

Inspection Summary Report

The Lawn Medical Practice, Aneurin Bevan
University Health Board

Inspection date: 8 November 2022

Publication date: 12 April 2023



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



Overall, we found that the Lawn Medical Practice was committed to providing care to patients in a caring and friendly environment. However, we found a number of improvements were necessary in order to ensure that patient care was provided in a safe and effective manner.

We identified significant issues at the practice in relation to safeguarding procedures for children and vulnerable adults and with patient medical record keeping procedures. Further significant issues were found relating to mandatory training compliance.

We issued the setting with a non-compliance notice to ensure prompt improvement.

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



What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection at The Lawn Medical Practice, Rhymney Integrated Health and Social Care Resource Centre, Lawn Industrial Estate, Rhymney, NP22 5PW on 8 November 2022.

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

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

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



Quality of Patient Experience



Overall Summary

Overall, we found that the service strived to provide a positive and caring experience to patients, and we witnessed clinical and non-clinical staff speaking to patients in a kind and helpful manner. We were assured by the provisions in place to ensure patient dignity and privacy was upheld.

The practice could improve the provisions in place for the gathering of patient feedback and to ensure an 'Active Offer' of Welsh was provided to patients.

We found that a significant number of complaints relating to a particular theme had shown little improvement and this could impact on the overall patient experience. As such we would urge the practice to reconsider actions taken in response to these to ensure improvement in this area

Where the service could improve

- Develop an effective system to escalate complaints should a theme emerge
- Consent forms and information available in a range of formats (e.g. Easy-Read, large print)
- Develop and encourage the Welsh 'Active Offer'.

What we found this service did well

- Smoking cessation champion and wellbeing practitioner available for self-referral by patients
- Provision of a variety of ways to book appointments, including telephone
- Modern, bright, and welcoming practice with easy access for patients with mobility access requirements, which included disabled parking facilities and level access as well as a hearing loop system.

Delivery of Safe and Effective Care



Overall Summary

Overall, we found that the practice did not always offer patients safe and effective care. Most notably, we found that the practice lacked robust safeguarding policies, procedures, and practices, in particular in regard to children considered as ‘looked after’, ‘in need’ or those on a child protection plan with the local authority.

Our review of the medical records identified that patient records often lacked sufficient details. Correspondence received from secondary care providers was not always overseen by a general practitioner (GP).

Emergency drugs and equipment were not checked in line with Resuscitation Council (UK) guidelines and did not contain the required medicines when undertaking a minor surgical operation. We found that prescription pads and materials were not safely stored to prevent inappropriate handling or use.

We found evidence of good practice regarding appropriate storage of refrigerated medicines, with regular temperature checks that were logged twice daily and spot checks for completion.

Where the service could improve

Immediate assurances:

HIW were not assured that the practice had a robust and effective procedures to ensure the safeguarding of children and vulnerable adults. During the inspection HIW undertook a review of a sample of patient records, these lacked sufficient detail to ensure vulnerable or at-risk children were always appropriately safeguarded. Patient records were not always complete and contemporaneous.

We were also not assured that the medical practice had in place an appropriately trained Infection Prevention and Control (IPC) lead nurse and we were not provided with evidence of audits of IPC and hand hygiene undertaken at the medical practice.

Lastly, we were not sufficiently assured that staff working at the practice had undertaken sufficient training to competently carry out the tasks they were assigned.

- Implementation of a robust system of adherence to the All-Wales Safeguarding Procedures. In particular regarding children considered ‘looked after’, ‘in need’ or a child protection plan with the local authority
- Review of record keeping and implementation of an ongoing audit of record keeping including assessment of correspondence oversight by GPs and assurance of full and contemporaneous record keeping
- More frequent checking of emergency drugs and equipment in line with Resuscitation Council (UK) guidelines to ensure all necessary medicines are available when carrying out minor surgical operations
- Implementation of improved infection prevention and control procedures to include formal training for the IPC lead nurse, implementation of audits such as hand hygiene, overall IPC compliance and a healthcare waste audit.

What we found this service did well

- The practice was tidy, uncluttered and was visibly clean
- Clinical waste including sharps waste was labelled and handled appropriately
- The practice had in place suitable provisions to protect against the risk of respiratory transmitted illness
- Variety of methods for the reordering of repeat prescriptions by patients

Quality of Management and Leadership



Overall Summary

On the day of our visit, we were not assured that there were robust systems in place to ensure the effective running of the medical practice. Although staff were witnessed working well together, during our discussions senior staff expressed concern about the sustainability of the practice in the longer term.

Compliance with mandatory training was assessed to be poor and senior management had not provided staff with annual appraisals for some years. Staff meetings were not undertaken on a regular basis and there was little opportunity for shared learning. We found that practice policies were generic in nature and often contained insufficient detail and the practice did not participate in an appropriate system of audit.

Where the service could improve

Immediate assurances:

HIW were not assured that the management systems and procedures in place were sufficiently robust to ensure adequate governance, and effective leadership and oversight of the practice.

- Implementation of robust storage systems for prescription pads
- Reimplementation of staff appraisals
- Completion of mandatory training in line with General Medical Council (GMC) guidelines
- Implementation of an audit schedule and programme.

What we found this service did well

- Friendly and encouraging practice management
- Comprehensive staff files
- Staff were encouraged to increase their skill set should they wish.

Next steps

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

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

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

