

## **General Practice Inspection (Announced)**

Bodowen Surgery, Holywell

Betsi Cadwaladr University Health  
Board

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

**Provide an independent view on the quality of care.**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice.**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice.**

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Bodowen Surgery, Halkyn Road, Holywell, Flintshire CH8 7GA, within Betsi Cadwaladr University Health Board on 28 June 2017.

Our team, for the inspection comprised of an HIW inspection manager (inspection lead), a GP reviewer, a practice manager peer reviewer and a lay reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Patients told us that staff treated them with dignity and respect
- There were generally good information recording systems and good referral processes in place
- We found good continuity of care with every effort made so that patients could see the same GP at each consultation where possible
- Good internal communication systems
- Open and inclusive culture with good staff engagement
- Responsive service with staff keen to further enhance the quality of the provision
- Good skill mix within the clinical team with individual clinicians taking a lead role in their area of expertise
- Generally good management systems and good management overview of the service.

This is what we recommend the service could improve:

- The provision of more patient information leaflets and booklets in Welsh
- Review access and general facilities for disabled patients and those with hearing difficulties
- Set up a patient participation group
- Arrange Level 3 safeguarding training for all clinical staff
- Review record keeping processes around safeguarding and home visits

- Update the locum induction pack
- Ensure that all fire doors be kept closed at all times and that they close fully on to their rebates
- Replace examination couches
- Provide suitable guards on radiators
- Review the practice of using the space adjacent to the consulting rooms as a waiting area for patients requiring transfer to hospital by ambulance
- Regularly review and audit patient notes to ensure accuracy and consistency of recording
- Ensure that the summarising guidance is applied consistently and arrange further training for staff involved in this process
- Strengthen communication around significant events and ensure that any learning is communicated to all relevant staff members
- Maintain a record of team meetings and GP partner meetings.

## 3. What we found

### Background of the service

Bodowen Surgery currently provides services to approximately 7,800 patients in the Holywell area. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board.

The practice employs a staff team which includes a practice manager, five GPs, Advanced Nurse Practitioner, two practice nurses, trainee health care assistant, pharmacist, dispensary staff and eight reception/administrative staff.

The practice provides a range of services, including:

Minor Illness Clinic

Asthma Screening & review

Blood Pressure Checks

Chronic Obstructive Pulmonary Disease Screening and Review

Contraceptive Pill Checks and Injections

Vaccinations – Routine & Travel

Cervical Smears & Well Woman Clinics

Dietary Advice

HRT Follow Up

General Health Checks

Diabetic Advice

Referral to Smoking Cessation Service

Heart Disease Screening



## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

People told us that they were treated with dignity and respect by staff. The practice had a system in place to enable patients to raise concerns/complaints and the practice was able to demonstrate that they considered patient feedback to improve services.

Patients made positive comments, particularly about the relationships they had with staff.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the services provided. We also distributed questionnaires to patients for completion during the course of the inspection visit. A total of thirty questionnaires were completed. Patient comments included the following:

*"Staff are very helpful."*

*"Completely happy with the care I receive."*

*"Opening hours could be longer."*

*"Make it easier to get through on the phone when making an appointment."*

## Staying healthy

Patients told us that staff talked to them and helped them understand their medical conditions.

We found that patients were being encouraged to take responsibility for managing their own health through the provision of health promotion advice from staff and written information within the waiting areas, on the web-site and within the practice's information leaflet.

People with caring responsibilities were given advice and information about other organisations and services that may be able to provide them with support. The reception manager was the designated carers' champion.

The physical environment had been adapted, as much as would allow, to maintain patient confidentiality and privacy. The reception area was separated from the waiting area by a desk and glass screens. This meant that reception staff were able to talk with patients and make telephone calls without being overheard, thus maintaining a degree of privacy and confidentiality. In addition, reception staff told us that they could also use a quiet area within reception to discuss any sensitive issues with patients, should the need arise.

The practice was part of a local 'Cluster'<sup>1</sup> group. We were told that one of the GPs, practice manager and advanced nurse practitioner attended Cluster meetings and used this forum as a way to generate quality improvement activities and to share good practice.

## **Dignified care**

Patients told us that staff treated them with dignity and respect. We saw that staff greeted people in a professional yet friendly manner at the reception desk and during telephone conversations.

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

There was a written policy on the use of chaperones and some staff had received appropriate training. The right to request a chaperone was displayed through posters in patient areas and in consulting/treatment rooms. We suggested that training be arranged for all staff who take on chaperone duties.

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<sup>1</sup> A practice cluster is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. They bring together GP practices, District Nursing, Frailty, Public Health Wales, Primary and community mental health services and the voluntary sector

We found the provision of toilets within the waiting area to be adequate. However, we suggested that consideration be given, during any future refurbishment, to re-locating the disabled toilet, which currently doubles up as the male toilet, as female patients wanting to use this facility may feel uncomfortable. We also strongly recommend that a call bell be provided in the disabled toilet in the event that any patients using this facility require assistance.

We suggested that the new patient registration form be amended to include specific questions around diversity and in particular gender re-assignment and that staff all receive training on this subject.

#### Improvement needed

Training should be arranged for all staff who take on chaperone duties.

We also strongly recommend that a call bell be provided in the disabled toilet in the event that any patients using this facility require assistance.

#### Patient information

Information for patients about the practice's services were available in leaflet form and on the practice's web-site which was of a very high standard and detailed.. This provided useful information, including details of the practice team, opening hours, out of hours arrangements, appointment system and the procedure for obtaining repeat prescriptions.

A range of information was displayed and readily available within waiting area. This included information on local support groups, health promotion advice and self care management of health related conditions. The practice should consider providing a designated board displaying information specifically for carers.

We suggested that the practice considered installing a television monitor within the waiting area in order to display health promotion and other information which patients may find useful.

#### Improvement needed

The practice should consider providing a designated board displaying information specifically for carers.

We suggested that the practice considered installing a television monitor within the waiting area in order to display health promotion and other information

which patients may find useful.

### **Communicating effectively**

We were told that there were a number of Welsh speaking patients registered with the surgery and that two of the current staff members spoke Welsh. We found that there was a lack of information (posters and leaflets) in Welsh. We were informed that translation services could be accessed for those people who required information or services in other languages.

Some patients told us that they sometimes had problems hearing their names being called on the speaker system in the waiting area. We were told that this was dependant on whether people were being called by means of a telephone or a headset. The practice manager agreed to monitor the situation and take appropriate action to address any issues.

The practice did not have a hearing loop. We were told that consideration was being given to installing a hearing loop to aid communication with those patients with hearing difficulties.

### **Improvement needed**

The practice should ensure that information (posters and leaflets) are made available in Welsh.

### **Timely care**

Patients were able to pre book appointments in advance, Monday to Friday, or ring the surgery, or call in from 08:30, to be given an appointment for that day.

Patients were also able to book appointments online using My Health Online<sup>2</sup> service.

The nursing team saw patients presenting with minor, general illnesses. The nursing team also ran a number of clinics for patients with chronic health conditions so that they could access the care and treatment they needed without having to see a doctor.

Patients told us that they often experienced delays in getting through to the practice on the phone to make an appointment. We recommend that the practice explore ways of making it easier for patients to make appointments over the phone.

We were informed by patients that staff do not always inform patients of waiting times or of any delays in them getting to see a doctor or nurse. The practice manager told us that she would remind the reception staff to inform patients of waiting times on arrival and to keep them updated of any delays.

We found that referrals to other specialists were made in a timely fashion.

## **Individual care**

### **Planning care to promote independence**

We were informed that the practice team knew patients well and made adjustments according to people's individual needs based on this knowledge.

The practice was located within a purpose built building. Disabled access to the building was good. All consulting rooms were located on the ground floor.

There was a separate staff and patients' parking area linked to the practice with two designated disabled parking spaces. These spaces were located in an area signposted as staff parking which could cause confusion to some patients. We suggested that the availability of these parking spaces for patient use be better

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

signposted or consideration be given to the provision of disabled parking space within the designated patients' parking area.

We suggested that consideration be given to the provision of more suitable chairs within the waiting area for older people or people with mobility problems.

We saw that there was a bell on the reception desk for people to ring for attention. However, there was no bell on the lowered, disabled access area of the reception desk, therefore this could impact negatively on some patients.

#### Improvement needed

Consideration should be given to the provision of more suitable chairs within the waiting area for older people or people with mobility problems.

A call bell should be provided on the lowered, disabled access area of the reception desk.

#### People's rights

The practice had made arrangements to make services accessible to patients with different needs and language requirements, as described above.

Staff stated it was rare that patients required a language other than English. However, some of the staff, including one of the GPs, were Welsh speaking. In addition, if patients did present as non-English speaking then staff had access to translation services. Staff also stated that non-English speaking patients usually attend in the company of relatives who are able to translate conversations. However, it should be noted that over-reliance on relatives for translation can impact on patient confidentiality and make some patients reluctant to speak openly during consultations

#### Listening and learning from feedback

There was a formal complaints procedure in place which was compliant with 'Putting Things Right'<sup>3</sup>. Information about how to make a complaint was posted

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<sup>3</sup> Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent

in the reception/waiting area and also included in the patient information leaflet. Putting Things Right information leaflets and posters were also available within the reception/patient waiting areas.

Emphasis was placed on dealing with complaints at source in order for matters to be resolved as quickly as possible and to avoid any need for escalation. All complaints were recorded whether received verbally or in writing. All complaints were brought to the attention of the practice manager who would deal with them in line with the practice's policy.

The practice should consider setting up a patient participation group as an additional means of gathering feedback about the service provided. This could also serve as a mechanism for sharing information about the future plans for the service

#### Improvement needed

The practice should consider setting up a patient participation group.

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method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We found that the practice had arrangements in place to promote safe and effective patient care. We found a staff team who were patient centred and committed to delivering a high quality service to their patients.

Information was available to patients to help them take responsibility for their own health and well being.

Suitable arrangements were in place to ensure the safe prescribing and dispensing of medicines and to learn from any patient safety incidents. The sample of patient records we reviewed were, generally, of a good standard.

There was a robust internal communication system in place to ensure that there are no unnecessary delays in processing referrals, correspondence and test results.

There were safeguarding of children and vulnerable adults policies in place and staff had completed training in these subjects.

General and more specific risk assessments are undertaken and any areas identified as requiring attention were actioned.

## Safe care

### Managing risk and promoting health and safety

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

General and more specific risk assessments were being undertaken on a regular basis by the practice manager to help maintain safety at the practice.

We found examination couches in some of the consulting rooms to be unsuitable as they were fixed to the wall and not height adjustable. This made it difficult for people with limited mobility to access and also restricting clinical



staff access to both sides, particularly in an emergency situation. Consideration should be given to replacing these couches.

We saw hot surface warning notices above the radiators within the waiting area and corridors. We also saw that radiators in some corridor areas were low level increasing the risk of people knocking their legs against them. We advised that consideration be given to the provision of suitable guards on radiators to reduce the risk of harm to patients and staff.

We were informed that any patients requiring transfer to hospital by ambulance were asked to sit in the small waiting area adjacent to the consulting rooms. Although there was no one waiting in this area at the time of our inspection, we were concerned that patients waiting in this area were not appropriately supervised or monitored as they were out of the line of sight of reception staff. This practice should be reviewed and consideration given to accommodating such patients in one of the consulting rooms and, if not accompanied by a relative or carer, a member of staff should remain with them until transfer to hospital. This would ensure that their condition is being closely monitored and it would also ensure that their dignity was being maintained.

#### Improvement needed

Consideration should be given to replacing the examination couches.

Suitable guards should be provided on radiators to reduce the risk of harm to patients and staff.

The practice should review the use of the space adjacent to the consulting rooms as a waiting area for patients requiring transfer to hospital by ambulance.

#### Infection prevention and control

Staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection. The clinical treatment areas we saw were visibly clean.

We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitizers were also readily available around the practice.

We saw that waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste was securely stored until it could be safely collected. There was a formal waste collection and disposal contract in place.

There was a lack of foot operated bins within certain areas of the practice. Specifically we recommend that suitable foot operated sanitary bins be provided in all toilets and that the waste bin in the waiting area be replaced with a more suitable foot operated bin.

There was a clear and detailed infection control policy in place. Staff told us that they were responsible for carrying out assessment of their own working environment for infection control risks with the Advance Nurse Practitioner taking overall responsibility for overseeing the process.

The practice manager maintained a register of staff Hepatitis B immunisation status. This demonstrated that there was an appropriate system in place to ensure that staff and patients were protected from this blood borne virus.

We were informed that no minor surgery procedures were taking place at the practice.

#### Improvement needed

Suitable foot operated sanitary bins should be provided in all toilets.

The waste bin in the waiting area should be replaced with a more suitable foot operated bin.

#### Medicines management

We found that medication management systems were good and safe and in line with the health board's prescribing formulary and guidance.

Patients could access repeat prescriptions by calling into the practice in person, online or through other agencies such as the local pharmacy.

Any queries relating to medication were logged on the computer system and reviewed by one of the doctors.

A part time pharmacist and dispensary staff were employed. In addition, a pharmacist employed by the health board visits the practice on a weekly basis to assist staff with queries and audits.

During a tour of the building, we found the door leading from the corridor adjacent to the consulting rooms to the dispensary to be unlocked. As patients have access to this corridor, we recommended that the door be locked to avoid unauthorised entry to the dispensary.

### Improvement needed

The door leading from the corridor adjacent to the consulting rooms to the dispensary should be locked in order to avoid unauthorised entry to the dispensary.

### Safeguarding children and adults at risk

We found that there were child protection and adult safeguarding policies in place and flowcharts which included local contact numbers for reporting.

One of the GPs assumed a lead role in the safeguarding of adults and children within the practice and had received training at an appropriate level on the subject. We also found that all other staff had received training, up to level 2, in the safeguarding of adults and children. We highlighted the need for all clinical staff to complete safeguarding training at level 3.

Adult and child safeguarding cases were flagged up on the electronic records system so that staff were aware of such issues. However, not all child safeguarding information was being recorded on the electronic system due to data protection concerns. We advised that all such information be recorded, in an unabridged form on the electronic records system, to ensure ease of access by other clinicians and to ensure a robust audit trail.

The practice had an induction pack for locum GPs. However, we found that this pack required reviewing and updating to include information about the safeguarding processes.

### Improvement needed

Arrangements should be made for all clinical staff to complete safeguarding training at level 3.

All child safeguarding information should be recorded on the electronic system.

The locum pack should be reviewed and updated and information regarding safeguarding processes included.

## Effective care

### Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events. However, there was little evidence of how learning from such incidents were being communicated to staff.

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

We looked at the practice's emergency resuscitation equipment and individual GP emergency bag and found that these were regularly checked and generally well equipped with both adult and child resuscitation equipment. We did, however, recommend that the contents of the emergency bags be reviewed and standardised with consideration being given to the inclusion of medication most likely to be needed during an emergency such as Adrenaline, Diazepam and Benzylpenicillin.

#### Improvement needed

The practice must take steps to ensure that learning from patient safety incidents and significant events are communicated to staff.

The contents of the emergency bags should be reviewed and standardised with consideration being given to the inclusion of medication most likely to be needed during an emergency such as Adrenaline, Diazepam and Benzylpenicillin.

### Information governance and communications technology

We found that there were clear information governance policies and procedures in place.

#### Record keeping

We looked at a random sample of patient records and found the standard of recordkeeping to be generally of a good standard. However, we found that some patients' notes required updating in order to accurately reflect their current, active medical issues.

We also found some discrepancies in relation to the medication prescribed in relation to clinical diagnosis. These records require reviewing and updating.

We found that the recoding of consent and the request for a chaperone was inconsistent.

Home visits were recorded in a book for ease of reference and allocation of work. However, we strongly recommend that this information be recorded on the electronic system to enable auditing.

There were written summarising guidance in place. However, we recommended that summarised records be audited on a regular basis in order to ensure consistency and adherence to the guidance. Consideration should also be given to arranging further training for staff involved in the summarising process.

We found that there was a need to regularly audit referrals and follow up. This is of particular importance with regards cancer treatment referrals to ensure that patients have been seen within appropriate time-scales.

#### Improvement needed

Patients' notes should be updated in order to accurately reflect patients' current, active medical issues.

Patients' notes should be reviewed and updated in order to ensure that the recording of medication prescribed in relation to clinical diagnosis is consistent across all clinicians.

Patients' notes should be reviewed and updated in order to ensure that the recoding of consent and the request for a chaperone is consistent across all clinicians.

Home visits should be recorded on the electronic system to enable auditing.

Summarising records should be audited on a regular basis in order to ensure consistency and adherence to the guidance. Consideration should also be given to arranging further training for staff involved in the summarising process.

Referrals and follow-up records should be audited regularly.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found a patient-centred staff team who told us they were well supported by colleagues within the practice. Staff were also positive about the training opportunities available.

We found that there was a formal staff recruitment process in place with background checks undertaken, as necessary, prior to employment.

There were clinical and general audit systems in place which allowed staff to reflect and make changes and improvements to practice.

## Governance, leadership and accountability

Overall, we found good leadership at practice level and a stable staff team who were committed to providing the best services they could to their patients.

Staff were positive about the working environment and told us that they felt well respected and supported by their colleagues.

There was a whistleblowing policy in place and staff told us they felt able to raise concerns with senior staff. Staff had access to policies and procedures to guide them in their day to day work.

Staff working within the practice often took on dual roles and worked flexibly. This meant that staff could provide cover for each other during absences, reducing the risk of disruption to services for patients.

There was an open and inclusive culture within the practice with evidence of informal communication taking place on a regular basis between staff members. We highlighted that a more formal approach was needed in respect of the GP meetings and peer reviews in order to ensure that such events are properly minuted to reflect discussions, learning and actions taken.

We found that there was a robust 'disaster recovery' plan in place which covered events such as pandemic/epidemic outbreaks, fire, flood and IT issues.

We also found that there was a practice development plan in place. This had been drawn up in June 2016.

We found that some of the fire doors within the practice were wedged open and that others did not close fully on to their rebates. We advised that all fire doors be kept closed at all times and that measures be taken to ensure that they close fully on to their rebates.

#### Improvement needed

GP meetings and peer reviews should be formalised in order to ensure that such events are properly minuted to reflect discussions, learning and actions taken.

All fire doors must be kept closed at all times and measures taken to ensure that they close fully on to their rebates.

## Staff and resources

### Workforce

Discussions with staff and a review of a sample of staff records indicated they had the right skills and knowledge to fulfil their identified roles within the practice. The staff members we spoke with confirmed they had opportunities to attend relevant training.

Staff were able to describe their roles and responsibilities and indicated they were happy in their roles. All staff we spoke with confirmed they had opportunities to attend relevant training. We found that annual appraisals had been conducted on a regular basis.

We saw that there were formal recruitment policies and procedures in place with background checks undertaken, as necessary, prior to employment.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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



## 5. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how GP practices are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

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

Further detail about how HIW inspects the [GP practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified at this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Bodowen Surgery, Holywell

**Date of inspection:** 28 June 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified at this inspection.				

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

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Bodowen Surgery, Holywell

**Date of inspection:** 28 June 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
Training should be arranged for all staff who take on chaperone duties.	4.1 Dignified Care	Actively seeking Chaperone Training for all staff who under take the role.	Marisa Oulton Practice Manager	March 2018
A call bell should be provided in the disabled toilet in the event that any patients using this facility require assistance.		Obtain 3 x quotes as per practice protocol and carry out work as necessary.	Marisa Oulton Practice Manager	October 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice should consider providing a designated board displaying information specifically for carers.</p> <p>The practice should consider installing a television monitor within the waiting area in order to display health promotion and other information which patients may find useful.</p>	4.2 Patient Information	<p>Meeting arranged with Community Hospital Facilitator from NEWCIS for 16.08.17 to discuss designated information for Carers.</p> <p>Training session to update staff arranged.</p> <p>Obtain 3 x quotes as per practice protocol. Consideration will be given dependant on cost.</p> <p>Currently awaiting information about "Free Television Monitors".</p>	<p>Marisa Oulton Practice Manager</p> <p>Lindsay Davies Reception Manager</p> <p>Marisa Oulton Practice Manager</p>	<p>September 2017</p> <p>October 2017</p> <p>December 2017</p>
<p>The practice should ensure that information (posters and leaflets) are made available in Welsh.</p>	3.2 Communicating effectively	<p>Patient Leaflet now available in Welsh.</p> <p>Every consideration will be given to ensure posters and leaflets are available</p>	<p>Marisa Oulton Practice Manager</p>	<p>Immediate Effect</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Consideration should be given to the provision of more suitable chairs within the waiting area for older people or people with mobility problems.</p> <p>A call bell should be provided on the lowered, disabled access area of the reception desk.</p>	<p>6.1 Planning Care to promote independence</p>	<p>in Welsh.</p> <p>Obtain 3 x quotes as per practice protocol and procure suitable chairs for older patients or patients with mobility problems for within the waiting room as necessary.</p> <p>Purchase a call bell and have fitted onto the lowered reception desk.</p>	<p>Marisa Oulton Practice Manager</p> <p>Marisa Oulton Practice Manager</p>	<p>September 2017</p> <p>September 2017</p>
<p>The practice should consider setting up a patient participation group as an additional means of gathering feedback about the service provided. This could also serve as a mechanism for sharing information about the future plans for the service.</p>	<p>6.3 Listening and Learning from feedback</p>	<p>Will consider setting up a patient participation group in the future.</p> <p>Further discussions will take place at cluster level.</p>	<p>Marisa Oulton Practice Manager</p>	<p>March 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
<p>Consideration should be given to replacing the examination couches.</p> <p>Suitable guards should be provided on radiators to reduce the risk of harm to patients and staff.</p> <p>The practice should review the use of the space adjacent to the consulting rooms as a waiting area for patients requiring transfer to hospital by ambulance.</p>	2.1 Managing risk and promoting health and safety	<p>Obtain 3 x quotes as per practice protocol and procure new examination couches as and when funding becomes available.</p> <p>Obtain 3 x quotes as per practice protocol and carry out work as necessary.</p> <p>Area used as a waiting area for patients requiring transfer to hospital by ambulance will be reviewed and appropriate risk assessment carried out.</p>	<p>Marisa Oulton Practice Manager</p> <p>Marisa Oulton Practice Manager</p> <p>Marisa Oulton Practice Manager</p> <p>Shelley Lewis A.N.P.</p>	<p>March 2018</p> <p>October 2017</p> <p>August 2017</p>
<p>Suitable foot operated sanitary bins should be provided in all toilets.</p> <p>The bin in the waiting area should be replaced with a more suitable foot operated bin.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Foot operated sanitary bins to be procured and available for use in all toilets.</p> <p>Bin in waiting room will be replaced by a foot operated bin.</p>	<p>Marisa Oulton Practice Manager</p> <p>Marisa Oulton Practice Manager</p>	<p>October 2017</p> <p>September 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The door leading from the corridor adjacent to the consulting rooms to the dispensary should be locked in order to avoid unauthorised entry to the dispensary.</p>	<p>2.6 Medicines Management</p>	<p>Key pad or similar locking device to be installed on door leading from the consulting rooms to the dispensary to ensure no unauthorised patient / visitor access.</p>	<p>Marisa Oulton Practice Manager</p>	<p>October 2017</p>
<p>All clinical staff to complete safeguarding training at level 3.</p> <p>All child safeguarding information should be recorded on the electronic system.</p> <p>The locum pack should be reviewed and updated and information regarding safeguarding processes be included.</p>	<p>2.7 Safeguarding children and adults at risk</p>	<p>All Doctors have completed safeguarding training at Level 3. Future training to include all Clinical Staff at Level 3.</p> <p>Following HIW Inspection on 28<sup>th</sup> June 2017 all child safeguarding information is now recorded onto the electronic system</p> <p>Locum Pack will be reviewed and updated as requested. Information regarding safeguarding processes will be included within the pack.</p>	<p>Marisa Oulton Practice Manager</p> <p>Lindsay Davies Reception Manager</p> <p>Marisa Oulton Practice Manager</p>	<p>March 2018</p> <p>June 2017</p> <p>December 2017</p>



Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice must take steps to ensure that learning from patient safety incidents and significant events are communicated to staff.</p> <p>The contents of the emergency bags should be reviewed and standardised with consideration being given to the inclusion of medication most likely to be needed during an emergency such as Adrenaline, Diazepam and Benzylpenicillin.</p>	3.1 Safe and Clinically Effective care	<p>Significant Events and patient safety incidents will be discussed and communicated to all staff at staff meetings. Minutes will be made available for staff unable to attend staff meetings due to part time availability or annual leave.</p> <p>Practice Protocol to be reviewed in relation to the inclusion of medication most likely to be needed during an emergency.</p>	<p>Marisa Oulton Practice Manager</p> <p>All Partners Elaine Gurney Pharmacist</p>	<p>September 2017</p> <p>September 2017</p>
<p>Patients' notes should be updated in order to accurately reflect patients' current, active medical issues.</p> <p>Patients' notes should be reviewed and updated in order to ensure that the recording of</p>	3.5 Record keeping	<p>Audit to be carried out on patient notes. Any information found to be inaccurate will be updated accordingly.</p> <p>Audit to be carried out to ensure medication prescribed is linked to a</p>	<p>Elaine Gurney</p>	<p>March 2018</p> <p>March 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>medication prescribed in relation to clinical diagnosis is consistent across all clinicians.</p>		<p>clinical diagnosis.</p>	<p>Pharmacist</p>	
<p>Patients' notes should be reviewed and updated in order to ensure that the recoding of consent and the request for a chaperone is consistent across all clinicians.</p>		<p>All clinical staff to ensure recording of consent and the request for a chaperone recorded.</p> <p>Process will be audited quarterly.</p>	<p>Marisa Oulton Practice Manager</p>	<p>September 2017</p>
<p>Home visits should be recorded on the electronic system to enable auditing.</p>		<p>Process will be discussed with clinical system providers and surgery staff to add in an electronic process for auditing purposes.</p>	<p>Marisa Oulton Lindsay Davies</p>	<p>September 2017</p>
<p>Summarising records should be audited on a regular basis in order to ensure consistency and adherence to the guidance.</p>		<p>Quarterly audits will be carried on out to ensure consistency and adherence to the guidance in relation to patient record summarising.</p>	<p>Lindsay Davies Reception Manager</p>	<p>Initial Audit September 2017</p>
<p>Consideration should be given to arranging</p>		<p>Further staff training will be arranged as appropriate for staff involved in the</p>	<p>Lindsay Davies</p>	<p>August 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>further training for staff involved in the summarising process.</p> <p>Referrals and follow-up records should be audited regularly.</p>		<p>summarising process.</p> <p>All urgent referrals will be audited on a quarterly basis.</p>	<p>Reception Manager</p> <p>Clare Birks Secretary</p>	<p>August 2017</p>
<b>Quality of management and leadership</b>				
<p>GP meetings and peer reviews should be formalised in order to ensure that such events are properly minuted to reflect discussions, learning and actions taken.</p> <p>All fire doors must be kept closed at all times and measures taken to ensure that they close</p>	<p>Governance, Leadership and Accountability</p>	<p>Future GP meetings will be minuted and formalised in order to ensure discussions are properly reflected.</p> <p>Fire doors identified during inspection will have appropriate door guards fitted. The door guards will ensure fire doors</p>	<p>Marisa Oulton Practice Manager</p> <p>Marisa Oulton</p>	<p>July 2017</p> <p>September 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
fully on to their rebates.		are held open safely and legally. The door guard's will release the fire door in an emergency such as when the fire alarm sounds by detecting the acoustic signal from the fire alarm.	Practice Manager	

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

### Service representative

**Name (print): Mrs Marisa Oulton**

**Job role: Practice Manager**

**Date: 03<sup>rd</sup> August 2017**