part-time salaried GPs (one of whom provides some locum cover), 3 practice nurses (two of whom are part-time), a team of nine receptionist/administrative staff, a practice manager and a part-time cleaner. The practice has also employed a long term locum GP until March 2016 due to GP Recruitment issues. In addition, the practice continues to work toward providing further patient sessions via an employed permanent GP.

More recently, the surgery has employed a pharmacist, community psychiatric nurse and a physiotherapist on a part-time basis, as a means of responding to patients' needs in a more effective way.

Health Visitors, District Nurses, a Midwife, a Community Addictions Worker and a Counsellor, (who are employed by the health board) work closely with the staff team at the practice.

The practice provides a range of services, including:

- Chronic disease management
- Ante natal care
- Baby clinics/child health
- Cervical Cytology
- Minor Surgery (by appointment)
- Family Planning Clinics
- Travel advice and vaccinations

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

3. Summary

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

Patients' views about the services provided by Ravenscourt Surgery were obtained by members of the local Community Health Council (CHC). Overall, patients told the CHC that they were satisfied with the service provided.

We found that staff treated patients with respect and arrangements were in place in an attempt to ensure that patients' privacy and dignity was maintained.

We identified however that the practice provided patients with limited opportunity to provide feedback on the services they had received. Overall, the practice placed an emphasis on ensuring quality and safety across services provided to patients in accordance with the Health and Care Standards.

However, we identified areas of service which required improvement. Specifically, we identified the need for individual health and safety staff risk assessments (Display Screen Equipment), the development of a system for recording information about staff vaccinations and immunity status and the need to ensure all staff have the opportunity to learn from clinical incidents. In addition, the system in place (with regard to the completion of patient referrals to other professionals), required improvement.

Patients can be sure that the practice team places an emphasis on running the service as efficiently as possible in order to meet their needs. We also found that the process of managing the practice was open and transparent.

Whilst a number of the members of the clinical team were fairly new to the practice, the lead GP was able to demonstrate a considerable commitment with regard to the future development of the service provided.

4. Findings

Quality of the Patient Experience

Patients' views about the services provided by Ravenscourt Surgery were obtained by members of the local Community Health Council (CHC). Overall, patients told the CHC that they were satisfied with the service provided.

We found that staff treated patients with respect and arrangements were in place in an attempt to ensure that patients' privacy and dignity was maintained.

We identified however that the practice provided patients with limited opportunity to provide feedback on the services they had received.

Two members of the Cardiff and Vale Community Health Council ¹(CHC) were present at the surgery on the day of our inspection. Their role was to seek patients' views with regard to services provided by Ravenscourt Surgery through the distribution of questionnaires and via face to face conversations with patients and/or their carers. CHC members also considered the presentation of the internal and external practice environment.

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

People's experience of health care 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. (Standard 4.1-Dignified Care)

We saw that people visiting the practice were treated with dignity and kindness and arrangements were in place in an attempt to protect patients' privacy. For example, although the patient waiting area was situated alongside the reception desk, people were requested to stand a little distance away from the desk

¹ Cardiff and Vale Community Health Council is a statutory organisation that monitors the quality of NHS services provided within the Cardiff and Vale University Health Board area.
<http://www.wales.nhs.uk/sitesplus/897/home>

(behind a positioned signpost) when someone was speaking to a member of the administrative team. This assisted in reducing the amount of the conversation that could be overheard. However we observed that there were occasions when patients chose to stand near to the desk instead of the area behind the signpost, which meant that they were easily able to hear the information being exchanged between the person in front of the desk and the receptionist. Staff however did not request that patients moved away from the reception desk to the signpost area.

Conversations with staff confirmed that they did not use patients' full names at times when they answered the telephone in the reception area. In addition, we were told that there were plans to move the reception desk to an alternative area within the building in the near future as part of a planned refurbishment, which would improve the ability of staff to maintain patient confidentiality.

Discussions with the practice manager revealed that one of the consultation rooms or the treatment room would be used should patients wish to speak to reception/practice staff privately, or if a parent wished to breastfeed their child.

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

We were informed that administrative staff had been provided with training with regard to chaperone duties, as there were occasions when a nurse was not available to assist during patient examinations. We saw a notice displayed in the waiting area alerting patients to their right to request a chaperone be present when they were examined. However, such notices were not displayed within all the consultation rooms which meant that there may be times when patients were not aware of their ability to request that a chaperone be present.

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 and 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. (Standard 6.3-Listening and Learning from Feedback)

We found that the practice did not actively encourage and enable patients and/or their carers to provide feedback regarding services received, on a regular basis (although we were provided with a copy of a patient survey form which had been produced during September 2015, but not used). Instead, the

staff team were honest and acknowledged that they generally relied on patients offering their views at times when they visited the practice.

We were provided with the results of a patient survey undertaken during December 2014 as part of the GP cluster² work. The survey was only based on 2% of the practice population. Suggestions made by patients at that time included the following:

- The ability to book online nurse appointments
- To receive less telephone consultations and obtain more face to face consultations
- To be able to get an emergency appointment later in the day

Since that time, the practice had made every effort to increase the number of appointments available to patients by employing a part-time pharmacist (to undertake face to face medication reviews to free up more time for GP consultations). The practice had also employed a community psychiatric nurse and a physiotherapist on a part-time basis, to provide care and advice to patients using a clearly defined protocol for referral. These new initiatives were commended as they were indicative of how the practice was seeking to provide patients with access to a wider group of professionals in order to meet their needs. This new way of working, was yet to be evaluated.

We found that patients were encouraged to provide the practice with feedback on services provided, via its website. However, some patients may not have access to a computer to do this. Additionally, the wider practice population, (for example, patients who were unable to attend the surgery and individuals with learning disabilities or complex mental health problems/illness), were not actively provided with alternative ways to offer their views or experiences regarding their care.

In addition, the practice did not have a patient participation group in place and we were told that there were no plans to consider this in the future.

² 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.

Improvement needed

The practice is required to describe how it will obtain the views of patients in the future. This is, as a means of enquiring whether services provided are meeting the needs, wishes and preferences of patients and identifying ways of improving practice systems.

The practice had a written procedure, poster and leaflet in place to assist patients and their carers to raise concerns (complaints). Whilst the content of the practice leaflet reflected *Putting Things Right*³ arrangements, the poster on display in the waiting area did not contain contact details of the local CHC or the Public Ombudsman for Wales as required. Additionally, the print within the poster was very small which meant that it may be difficult for some people to see. During the course of our inspection, the practice manager revised the content of the concerns/complaints poster and increased the size of the wording. We also saw that there was an adequate supply of separate CHC leaflets in the waiting area which informed patients of their right to seek advocacy and support with any concerns they may have.

We saw that records had been maintained of complaints received. The records demonstrated that the practice had dealt with the complaints brought to their attention, in a timely manner. We also saw that there was a whistleblowing policy in place for staff to follow if they felt the need to raise any concerns about service provision to patients, in a confidential way.

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

Delivery of Safe and Effective Care

Overall, the practice placed an emphasis on ensuring quality and safety across services provided to patients in accordance with the Health and Care Standards.

We identified areas of service which required improvement. Specifically, we identified the need for individual health and safety staff risk assessments (Display Screen Equipment), the development of a system for recording information about staff vaccinations and immunity status and the need to ensure all staff have the opportunity to learn from clinical incidents. In addition, the system in place (with regard to the completion of patient referrals to other professionals), required improvement.

Staying healthy

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. (Standard 1.1)

We reviewed the content of 16 electronic patient records and found that clinical staff had generally provided patients with sufficient information about their health condition, investigations needed and options for managing their health and wellbeing.

Conversations with staff confirmed that patients with hearing difficulties were able to access a (portable) loop hearing system to help them to understand any information provided by members of the practice team. We did not however, see any signs alerting patients to the availability of this equipment.

We saw a variety of health promotion/lifestyle information on display in the patient waiting area for people to take away with them for future reference. There was also information available to people with regard to support services and organisations. All such information was found to be relevant and current.

Staff confirmed that the practice had two nominated 'Carer's Champions' who were available to assist people in their role as carers. One of the two staff concerned described how they would provide carers with useful information about various agencies and organisations that may be able to support them with their day to day responsibilities. We were told though that patients rarely approached them. We were however also informed that individuals who had a designated carer role (where this was known to be the case), were 'flagged up'

on the computer system to raise staff awareness of some of the difficulties they may face. We also saw that there was a large display of relevant information and leaflets in the ground floor waiting area for people to take away.

Patients can be assured that the service made every effort to anticipate their needs. This is because we were provided with a copy of the practice's development plan which contained information about the approach taken to service delivery. We further found that meetings of representatives associated with the GP cluster⁴ in the area had resulted in a number of discussions on various topics which included:

- Ways and means of ensuring that pharmaceutical guidelines were followed with regard to prescribing antibiotics to patients
- How practices could best tackle obesity
- How to co-ordinate and improve practice and cluster targets in respect of the uptake of flu vaccinations to further protect the public
- How to ensure continuity of care for patients throughout the cluster, who require end of life care

Discussions with the team highlighted the importance they placed on working with the third sector (otherwise known as the voluntary sector) as far as possible. This was as a means of obtaining as much information about the services they provided which could assist patients attending the practice.

Safe care

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented. (Standard 2.1-Managing Risk and Promoting Health and Safety)

We saw that there were a range of appropriate and up to date statutory policies and procedures in place. This meant that staff had access to relevant information to assist them in their work. Discussions with the practice manager confirmed that when a policy was reviewed (for example, on an annual basis, or when changes needed to be made in accordance with revised professional

⁴ 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.

guidance), staff would be alerted and would sign a slip to indicate that they had read and understood the changes accordingly.

A brief tour of the building revealed that the integral reception/waiting area was clean and tidy. However, there were no automatic doors, or a ramp, to assist people with mobility difficulties to enter the building. We also saw that the reception desk may be too high to enable some patients to speak with practice staff. In addition, patients who were to be seen in consultation rooms on the first floor had no alternative other than to access this area via a flight of steep stairs. A member of the inspection team needed to assist one patient to reach the top, as they were carrying a young child as well as a car seat. Conversations with the lead GP and practice manager did indicate that there were imminent plans to create additional consultation rooms on the ground floor of the building as well as fitting automatic opening doors at the entrance of the premises (early 2016) to assist patients to access services safely.

We were provided with a copy of a health and safety audit and resulting action plan (dated 12 August 2015).

Clinical rooms seen were tidy and free from clutter and trip hazards, and 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 and the security of all records held at the premises.

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. (Standard 2.4-Infection Prevention and Control (IPC) and Decontamination))

Discussions with the practice manager confirmed that all instruments used during the course of minor surgery procedures were collected by an external contractor for the purposes of sterilisation/decontamination. The instruments would then be returned to the practice in sealed packaging ready for use.

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.

Conversations with senior members of the staff team highlighted that all clinical staff were expected to ensure they received Hepatitis B vaccinations as required. However, we found that the practice did not have evidence of

vaccination or immunity records for one of the GPs, and a second GP had not had a blood test to confirm their immunity within the last twelve months (as they had been prompted to do) within records held. This meant that we could not be assured at the time of inspection that the practice had taken all appropriate steps to protect patients and the staff team.

Improvement needed

The service is required to provide HIW with evidence of Hepatitis B vaccination and subsequent immunity records for two identified members of the clinical team.

People receive the right medicines for the correct reason, the right medication at the right dose and at the right time. (Standard 2.6)

We discussed the local policy in place for effective prescribing with a senior GP. We also reviewed the content of the practice development plan with regard to prescribing practices. As a result we were satisfied that there was compliance with legislation, regulatory and professional guidance.

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7-Safeguarding Children and Safeguarding Adults at Risk)

We found that practice staff had received child and adult protection training (levels 1 and 2); doctors were due to complete level 3 adult protection training in the very near future. One of the GPs was known to be the nominated lead for safeguarding matters and the practice had also developed detailed policies and procedures for staff to follow should they become aware of any allegations of adult or child abuse.

We were informed that the practice had not needed to contact the local safeguarding team to discuss, or initiate, safeguarding proceedings in the twelve month period prior to our inspection.

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. (Standard 3.1-Safe and Clinically Effective Care)

The practice had suitable arrangements in place to report patient safety incidents and significant events. However, we identified that not all staff were invited to attend meetings where such matters were discussed. This meant that opportunities for learning from significant events/incidents may have been missed. This was brought to the attention of the lead GP during our visit.

Improvement needed

The practice is required to provide HIW with details of how it will ensure that all members of the practice team are encouraged and enabled to report, and reflect on, incidents in the future so that lessons may be learned and the risk of repeated events is minimised.

In communicating with people health services proactively meet individual language and communication needs. (Standard 3.2-Communicating Effectively)

Senior staff described the established systems for managing external and internal information and communications. For example, we were satisfied that there were suitable arrangements in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the staff team in a timely manner.

We were also provided with a description of the process in place for clinicians to review patients' test results and arrange any follow up appointments needed.

Examination of the content of the GP locum information pack showed that such staff were provided with sufficient information, and awareness of, the various practice systems, processes and contacts needed to provide a service to patients.

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. (Standard 3.5-Record Keeping)

We looked at a sample of electronic patient records all of which were generally, sufficiently, detailed.

However, we were unable to find evidence of a consistent approach with regard to the completion of (patient) hospital referrals for assessment/treatment. We therefore held conversations with the lead GP and discovered that clinicians/locums who work at the practice applied their own individual approach and timescales to that aspect of service. This meant that there may have been

occasions when there has been a delay in sending such referrals to hospital consultants, which in turn, may also potentially have a negative impact on patients' health, welfare and well-being.

Improvement needed

The practice is required to describe how it will ensure that all clinicians working at Ravenscourt Surgery use a consistent and timely approach when completing patient referrals to other professionals for assessment/treatment.

Dignified care

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 to make an informed decision about their care as an equal partner (Standard 4.2- Patient Information)

We were told that the practice's patient information leaflet was produced in normal and large print in response to individual requests.

We requested to see a copy of the patient consent form used at the practice associated with minor surgery procedures and joint injections. The consent form in place did not prompt staff to record their assessment of patients' mental capacity to consent to treatment. Given that some individuals might not be able to provide formal consent to treatment as a result of difficulties with communication, the practice was advised of the need to amend the consent form to make provision for recording such assessments.

Improvement needed

The practice is required to provide HIW with details of the revised patient consent form for minor surgery procedures and joint injections.

Timely care

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right time, in the right place and with the right staff. (Standard 5.1-Timely Access)

Conversations with members of the staff team revealed that people were able to make advance appointments with GPs and other clinical staff; patients being encouraged to book their appointments via My Health Online⁵. We were also told that the practice had made a recent decision to revert to previous appointment arrangements. This meant that the majority of appointments were allocated to patients on the same day that they contacted the practice as a means of providing timely access, care and support.

Discussions with the lead GP however revealed that the practice faced on-going challenges in terms of the number of appointments requested by patients versus the number of appointments available. However, during the past three months the practice had recruited three part-time staff (a pharmacist, a community psychiatric nurse and a physiotherapist). This was with the intention of providing patients with access to a wider group of professionals. We were told that those new arrangements had resulted in the provision of additional patient appointments to date.

In an attempt to meet patients' needs, telephone advice was given if requested by patients and we were made aware that, on occasions, locum GP staff were requested to undertake additional sessions. People were also encouraged to let the practice know if they couldn't attend for an appointment so that the time could be released for others.

Individual care

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 (Standard 6.2-Peoples Rights)

We identified that one member of the senior administrative team was able to speak Welsh. That person would therefore be requested to speak with patients who expressed a wish to communicate in Welsh, if needed. We were also

⁵ My Health Online offers patients the facility to book appointments, order repeat prescriptions, update address and telephone details via the internet. <http://www.myhealthonline-inps.wales.nhs.uk/>

made aware that the practice would contact a recognised sign language service to communicate with patients who have hearing difficulties, as and when required.

Patients with additional needs (for example learning disabilities, or those with mental health impairment) were identified on the practice information system. This was in order to alert staff to arrange suitable health checks and provide them and/or their families and representatives with information appropriate to their needs.

We saw that there was a current equality and diversity policy in place and were also provided with an example of a staff job description which referred to the established values and ethos of the practice in accordance with current legislation.

Quality of Management and Leadership

Patients can be sure that the practice team places an emphasis on running the service as efficiently as possible in order to meet their needs. We also found that the process of managing the practice was open and transparent.

Whilst a number of the members of the clinical team were fairly new to the practice, the lead GP was able to demonstrate a considerable commitment with regard to the future development of the service provided.

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.

Conversations with the one GP partner (lead GP) revealed that the practice had experienced a significant challenge when finding GPs to work at Ravenscourt surgery since the former practice partnership was dissolved approximately five months ago. At the time of our inspection, the lead GP was supported by two part-time salaried GPs, a practice manager and a wider team of other clinical/administrative staff, some of whom had worked at the practice for many years.

We found that the lead GP made every effort to motivate the practice team and demonstrated effective leadership through setting the direction of the practice service. For example, the practice had recently been successful in securing a broader range of clinical skills in response to identified increasing patient demands for more appointments. The lead GP was also very much involved in All-Wales discussions about ways of improving the use and flow of patient information as a means of enhancing care and treatment.

During the course of this inspection, we were made aware that the practice was in receipt of management support from the local health board. This was in recognition of the change in GP partnership arrangements during 2015 and the fact that the wider clinical team at this practice was fairly new.

The practice had a Practice Development Plan and we were told this was reviewed regularly by the lead GP and practice manager.

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need. (Standard 7.1-Workforce))

Discussions with staff confirmed they had the right skills and knowledge to fulfil their identified roles within the practice.

A number of the staff had worked at the practice for many years, which provided continuity for patients. Staff were able to describe their roles and responsibilities within the wider practice team and indicated that they enjoyed working at the surgery. All staff we spoke to confirmed they felt supported by senior staff and had opportunities to attend relevant training. A system of staff appraisal was described. This allowed for feedback to be provided to staff on their work performance and agree their development and training needs.

Conversations with individual staff confirmed that they felt able to raise any work related concerns with senior practice staff and were confident these would be dealt with appropriately.

5. 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.

6. 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 Ravenscourt 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.

Appendix A

General Medical Practice: **Improvement Plan**

Practice: **Ravenscourt Surgery**

Date of Inspection: **12 November 2015**

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
Page 8	The practice is required to describe how it will obtain the views of patients in the future. This is, as a means of enquiring whether services provided are meeting the needs, wishes and preferences of patients and identifying ways of improving practice systems.	Standard 6.3	The Practice will endeavour to produce an annual Patient Survey in line with our Cluster Group and Practice needs, to obtain the views of our patients in relation to their wishes and preferences both in Practice and in the Community. Patients will be made aware of the survey by various methods to ensure that we also capture the views of individuals who are unable to attend the surgery for various reasons. From this Patient Survey,	Practice Manager	Annual

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			we will make analysis and considerations to improve our service. We offer a Feedback Service on our Website and welcome patients to contact us with a view to ways of improving our systems. Considerations and improvements are made through patient contact with this service.		Ongoing
Delivery of safe and effective care					
Page 13	The service is required to provide HIW with evidence of Hepatitis B vaccination and subsequent immunity records for two identified members of the clinical team.	Standard 2.4	Dr 'A' was identified and has had titre levels taken to ensure immunity. We await the results. Dr 'B' is a new employee who started the week prior to our HIW visit. We await the results of the blood tests undertaken. The Practice is looking at a flagging system to ensure that clinical (and administrative) staff are kept up-to-date with their Hepatitis B vaccinations and subsequent	Lead Practice Nurse	17.12.2015 05.01.2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			immunity.		
Page 14	The practice is required to provide HIW with details of how it will ensure that all members of the practice team are encouraged and enabled to report, and reflect on, incidents in the future so that lessons may be learned and the risk of repeated events is minimised.	Standard 3.1	All members of the Practice Team are encouraged and are able to report and reflect on incidents. Staff are encouraged to identify and prioritise a Significant Events Analysis (SEA) when it happens. The Practice is fully committed to the routine and regular audit of SEA's. We have Significant Event Analysis Forms to collate as much factual information on the event as possible from personal testimonies, written records and other healthcare documentation. For more complex events, an in-depth analysis will be required to fully understand casual factors. Regular Significant Event Analysis Meetings are held. Some practice team members work part time are not always able to attend meetings. Part time staff who do not attend meetings are made aware of		

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
			• What happened • Why did it happen • What has been learned • What has been changed or auctioned This may generate • A learning need • Sharing the learning • A conventional Audit required • Further investigation needed • A celebration of excellent care The Practice will endeavour to minimise risk of repeated events by this process. All Staff to be reminded and refreshed of this process.	Practice Manager	16.12.2015
Page 15	The practice is required to describe	Standard	The surgery has installed a Digital Dictation System onto all GP	Secretary	14.12.2015

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	how it will ensure that all clinicians working at Ravenscourt Surgery use a consistent and timely approach when completing patient referrals to other professionals for assessment/treatment.	3.5	computers. All clinicians are encouraged to use the new system. This now means referrals that are dictated at the time of consultation will be sent to a central Typing Pool and can immediately be seen by the Secretary/Assistant and prioritised and typed as per their urgency. This system is also available to Locum GP's. This will have great benefits with the speed of referrals within the surgery as the Secretary will no longer have to wait for the tape/handwritten referral/list to be given before referrals will be sent, thus providing a much more efficient referral service for the patient.		
Page 15	The practice is required to provide HIW with details of the revised patient consent form for minor surgery procedures and joint	Standard 4.2	This document has been sent via attachment. Having checked with Neighbouring Practices, this form is Universal for all procedures.	Practice Manager	05.01.2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
	injections.				
Quality of management and leadership					
	None identified.				

Practice representative:

Name (print): LINDA CHURCH.....

Title: PRACTICE MANAGER.....

Date: 17.12.2015.....

Appendix B



HIW – CHC Joint GP Inspection (CHC Report)

Visit Summary	
Practice:	Ravenscourt Surgery
Date / Time:	12 th November 2015 – 9:30am
CHC Team:	Cardiff and Vale of Glamorgan Valerie Evans – Member Robert Henley – Member
Purpose of Visit:	To provide views from a patients perspective to the Healthcare Inspectorate Wales (HIW) Inspection Team.

Patient Feedback

The CHC visiting were able to speak to, and undertake a patient survey with, 13 patients during this joint visit. However, not all questions were completed by the 13 as a small number were called to their appointment prior to completion of the survey.

7 of 12 patients (those who responded to this section) found the booking of an appointment to be difficult or very difficult. The main concerns of

these patients relate to getting through on the phone and finding all appointments are gone when they do get an answer.

6 of 11 patients (those who responded to this section) rated the toilet facilities poor or very poor.

Overall, patient experience was generally positive. However, 2 patients provided responses of 'poor' or 'very poor' when asked to rate their experience of using this Practice.

One individual indicated that they were considering moving to a different Practice, as they felt the Practice was run for the benefit of staff and not the patients. However, the majority of patients spoken to had been registered for over 10 years and found the staff to be helpful.

Observations

Environment - External

- The fabric of the building is poor.
- There is poor access for disabled patients and patients with wheelchairs/prams.
- There are no dedicated parking spaces attached to the Practice, with the nearest parking being on street or at Kings Square.
- Signage is poor, particularly at the front and entrance of the Practice.

Environment - Internal

- The majority of the seating was single, plastic chairs. However, there were a number of upholstered chairs with arms.
- The children's toys could have been cleaner.
- There was no lift and a number of consulting rooms were upstairs. This would be difficult for elderly patients and those with babies.
- There was a gas fire in situ but no protective fire guard. The Practice indicated that this fire has been disconnected and is not in use.

- The toilet facilities were in a poor state of repair, as supported by the patient survey results. There was also no alarm cord located in the toilets.
- The entrance hall flooring was in a poor state of repair.
- The waiting room was generally clean and tidy.
- Baby changing facilities were available.
- Issues surrounding dignity and confidentiality at reception will be addressed as part of a refurbishment programme.

Communication & Information on Display

- There is a hearing loop on site. However, there is no sign to this effect.
- There is availability of a Chaperone but no appropriately placed signage was observed to this effect.
- Patients are informed verbally of any delays to their appointment time.
- Signage in general is rather poor.
- There is a large amount of information provided by the Practice.
- Leaflets are clearly displayed.
- Copies of the practice leaflet are readily available on the reception desk. These are regularly updated and of good quality.
- The Practice clearly displays information on the CHC. However, no leaflets were observed.

Members of the CHC acknowledge that the Practice is embarking on a refurbishment programme and looking at possible changes in service provision.

Valerie Evans
CHC Member