



General Practice Inspection (Announced)

Clare Road Medical
Centre/Cardiff and Vale University
Health Board

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	17
	Quality of management and leadership	24
4.	What next?	28
5.	How we inspect GP practices.....	29
	Appendix A – Summary of concerns resolved during the inspection	30
	Appendix B – Immediate improvement plan	31
	Appendix C – Improvement plan	32

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 Clare Road Medical Centre, 148 Clare Road, Grangetown, CF11 6RW, within Cardiff and Vale University Health Board, on the 22 August 2018.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), a GP peer reviewer and a practice manager 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 Clare Road Medical Centre provided safe and effective care. However, we found that the practice was not fully compliant with the Health and Care Standards in all areas of service provision.

This is what we found the service did well:

- Patients who completed a HIW questionnaire provided extremely positive comments about the service they had received from the practice
- We found that staff were polite and professional when speaking with patients and their family members/carers
- The practice premises were visibly well maintained, clean, uncluttered and nicely decorated. This meant that patients were provided with a safe and pleasant environment to receive care
- Staff had received training appropriate to their roles.

This is what we recommend the service could improve:

- The practice needs to demonstrate compliance with Putting Things Right¹ arrangements

¹ Putting Things Right relates to the integrated processes for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales. The aim is to provide a single, more integrated and supportive process for people to raise concerns.

- Aspects of record keeping within patients' records
- Practice systems, processes and procedures need to be developed or revised. This is to ensure the effective monitoring of, and improvements to, the safety and quality of patient care and the health, welfare and safety of staff.

Please see Appendix C of this inspection report for details of other improvements identified during our inspection.

3. What we found

Background of the service

Clare Road Medical Centre currently provides services to approximately 4,500 patients in the Grangetown area of Cardiff.

The two GPs who own the practice employ a staff team which includes one part-time practice nurse; a locum nurse (who works at the medical centre on other days), a full-time practice manager and a small team of administrative staff and receptionists. Most staff have dual roles. Locum GPs work at the practice on occasions.

In addition, clinical support services are provided by professionals employed by Cardiff and Vale University Health Board. Specifically, such staff include district nurses, health visitors, midwives, phlebotomists² and a community psychiatric nurse.

The practice provides a range of services, including:

- General medical services
- Care of patients who are terminally ill
- Child/baby clinic
- Chronic disease management
- Contraception advice
- Non NHS services (for example, the completion of private medical reports and examinations).

For ease of reading, Clare Road Medical Centre will be referred to as the practice throughout this report.

² Phlebotomists take blood samples from patients to send to laboratories for diagnostic testing.

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.

Patients provided extremely positive comments about the approach of the staff team and the service provided at the practice.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the services provided. A total of 30 were completed. Patient comments included the following:

"Service is excellent"

"I find (the GP) punctual and caring"

"My family and I have great faith in (the GP) and the practice is run with efficiency"

"The service received is excellent. I am welcomed with respect and my issues are heard"

Staying healthy

We saw there was a variety of posters and leaflets for patients and their families to take away with them in the two waiting areas at the practice. This meant that there was an emphasis on assisting patients and their carers to take responsibility for their own health and well-being.

We also saw the display of advice and information specifically for carers, on a designated noticeboard in the waiting room. The practice had a nominated Carers Champion who carers could contact for advice and support. We were provided with a brief description of their role, which involved providing carers with useful information about various local agencies and organisations that may be able to support them with their day to day responsibilities. There was a carer's register in place which assisted the practice team to be aware of those with formal caring responsibilities.

There were no bi-lingual signs (English/Welsh) at the practice premises; however, we saw that some information leaflets were available to patients in Welsh.

The practice offered a range of general medical services that aimed to promote patients' health and well-being. These included providing guidance on fitness to work, advice on long term medical conditions e.g. diabetes and smoking cessation advice.

Dignified care

All patients who completed and returned a HIW questionnaire felt that they had been treated with respect when visiting the practice. We also observed staff treating patients with courtesy and professionalism throughout our visit.

The reception desk was integral to one of the two patient waiting areas. Unfortunately this arrangement failed to provide any degree of privacy when patients were speaking with staff as they arrived. However, we heard staff speaking in soft tones to avoid others in the waiting area overhearing conversations as far as possible.

The practice had considered ways to protect patients' privacy at reception. For example, a clear perspex screen fitted to the reception desk helped prevent patient telephone conversations, being made and received in that area, from being overheard by people in the waiting room. We were also made aware that the practice had submitted plans to the local health board with a view to making structural alterations to the reception area. To date, however, no agreement had been reached with regard to this matter.

Consulting rooms and treatment rooms were located in close proximity to both waiting areas. We saw that doors to these were closed during consultations. We were also informed that the consulting room doors had been replaced in the past twelve months in an attempt to prevent conversations being overheard by patients in the waiting areas. This helped protect patients' privacy when they were being seen by the GP or nurse.

We found that the second waiting area could not be observed at all by reception staff. We therefore advised the practice to consider a way of addressing this issue (for example, the installation of CCTV cameras). This was to ensure the safety of patients.

Staff who spoke with us confirmed that patients could have a chaperone present during their consultations. The use of chaperones aims to protect patients and healthcare staff when intimate examinations of patients are

performed. We were told that it was expected that the GPs would offer chaperones in appropriate circumstances. We saw information displayed within both waiting areas advising patients that they could request a chaperone be present at their consultations. We also saw staff training certificates on this topic.

Patient information

Easy to navigate information about services provided at the practice was available to patients via its website. However, we advised the practice that the website could be improved by enhanced promotion of My Health Online³. This was in order to assist patients to make appointments and request repeat prescriptions, both of which would be of mutual benefit to patients and the service.

The practice had produced an information leaflet for patients. This contained relevant information about the practice and the services offered, although it had not been updated to reflect the changes about how patients' information is used. This was in accordance with current General Data Protection Regulation (GDPR)⁴. The information leaflet also required revision to provide patients with clear information about the process of raising concerns/complaints in accordance with Putting Things Right arrangements and existing Equality Act (2010)⁵ legislation.

The practice's website also contained basic NHS information for patients in a wide variety of languages.

³ Just like online banking you can sign up for a range of online services from your GP. Although these will vary from practice to practice and will depend on what your practice is offering. Generally though, patients are able to make appointments and request repeat prescriptions.

⁴ The General Data Protection Regulation (GDPR), agreed by the European Parliament and Council in April 2016, replaced the Data Protection Directive 95/46/ec in spring 2018 as the primary law regulating how EU citizens' personal data is protected.

⁵ The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations.

We reviewed the medical records of a sample of patients. These clearly showed that verbal information had been given to patients to help them understand their medical conditions, associated investigations and management.

We also saw that there were suitable arrangements in place to obtain patient consent to minor surgery procedures.

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to promote greater use of the My Health Online service for the benefits of patients and the practice.

The practice is required to revise its patient information leaflet to include relevant reference to Putting Things Right arrangements and the Equality Act 2010.

Communicating effectively

Patients who completed a HIW questionnaire told us that they were always able to speak with staff in their preferred language.

We also found that the practice gave consideration to the communication needs of patients. For example, reception staff confirmed that a working (non portable) hearing loop was available at reception only. This equipment helps patients who are hard of hearing (and who wear hearing aids) to communicate with staff. However, we were also told that patients rarely requested its use.

All areas of the practice were well signposted to assist patients to know where facilities were located.

Conversations with members of the practice team highlighted that a confidential language translation telephone service was used at times when patients whose first language wasn't English visited the practice. We were also informed that patients were encouraged to bring someone with them as there were occasions when it was difficult to access the above translation service. Further discussions with the staff also confirmed that where examinations of an intimate nature were concerned, family members/carers would not be used as a substitute for the translation service, in acknowledgement of the sensitivity of such situations.

Arrangements were described for ensuring that incoming correspondence/communication to the practice had been read and acted upon. Staff also explained the arrangements in place to ensure that messages (from patients and others) were brought to the attention of the doctors, nurse or other visiting professionals, in a timely way.

We found that practice staff would make considerable efforts to contact those patients who needed to return to the practice for further or repeat tests. This helped to ensure that patients received a follow up appointment with the GP as necessary.

We also found there were suitable arrangements in place to alert out of hours services in the event that patients' were deteriorating, or very unwell.

We looked at a sample of patient discharge summaries received from local hospitals. The quality of the sample was variable. This is a matter for the local health board to address with the relevant hospitals.

Timely care

Conversations with the team and the content of the practice's development plan revealed that the patient appointment system was under constant review; changes being made to the mixture of fixed routine appointments and unlimited urgent on the day consultations. This was in response to patient need. Appointments could be made over the telephone or in person by visiting the practice.

A small number of patients who completed a HIW questionnaire indicated that they had to wait two weeks to see the GP of their choice. Otherwise, 17 questionnaire respondents recorded that they found it very easy to make appointments, 12 found it fairly easy and one person indicated that it was not very easy.

There was no formal system or process in place in-house regarding second opinions about patients' diagnoses. Neither were we able to find evidence of a formal peer review process in relation to patient referral rates and outcomes. We were assured that both GPs discussed patient cases regularly, especially in instances where there was some uncertainty about diagnosis, and we were provided with some evidence of referral tracking. However, we advised the practice of the need to develop formal robust arrangements for managing the above aspects of patient care.

We were though, assured that the practice used known urgent suspected cancer protocols to ensure that patients received care and treatment in a timely

way. All such referrals were sent via all the All Wales electronic transfer arrangements.

Reception staff had access to a document entitled A Guide to Urgency for Non-clinical staff in General Practice. This assisted them to determine who patients should see, and how quickly.

We were informed that the practice had a phlebotomy service (supplied by the local health board) two days per week. At all other times, the practice nurse, or doctors, would need to obtain patients' blood samples to ensure timely care. We also found that there were occasions when a clinical member of the practice team needed to transport urgent blood samples to the local hospital. This was because the courier service collected samples by mid-morning each day, at the latest.

Improvement needed

The practice was advised of the need to provide HIW with details of action taken/to be taken to ensure that formal peer review of patient referrals takes place. This is, in order to enable the identification of improvements to service provision.

Individual care

Planning care to promote independence

We found that all patient facilities were located within the ground floor of the practice premises; automatic doors being fitted at the main entrance. In addition, doorways inside the building were wide enough to allow safe use of wheelchairs, motorised scooters and children's pushchairs. We were told that a portable ramp would be used to assist patients to get into the practice from the small step at the entrance, if required. The reception desk was also at a low level which would enable patients who used a wheelchair to speak with staff.

Car parking spaces were available in the residential area surrounding the practice.

There was a toilet facility situated within the ground floor of the practice to promote the independence of patients with physical/mobility difficulties.

Twenty six patients who completed a HIW questionnaire stated that they knew how to access the out of hours GP service; four indicating that they were unsure.

We found that the long term needs of some patients were monitored effectively. This was particularly the case for those patients with diabetes or raised blood pressure. The clinical team however, faced some challenges in relation to the management and monitoring of other long term health conditions. This was largely due to the insufficient practice nurse hours available to the practice, despite pro-active advertising.

Staff also described the efforts made to contact patients who were unable to visit the surgery and those with additional needs. This was in order to ensure that their needs were met.

On examination of three patient's records we were able to confirm that their relatives, carers and appropriate agencies, had been actively involved in developing plans of care.

People's rights

Our findings that are described throughout this section (Quality of patient experience) indicate that the practice was aware of its responsibilities around people's rights.

In addition, we saw that patients' family members/representatives were welcomed by staff at times when they accompanied people during their appointments.

Listening and learning from feedback

Whilst patients could provide verbal comments and suggestions, the practice did not have a formal system for regularly and actively seeking patients' views. The team had trialled the use of a suggestion box at reception in the past. However, we were told that patients had not made use of this opportunity.

There was no current system in place for recording verbal concerns/complaints. In addition, response times, to concerns raised by patients, were not compliant with Putting Things Right arrangements and the practice was unable to provide

us with their complaints policy and procedure. Records were, however, kept in relation to concerns brought to the attention of the practice, by the local Community Health Council.⁶

The practice did not have a Patient Participation Group (PPG)⁷ at the time of our inspection.

Improvement needed

The practice is advised of the need to develop a formal system for regularly and actively seeking patients' views.

The practice is required to inform HIW of the action taken to develop a system for the recording, and response to, verbal concerns received from patients and/or their relatives/carers, in-keeping with Putting Things Right arrangements.

⁶ Community Health Councils (CHCs) are independent bodies, set up by law, who listen to what individuals and the community have to say about the health services with regard to quality, quantity, access to and appropriateness of the services provided for them. They then act as the public voice in letting managers of health services know what people want and how things can be improved. In turn, CHCs also consult the public directly on some issues to make sure that they are properly reflecting public views to the Local Health Board, Trust or Welsh Government.

⁷ Patient participation groups (PPGs) are generally made up of a group of volunteer patients, the practice manager and one or more of the GPs from the practice. They meet on a regular basis to discuss the services on offer, and how improvements can be made for the benefit of patients and the practice.

Delivery of safe and effective care

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

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 did however identify the need for improvement to aspects of compliance with health and safety legislation. In addition, improvement was required in relation to elements of medicines management, record keeping, significant event analyses and sharing of patient safety alerts.

Safe care

Managing risk and promoting health and safety

The practice operated from two combined/converted houses on Clare Road, Grangetown, Cardiff. The entire premises were found to be visibly clean, well organised and maintained. In addition, there was sufficient seating for patients and their families in both waiting areas.

However, we found that none of the practice team who used computer equipment for many hours each day, had been subject to a Display Screen Equipment (DSE)⁸ risk assessment. This was discussed with senior members

⁸ Employers are required to protect workers from the health risks of working with display screen equipment (DSE), such as PCs, laptops, tablets and smartphones. The Health and Safety (Display Screen Equipment) Regulations 1992 apply to workers who use DSE daily, for an hour or more at a time.

of the team as such risk assessments are required by health and safety legislation.

Whilst we were told that arrangements were in place for an external organisation to visit the practice to check fire safety equipment, the last visit had taken place on 23 October 2017 (the next visit scheduled for six months after that). However, when we asked, the practice was unable to provide evidence of the April 2018 visit. Neither could we find evidence of regular (weekly) tests of the fire alarm system. We therefore highlighted this matter during our inspection. We refer to the above matters further in the section of this report entitled Quality of Management and Leadership, as they have resulted in the need for formal improvement.

Infection prevention and control

Without exception, all patients who completed a HIW questionnaire (30 in total) indicated that they were very happy with the cleanliness of the practice environment.

We saw that individual staff records had been kept with regard to their Hepatitis B immunisation status. From the records available, however, we were unable to find evidence of a completed risk assessment for one member of the clinical staff who had proved to be a poor responder to past immunisation courses. We therefore advised the practice of the need to do this, as it is essential that staff and patients are protected from this blood borne virus.

We found that there were appropriate hand hygiene facilities throughout the premises. This included suitable personal protective equipment such as gloves, and hand sanitiser was available at reception and within consulting rooms. This meant that there was an emphasis on infection prevention and control.

All consulting rooms were fitted with disposable curtains to assist with the prevention of cross infection.

Improvement needed

The practice is advised of the need to provide HIW with evidence of the action taken in respect of one member of clinical staff who is a poor responder to Hepatitis B vaccinations.

Medicines management

Discussions with staff and consideration of recorded patient information revealed that the system and processes in place regarding medicines management was of an acceptable standard.

The practice did not have the support of a cluster⁹ pharmacist at the time of this inspection. This was due to an existing vacancy.

We saw that there was a record of regular checks of emergency equipment and drugs; entries being dated and signed appropriately by staff. However, the phlebotomist working on the day of our inspection did not know where the emergency equipment was kept at the practice. This could potentially result in a delay in responding to a patient collapse.

We were able to confirm that the practice had oxygen for use in an emergency situation. However, both cylinders present were too heavy to move and there was no portable oxygen supply available. This meant that there may be a delay in responding to a patient in an emergency situation.

The practice used a recognised system to report any patients' adverse reactions to drugs. We were told though, that there had not been any recent events of this nature.

Improvements were, however, identified as shown in the box below.

Improvement needed

The practice is required to provide HIW with details of how aspects of medicines management are to be improved in the future, in respect of the following:

- All staff working at the practice are to be made aware of the location of emergency/resuscitation equipment at all times

⁹ A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally. Clusters are determined by individual NHS Wales Local Health Boards (LHB's). There are 64 cluster networks across Wales, serving populations between 30 and 50 thousand patients.

- The practice the team must have ready access to a suitable oxygen therapy source for use in an emergency situation
- The process for monitoring patients who were prescribed high risk medication such as lithium¹⁰ and methotrexate¹¹ needs to be strengthened as discussed during our inspection
- There was no system in place to regularly review the prescribing system (to include a review of errors and significant events).

Safeguarding children and adults at risk

We were informed that one of the GPs took the lead with regard to safeguarding matters. We were also able to confirm that the staff team had received training on safeguarding children and vulnerable adults relevant to their role.

Discussion with one of the GPs revealed that a health visitor held a weekly session at the practice which enabled the exchange of relevant information about patient care.

The practice held a register of children who were at risk, to alert clinical staff of the need for appropriate support and management. However, the practice was unable to confirm whether the register included looked after children¹².

The practice was unable to provide us with evidence of staff Disclosure and Barring Service (DBS)¹³ checks as part of its recruitment arrangements. We

¹⁰ Lithium compounds, also known as lithium salts, are primarily used as a psychiatric medication. This includes the treatment of major depressive disorder that does not improve following the use of other antidepressants, and bipolar disorder

¹¹ Methotrexate is used to treat certain types of cancer of the breast, skin, head and neck, or lung. It is also used to treat severe psoriasis and rheumatoid arthritis. Methotrexate is usually given after other medications have been tried without successful treatment of symptoms.

¹² Looked-after children. Children in care are children who are 'looked after' by a local authority under the Children Act 1989 and Social Services and Well-being Act 2014.

refer to the issue of recruitment further in the next section of this report entitled Quality of Management and Leadership.

Improvement needed

The practice is required to confirm whether details of looked after children are held within the practice's at risk register.

Effective care

Safe and clinically effective care

We held conversations with a senior GP and found that safety alerts were received electronically by all clinical staff. However, such alerts were generally not formally shared with, or actioned by, relevant members of the practice team.

We were provided with brief recorded examples of significant events¹⁴ and were told that such events were discussed informally between the GPs. However, there was an absence of formal arrangements to analyse and discuss significant events.

We were able to confirm that the GPs had a good knowledge of recent guidelines produced by the National Institute for Health and Care Excellence

¹³ DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

¹⁴ Significant event analysis (SEA) is a collective learning technique used to investigate patient safety incidents (circumstances where a patient was or could have been harmed) and other quality of care issues

(NICE)¹⁵. However, there was no evidence of formal discussion of those guidelines with other relevant members of the team.

The above meant that opportunities for learning and making improvements across the team may be missed.

Improvement needed

The practice is required to inform HIW of the action taken/to be taken to ensure that safety alerts and the nature/outcomes of significant events are shared with staff. This is in order to ensure that appropriate action is taken, to promote learning across the practice team and to prevent further occurrence.

Quality Improvement, Research and Innovation

We were provided with examples of a sample of completed audit activity (2016-2018). Two related to prescribed medication; the third related to patient obesity. All three contained reference to lessons learned and outcomes for patients.

Record keeping

We reviewed the content of a sample of patient's records and considered the quality of record keeping to be of an acceptable standard in general. For example, we saw recorded evidence of good communication with patients in terms of discussions with GPs about their healthcare conditions and treatment plans. There was also recorded evidence of how patients were being counselled in relation to their prescribed medication and the efforts made by clinical staff to care for their patients in a safe and effective manner.

However, we identified the need for improvement as shown in the box below.

¹⁵ The role of the National Institute for Health and Care Excellence is to provide patients, health professionals and the public with authoritative, robust and reliable guidance on current 'best practice'.

Improvement needed

The practice is required to provide HIW with a description of the action taken/to be taken in relation to the following matters:

- Whilst staff were summarising new patients' medical records, there was no policy or procedure in place underpinning this important task. This could result in inconsistency in-between ad hoc quality spot checks
- There was no systematic review associated with the quality of data entry which would assist with improving the quality of patients' records
- There were deficiencies in the way which patients' significant diagnoses were presented. This had the potential to impact on the quality of information within the summary pages of patients' records. Specifically, the current situation could result in confusion on the part of the practice's GPs and/or new and locum members of staff in terms of the ongoing plans of patient care
- The link between prescribed medication and long term patient conditions needed to be made clearer within patient records to assist with ongoing patient management.

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 that the practice team placed an emphasis on ensuring that the practice was well managed. However, we identified the need for a number of improvements in relation to overarching governance arrangements. The team expressed their willingness to improve the services provided accordingly.

We were able to confirm that staff had completed training relevant to their roles and responsibilities in the past twelve months.

Governance, leadership and accountability

At the time of our inspection, the practice was owned and operated by two GPs. A full-time practice manager was also in post and responsible for the day to day management of the practice.

We found that the team of administrative staff had a number of roles and responsibilities, in-keeping with a small team. This meant that staff could provide cover for each other during absences, reducing the risk of disruption to services for patients. We were, however, made aware that two members of staff had recently left the practice. Despite best efforts, the above matters, together with an over reliance on one member of staff resulted in some lack of oversight in respect of a number of key processes and procedures which underpinned service delivery. This has resulted in the need for formal improvements as outlined in the box below.

The above meant that it was difficult for the inspection team to obtain a clear view about the overarching governance arrangements necessary to monitor and improve the quality and delivery of care. There was, however, a clear willingness on the part of the practice team to improve the services provided.

Clinical cases were stated as being discussed on a daily, informal basis between GPs. However, nursing staff were not present at those meetings. The inspection team therefore advised that all relevant staff be involved for the purposes of learning and continuity of patient care.

We were told that quarterly multidisciplinary meetings took place, although we were informed that individual patients were not discussed at those times.

Other staff meetings were usually held once a month and we were provided with some examples of the brief notes that followed. Whilst there was some evidence of information giving (which was relevant to practice functions), there was little evidence of the promotion of two way discussions and opportunities for staff to offer suggestions and ideas.

One of the GPs and a member of the administrative staff attended GP cluster meetings. We were also informed of proposals to employ a nurse between the practices associated with the local cluster, for the purpose of improving care for patients.

We were able to confirm that the practice held a valid certificate of liability insurance (up to 30 July 2019).

Improvement needed

The practice is required to provide HIW with full details of the action taken in relation to the issues described below:

- The practice's business continuity plan lacked key contact numbers and sufficient detail to demonstrate that there were suitable arrangements in place with regard to events such as loss of electricity, heating, flood, significant absence of staff
- There is a need to develop new, and update key policies and procedures, to support staff in their day to day work (for example, in relation to concerns/complaints, management and practice comparisons regarding patients' referrals to secondary care)
- There were no formal arrangements in relation to the management of significant event analyses. This meant that there were missed opportunities for discussion and learning
- There was an absence of a clear register for patients with additional needs. This meant that the practice may face challenges in ensuring the needs of such patients are being met

- There was a lack of staff understanding and limited action taken, with regard to the new GDPR arrangements for managing patient information
- There is a need for robust staff recruitment arrangements. This is because we could not be assured that staff had been properly recruited, or were qualified and competent for the roles they were expected to undertake. This includes the need to provide HIW with details of the action taken to ensure that all staff employed at the service have been subject to either a former CRB or current DBS check
- There was an absence of clear safeguarding processes for staff to follow
- There is a need for compliance with aspects of Health and Safety legislation (specifically fire safety checks and risk assessments for staff regarding the use of Display Screen Equipment).

Staff and resources

Workforce

Staff who spoke with us indicated that training received, usually took place during regular protected (health board provided) education meetings. We were able to confirm training completed by looking at staff certificates.

We found that there was a staff appraisal system in place. However, the documentation used to record such meetings with staff contained limited evidence of the identification of training needs or the action taken in response to staff comments. The practice may therefore wish to consider revising the process to make it more meaningful for all concerned.

Conversations with the practice nurse confirmed that they had completed required revalidation¹⁶ during 2017. The practice nurse also benefitted from having a mentor who worked at a neighbouring practice.

We saw that there was a locum information pack in place to assist medical professionals when working at the practice.

¹⁶ Revalidation is the method by which nurses renew their registration, and is built on Post registration education and practice (Prep). The purpose of revalidation is to improve public protection by making sure that nurses remain fit to practice throughout their career.

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
We did not identify any immediate concerns during this inspection.			

Appendix B – Immediate improvement plan

Service: Clare Road Medical Centre

Date of inspection: 22 August 2018

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
We did not identify the need for any immediate improvements during 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: Clare Road Medical Centre

Date of inspection: 22 August 2018

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
Quality of the patient experience				
<p>The practice is required to inform HIW of the action taken/to be taken to promote greater use of the My Health Online service for the benefits of patients and the practice.</p>	4.2 Patient Information	<p>The practice will promote my health online through a different mixture of forums. This will include updating the practice leaflet, attached with a new patient registration form, update the practice website with reference to my health online and display illustrative posters in the surgery premises.</p>	Nina/Emilia (Senior Administrative Staff and Administrative staff / Receptionist)	November 2018
<p>The practice is required to revise its patient information leaflet to include relevant reference to Putting Things Right arrangements and the Equality Act 2010.</p>		<p>The practice will update the practice leaflet with reference to the putting things right arrangements and the Equality Act 2010.</p>		Nina/Emilia Senior Administrative Staff and

Improvement needed	Standard	Service action	Responsible officer	Timescale
			Administrative staff / Receptionist	
<p>The practice was advised of the need to provide HIW with details of action taken/to be taken to ensure that formal peer review of patient referrals takes place. This is, in order to enable the identification of improvements to service provision.</p>	5.1 Timely access	<p>The practice is a member of the locality consortium and has specific discussion topics with referral management part of this process. There will be regular meetings in house to discuss referral patterns to achieve best practice. There are also formal protected learning time sessions that take place which provide underpinning knowledge of referrals patterns. The practice will also look to pro-actively discuss with other local practices referral management.</p>	Dr R Singh –GP	<p>December 2018</p> <p>Ongoing Process throughout the year.</p>
<p>The practice is advised of the need to develop a formal system for regularly and actively seeking patients' views.</p> <p>The practice is required to inform HIW of the action taken to develop a system for the recording, and response to, verbal concerns received from patients and/or their</p>	6.3 Listening and Learning from feedback	<p>The practice will conduct an annual practice survey and use the findings to improve service delivery. The practice is also considering establishing a patient participation group which will be able to provide formal feedback sessions.</p> <p>There is a suggestion box in the surgery waiting area, a practice complaints</p>	M Singh- Practice Manager	<p>February 2019</p> <p>Ongoing Process throughout the year</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
relatives/carers, in-keeping with Putting Things Right arrangements.		policy and leaflet informing about complaints procedure. The practice will also adopt the framework around "Putting things right". The practice will keep a log book in reception that will capture relevant comments for review. The practice will also build on the 6 monthly meetings in reviewing comments and procedures		
Delivery of safe and effective care				
The practice is advised of the need to provide HIW with evidence of the action taken in respect of one member of clinical staff who is a poor responder to Hepatitis B vaccinations.	2.4 Infection Prevention and Control (IPC) and Decontamination	The member of staff has been given the Vaccine to comply with the Hepatitis B requirements.	Dr R Singh GP	Done
The practice is required to provide HIW with details of how aspects of medicines management are to be improved in the future, in respect of the following: All staff working at the practice are to be made	2.6 Medicines Management	The practice will setup as part of the monthly protected learning time session an awareness of emergency and resuscitation equipment, where they are situated and how to access them as appropriate.	M Singh/Barbara – Practice Manger/ Administrative Staff/Receptionist	December 2018 Ongoing Process throughout the year

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>aware of the location of emergency/resuscitation equipment at all times</p> <p>The practice the team must have ready access to a suitable oxygen therapy source for use in an emergency situation</p> <p>The process for monitoring patients who were prescribed high risk medication such as lithium and methotrexate need to be strengthened as discussed during our inspection</p> <p>There was no system in place to regularly review the prescribing system (to include a review of errors and significant events).</p>		<p>The oxygen therapy source will be displayed on internal staff posters in the surgery and updates will be provided at staff training sessions. In addition, a portable oxygen cylinder has been made available.</p> <p>The clinical team will, as part of regular clinical reviews, discuss patients that are prescribed high risk medications and consider if the current agreed medication is still appropriate, adherence to the treatment plan and if there are any issues that need to be resolved.</p> <p>The practice will as part of the prescribing review audit undertake regular reviews to understand prescribing patterns, review error rates, significant events and any other relevant</p>	<p>M Singh Practice Manager</p> <p>Dr R Singh -GP</p> <p>Dr R Singh/Nina GP/Senior Administrative Staff</p>	<p>December 2018</p> <p>November 2018 - Ongoing Process throughout the year</p> <p>December 2018 Ongoing Process throughout</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		issues. This will be undertaken on at least a monthly basis within the clinical team learning session and will be a standing agenda item.		the year
The practice is required to confirm whether details of looked after children are held within the practice's at risk register.	2.7 Safeguarding children and adults at risk	The practice will review and update the risk register to ensure that looked after children are correctly entered on the schedule. There is a register in place.	M Singh/Nina- Practice Manager/ Senior Administrative Staff	October 2018
The practice is required to inform HIW of the action taken/to be taken to ensure that safety alerts and the nature/outcomes of significant events are shared with staff. This is in order to ensure that appropriate action is taken, to promote learning across the practice team and to prevent further occurrence.	3.1 Safe and Clinically Effective care	The practice will display safety alerts on the common notice board along with appropriate messaging platforms. Updated significant events will be a standing agenda item at formal staff meetings as part of ongoing team learning. These significant events are discussed and documented on the reporting forms.	M Singh/Nina - Practice Manager/ Senior Administrative Staff	November 2018 Ongoing Process throughout the year
The practice is required to provide HIW with a description of the action taken/to be taken in relation to the following matters:	3.5 Record keeping	The practice will implement and update existing policies and procedures to reflect the summarising of new patient's records. Relevant Healthcare staff and	M Singh Practice Manager	November 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Whilst staff were summarising new patients' medical records, there was no policy or procedure in place underpinning this important task. This could result in inconsistency in-between ad hoc quality spot check</p> <p>There was no systematic review associated with the quality of data entry which would assist with improving the quality of patients' records</p> <p>There were deficiencies in the way which patients' significant diagnoses were presented. This had the potential to impact on the quality of information within the summary pages of patients' records. Specifically, the current situation could result in confusion on the part of the practice's GPs and/or new and locum members of staff in terms of the ongoing plans of patient care</p> <p>The link between prescribed medication and long-term patient conditions needed to be made clearer within patient records to assist with</p>		<p>employees are attending a training session in October 2018.</p> <p>The practice will setup an internal audit based on a random 5% sample of data entry for patient records to ensure consistency and accuracy. This will be triangulated against clinical discussions as part of clinical governance.</p> <p>The practice will setup a review of the current processes and understand any failings. As part of the audit review an action plan will be established to meet improved performance and look to address any issues.</p> <p>An audit will be undertaken from the</p>	<p>Dr R Singh GP</p> <p>Dr R Singh GP</p>	<p>December 2018</p> <p>December 2018</p> <p>Ongoing Process throughout the year</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
ongoing patient management.		clinical system and cross referenced to both the LTC register and medication register. This will be discussed at the clinical review meeting and any improvement actions will be agreed as part of an improvement plan.	Dr R Singh GP	Ongoing Process throughout the year
Quality of management and leadership				
<p>The practice is required to provide HIW with full details of the action taken/to be taken in relation to the issues described below:</p> <p>The practice's business continuity plans lacked key contact numbers and sufficient detail to demonstrate that there were suitable arrangements in place about events such as loss of electricity, heating, flood, significant absence of staff</p> <p>There is a need to develop new, and update key policies and procedures to support staff in their day to day work (for example, in relation to concerns/complaints, management and practice</p>	Governance, Leadership and Accountability	<p>The practice will review and update the current business continuity plan so that arrangements are clear and will update key contact numbers. The practice is having discussion with local neighbourhood practices to make sure that suitable arrangements are in place if an untoward event were to occur.</p> <p>The practice will update key policies and procedures to support staff in their day</p>	<p>M Singh - Practice Manager</p> <p>M Singh- Practice Manager</p>	<p>November 2018</p> <p>Ongoing Process throughout the year</p> <p>December 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>comparisons regarding patients' referrals to secondary care)</p> <p>There were no formal arrangements in relation to the management of significant event analyses. This meant that there were missed opportunities for discussion and learning</p> <p>There was an absence of a clear register for patients with additional needs. This meant that the practice may face challenges in ensuring the needs of such patients are being met</p>		<p>to day working processes. This will be part of the continuous annual audit cycle on ensuring that policies and procedure are updated as appropriate</p> <p>The management of significant events will be established as a formal agenda item under both clinical and non-clinical teams review meetings. There are significant event reporting forms which are used to illustrate the discussions and analysis of such events. These are then discussed as part of the learning points from the reviews.</p> <p>The practice has a register for patients with additional needs, which is continuously updated, so that all staff are notified to adapt as appropriate. This will also be flagged on the clinical system as an appropriate note for support of patient services. These</p>	<p>M Singh/Nina-Practice Manager/ Senior Administrative Staff</p> <p>M Singh Practice Manager</p>	<p>November 2018</p> <p>November 2018</p> <p>Ongoing Process throughout the year</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>There was a lack of staff understanding and limited action taken, with regard to the new GDPR arrangements for managing patient information</p> <p>There is a need for robust staff recruitment arrangements. This is because we could not be assured that staff had been properly recruited or were qualified and competent for the roles they were expected to undertake. This includes the need to provide HIW with details of the action taken to ensure that all staff employed at the service have been subject to either a former CRB or current DBS check</p> <p>There was an absence of clear safeguarding processes for staff to follow</p>		<p>patients are reviewed at least annually.</p> <p>A training session will be setup for all staff on the GDPR arrangements so that there is an improved understanding on managing patient information.</p> <p>The practice had a meeting after the GDPR training sessions for managers were all valid points were discussed. A practice meeting is being established to ensure that all staff understand the new processes and to agree any future arrangements</p> <p>The practice will review its recruitment and retention policy and look to clarify and confirm existing staff contracts with reference to CRB/DBS checks. All staff have DBS checks in place and have been done.</p> <p>The Practice has a safeguarding policy and staff are aware. The practice will setup and direct any training sessions</p>	<p>M Singh Practice Manager</p> <p>M Singh Practice Manager</p> <p>M Singh/Nina-Practice</p>	<p>December 2018</p> <p>Ongoing Process throughout the year</p> <p>Nov 2018</p> <p>Ongoing Process throughout the year</p> <p>January 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>There is a need for compliance with aspects of Health and Safety legislation (specifically fire safety checks and risk assessments for staff regarding the use of Display Screen Equipment).</p>		<p>so that all and new staff are familiar with the process.</p> <p>A review of compliance aspects of health and safety will be undertaken. This will be on an agreed review cycle and recorded in the health and safety policy review schedule.</p>	<p>Manager/ Senior Administrative Staff</p> <p>M Singh Practice Manager</p>	<p>January 2019</p>

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): R SINGH

Job role: GP

Date: 20 September 2018