

Inspection Summary Report

Grange Medical Practice

Cardiff and Vale University Health Board

Inspection date: 16/01/2023

Publication date: 18/04/2023



This summary document provides an overview of the outcome of the inspection



Overall, we found that Grange Medical Practice offered a friendly and professional service to patients.

The setting was purpose built, two- storey building, offering complete disabled access, a spacious waiting area on each floor, a lift for patient use and disabled toilets.

We found that staff made a conscious effort to accommodate the range of languages spoken by their patient population, however improvements were needed around offering a bilingual service to patients wishing to communicate or receive information in the medium of Welsh.

The practice had their complaints policy displayed which aligned with the NHS complaints procedure 'Putting Things Right'.

We observed IPC to be managed well at the setting, however hand hygiene, infection prevention and control and clinical waste audits had not been completed for the setting.



The practice had a comprehensive catalogue of policies in place, however none contained creation dates or dates for review.

Although staff informed that they had undertaken some mandatory training, there was little evidence to support this in staff files and no training matrix was in place for the practice manager to keep track of staff training. This was raised as an immediate concern.

We also saw little evidence of DBS checks in staff files. The practice manager also confirmed that non-clinical staff had not been DBS checked upon starting work at the practice. This was also raised as an immediate issue with the requirement to ensure all staff are DBS checked imminently

Note the inspection findings relate to the point in time that the inspection was undertaken.



What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Grange Medical Practice, Cardiff and Vale University Health Board on 16 January 2023.

Our team for the inspection comprised of one HIW Healthcare Inspector and three clinical peer reviewers. The inspection was led by a HIW Healthcare Inspector.

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).



Quality of Patient Experience



Overall Summary

Overall, we found that staff at Grange Medical Practice were committed to offering a caring and friendly service to patients.

We witnessed staff treating patients in a kind and professional manner and we observed effective arrangements in place to protect the privacy and dignity of patients.

The practice was a purpose built, two- storey building which was fully accessible for patients. Both floors had a spacious waiting area and there was a lift and disabled toilet available for patient with mobility issues.

Where the service could improve

- Staff must ensure they are providing the active offer for Welsh speaking patients.
- Staff should make every effort to ensure patients' preferred language is recorded consistently across patient records.

What we found this service did well

- It was clear that Grange medical Practice works hard to accommodate the many languages spoken by their diverse patient population.
- The practice was situated in a very spacious building. Automatic and wide doors on the entrance allowed for access for patients in wheelchairs and motorised scooters.

Delivery of Safe and Effective Care



Overall Summary

We were assured that patients attending Grange Medical practice receive safe and effective care. All clinical rooms were an appropriate size and kept generally tidy.

We reviewed the business continuity plan. This contained all relevant and up to date information, in line with local health board procedures, however we highlighted improvements needed around ensuring this document was regularly reviewed.

Where the service could improve

- Data shredding stored in clinic rooms and storage rooms currently pose a fire risk. Staff must ensure that bags of shredding are stored securely in outdoor bin area.
- We require the practice to carry out both an Infection prevention control, hand hygiene and clinical waste audits as soon as possible.
- Staff must ensure the safeguarding policy is updated to include details of the current Safeguarding lead at the practice and contains information specific to Wales.
- Staff must ensure that checks on emergency drugs and equipment are completed and logged at all times, and that there are robust mechanisms in place to identify and rectify when checks are not completed or logged. All emergency drugs must also be stored securely.

What we found this service did well

- We observed the practice to be generally tidy and uncluttered.

Quality of Management and Leadership

Overall Summary

From discussions with practice staff, it was clear that they were committed to providing good patient care and were eager to carry out their roles effectively.

We saw diary markers on staff's computers indicating space for weekly team meeting, however we require improvements around the production of meeting minutes.

Where the service could improve

- We require senior staff to update all practice policies, ensuring they are dated and contain a date for annual review. We also recommended that the practice manager implement a sign and date sheet for policies, so staff are able to sign and date once read.
- All staff must complete equality, diversity and inclusion training as soon as possible. Evidence of completed training should be kept in staff files and on record by the practice manager.
- The practice must ensure that pre-employment checks for all staff include the need for a DBS check appropriate to their roles. All current members of staff must have a DBS check undertaken urgently, appropriate to their roles. A record must be kept within the practice.
- We require All staff to complete and remain up to date with all mandatory training and record evidence of this in staff files. The practice manager must also develop a training matrix in order to effectively keep track of mandatory staff training.
- The practice manager must ensure that all clinical staff have received the Hepatitis B vaccination and that evidence of this is recorded in their staff files.

What we found this service did well

- It was clear from conversations with the practice manager that the practice is proactive in the cluster group in developing future plans.

Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

