

Inspection Summary Report

General Practice Inspection Report (Announced)

Lansdowne Surgery, Cardiff and Vale University
Health Board

Inspection date: 27 March 2023

Publication date: 27 June 2023



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



Overall, we found that Lansdowne Surgery was committed to providing care to patients in a friendly and caring manner. Staff at the practice were found to be dedicated and worked hard to ensure that patients were cared for effectively and in a way that promoted their health and wellbeing.

However, we identified some significant issues at the surgery in relation to infection prevention and control and medicines management procedures that required immediate improvement. Further issues relating to mandatory training compliance were also found.

As a result of our findings, we escalated these issues to senior management of the practice following our immediate assurance process. We have since received satisfactory assurance of 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 unannounced inspection of Lansdowne Surgery, Sanitorium Road, Cardiff, CF11 8DG on 27 March 2023.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 34 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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 worked hard to provide a caring, professional, and positive experience to patients. Throughout the inspection we witnessed clinical and non-clinical staff speaking to patients and their carers in a kind and helpful manner. We saw that patient dignity and privacy was always upheld. This was evidenced by a dedicated confidentiality booth integrated into the reception space that was available for sensitive conversations between patients and the reception team.

The practice had a supply of patient information leaflets and benefitted from a number of wellbeing initiatives run as part of the neighbourhood care network. These included a parkrun with the practice team and a gardening project to combat loneliness and social isolation.

We found arrangements for patients wishing to converse through the medium of Welsh required improvement.

Where the service could improve

- Develop and encourage the Welsh 'Active Offer'
- Provide consent forms and written information in a range of formats (e.g., Easy-Read, large print)
- Implement a 'You said, we did' system to encourage participation in patient feedback and suggestions

What we found this service did well

- Provision of a variety of ways to book appointments, including telephone, mobile application and in-person
- Modern, welcoming, and bright practice with parking facilities and level access for patients and their carers as well as a hearing loop system
- Patient confidentiality booth for provision of sensitive or confidential conversations with the reception team
- Access to wellbeing initiatives such as a parkrun and social gardening project

Patients told us:

Patients provided us with the following comments:

“All the staff are very professional and approachable there is nothing they can do to improve”

“Always take time to reassure and assess myself and my kids. Friendly and calm. Such a lovely doctors surgery.”

Delivery of Safe and Effective Care



Overall Summary

Our findings demonstrated a dedicated clinical team who strived to provide their patients with safe and effective care. However, our observations on the day of our visit, evidenced that significant improvements were required in medicines management procedures and infection prevention and control (IPC) practices.

We found patient medical records to be comprehensive with minor improvements required to ensure appropriate Read coding.

We found evidence for the storage of refrigerated medicines with appropriate data logging and temperature checks. However, the key to the medicine's refrigerator must be available at all times to prevent an unintended breach in the cold chain.

Where the service could improve

Immediate assurances:

HIW were not assured that the practice had in place suitably robust procedures to ensure safe and effective medicines management and medical device maintenance. During the inspection, HIW found areas of concern relating to ineffective and inappropriate medicines management at the practice. These included insecure storage of medicines and prescription pads and expired vaccines available for use within medication fridges. Immunisation protocols displayed within clinical rooms were not dated. An otoscope was found within a clinical room that required recalibration having last been inspected and recalibrated in 2016, and a refrigerator used to store patient samples prior to dispatch to the laboratory was found to be leaking and in need of defrosting. A clinical couch had several rips within its fabric which hindered appropriate decontamination.

HIW were not assured that the medical practice had in place appropriately robust procedures to ensure that IPC was always maintained. We found clinical privacy curtains requiring replacement within most clinical rooms and a sink was found to be leaking onto sterile surgical operations packs. Furthermore, posters were not laminated and did not allow for cleaning. We were not assured that the practice had in place a suitably robust system to ensure that expired items, including sterile items were removed from use in a prompt manner. Due to difficulties with recruitment, at the time of inspection, the practice did not have a lead IPC nurse.

Emergency drugs and equipment were stored next to full clinical sharps bins awaiting collection posing a risk of contamination.

Furthermore, we were not provided with a practice resuscitation policy or procedure or an appropriate procedure for treating patients presenting with meningitis and an allergy to penicillin.

This is what we recommend the service can improve:

- Develop, implement, and maintain an appropriate medicines management policy and procedure to include arrangements for the safe and secure storage of medication and prescription pads and materials and replacement and removal of expired materials from clinical rooms
- 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
- Develop, implement, and maintain a practice resuscitation policy or procedure and have in place an appropriate procedure for treating patients presenting with meningitis and an allergy to penicillin
- Relocation of full sharps bins awaiting collection for disposal, and safe storage of sharps bins in use within clinical rooms.

What we found this service did well

- Variety of methods for the reordering of repeat prescriptions
- Appropriate care navigation pathways and allocation of services
- Excellent working with the cluster group to implement services to benefit patients such as the ‘Grow Well’ wellbeing project.

Patients told us:

Patients provided us with the following comments:

I have no problems accessing services at the practice.”

“[I would like to improve] The ability to book appointments via phone without being made to feel it's an inconvenience - always told to do via online and it is tiresome with many questions that are not applicable or relating to reason. It helps to speak to a real person.”

Quality of Management and Leadership



Overall Summary

Overall, we were assured that senior management were committed to ensuring the practice team were supported appropriately within their roles.

Recruitment processes were appropriate and pre-employment checks were completed in a timely manner. Locum staff or those staff new to the practice were provided with a comprehensive induction programme. Appraisals were completed annually, and the practice had a supportive process in place for staff wishing to raise a concern (whistleblow).

We found that cluster working arrangements were good, with excellent engagement and information sharing arrangements to encourage shared learning between practices.

The immunisation status of staff was not suitably recorded and some staff requiring revalidation of hepatitis B status had not completed this at the time of inspection.

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, of the practice. During our inspection HIW found that mandatory training required significant improvements and greater oversight by the senior management team. This included a lack of suitable training for all clinical staff in basic life support, IPC, safeguarding of children and vulnerable adults and medical emergencies. Furthermore, we found evidence of a failure to effectively audit the practice and its clinical practices. We were not assured that the practice had a suitable number of trained fire wardens in place and no designated first aider.

This is what we recommend the service can improve:

- Implementation of a mandatory training programme and oversight of the same in line with General Medical Council guidelines
- Implementation of an audit schedule and programme

- Addition of a suitable number of trained fire wardens and designated first aiders
- Develop, implement, and maintain a robust policy and procedure for the checking and confirmation of the immunisation status of staff.

What we found this service did well

- Committed and supportive practice management team
- Comprehensive staff files
- Excellent collaborative working with the GP cluster group for shared learning and information sharing.

Next steps

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

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

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

