

General Practice Inspection Report (Announced)

Meddygfa Emlyn Medical practice,
Hywel Dda University Health Board

Inspection date: 21 September 2023

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

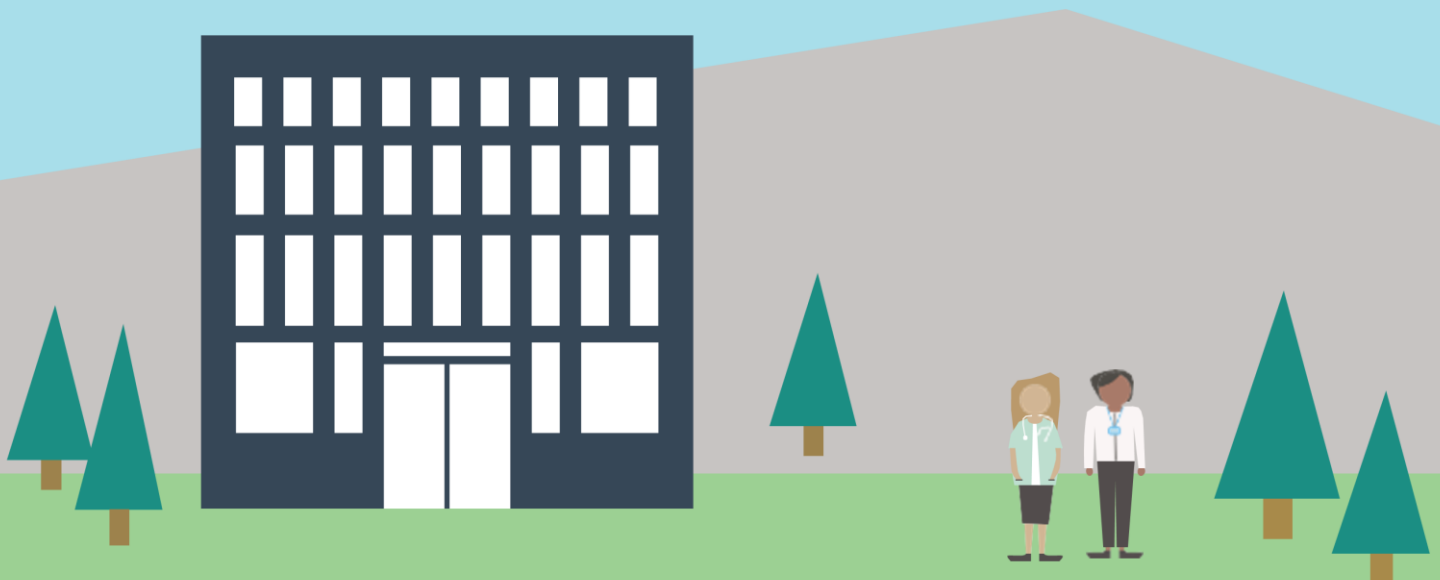
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Meddygfa Emlyn Practice, Hywel Dda Health Board on 21 September 2023.

Our team for the inspection comprised of a 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 21 questionnaires were completed by patients or their carers and 28 were completed by staff. 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.

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

This (full) report 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.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

It was clear that staff at Meddygfa Emlyn were committed to providing a caring and professional service for patients. Throughout the inspection we witnessed staff speaking to patients and their carers in a polite and positive manner.

We saw a range of health promotion information available for patients in the waiting area, the majority of which was displayed bilingually. There were arrangements in place for patients wishing to communicate through the medium of Welsh and bilingual staff members all wore 'Iaith Gwaith' badges.

The practice offered very good access with a patient car park and designated disabled parking spaces. The building had level access throughout, as well as a hearing loop system and telephone translation service provided by the local health board.

This is what the service did well:

- The practice offered a bilingual service for patients, including bilingual health promotion information and staff wearing 'Iaith Gwaith' badges.
- Staff were proactive in upholding patient's rights, such as, arranging for patients with Autism Spectrum Disorder ASD to attend appointments at quieter times and ensuring preferred names and pronouns were used when treating transgender patients.
- All patients who completed HIW questionnaires felt they were treated with dignity and respect whilst at the practice.

Delivery of Safe and Effective Care

Overall summary:

We were assured that patients attending Meddygfa Emlyn received safe and effective care. All clinical rooms were an appropriate size and generally kept tidy.

We reviewed a sample of ten patient records, all of which were clear and maintained to a good standard. The practice also had a range up-to-date risk assessments in place, including health and safety, environmental and fire safety risk assessments.

Immediate assurances:

- The room in which paper copies of patient records were kept should be installed with keypad locks, in order to ensure records are stored securely.

This is what we recommend the service can improve:

- Staff to ensure sharps boxes are checked regularly to ensure all are in date
- Senior staff to ensure that any action plans from risk assessments are completed going forward, to ensure a clear audit trail
- The IPC lead should complete the relevant training as soon as they are able.

This is what the service did well:

- Our review of electronic patient records showed that they were maintained to a good standard
- The practice had comprehensive and up to date safeguarding policies and procedures in place.

Quality of Management and Leadership

Overall summary:

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

We saw evidence of regular staff meetings taking place and minutes being recorded. The practice also had a comprehensive register of policies in place. All were in date and easily accessible for staff through a shared drive.

This is what we recommend the service can improve:

- Staff to include HIW contact details in the whistleblowing policy and complaints procedure.

This is what the service did well:

- We saw evidence of a clear management structure in place at the practice.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. On the day of the inspection our inspectors also spoke with patients to find out about their experiences at the practice. Patient comments included the following:

“Brilliant staff through the whole practice, best ever! Incredibly well run. Gold star service.”

“Everyone at Meddygfa Emlyn, from reception staff, nurses and doctors go out of their way to help. They truly care and we are lucky to receive exceptional service.”

Person centred

Health Promotion

We noted that the practice had a wide range of written health promotion information available for patients.

Staff informed us that health promotion information was provided by the health board and third sector organisations. Such information was displayed in the practice waiting area and promoted through the practice Facebook page.

We were told that there are currently no health promotion initiatives, specific to mental health, available at the practice. The cluster had also been unsuccessful in recruiting a mental health worker. However, the practice manager informed us that patients are signposted to a number, through which they can speak to a mental health professional. **This information was advertised on the practice’s Facebook page, however we recommended this also be displayed in the waiting area.**

All of the patients who completed a HIW questionnaire told us that they either ‘agree’ or ‘strongly agree’ that there is health promotion information on display at the practice.

The practice manager provided information about the extensive links the practice has with healthcare partners. Health visitors, podiatry staff and district nurses all occupied permanent space at the practice. We were also informed that a cluster physiotherapist visited the practice once a week and patients could obtain appointments for this service via the practice.

We were informed of the process in place to manage the winter vaccination program. A local hall is hired over two days in order to work through as many flu and COVID-19 vaccinations as possible. Nurses would also free up afternoons to hold catch-up clinics when needed. Patients are notified of arrangements a month prior via text message and any declines are recorded.

Dignified and respectful care

It was evident that clinical rooms gave patients appropriate levels of privacy. We noted clinic room doors were kept closed during consultations and privacy curtains were available in all rooms.

We observed reception staff welcoming patients in a professional and friendly manner. Staff informed us that all calls were taken in the administration office, situated away from the reception desk. We also noted a sign clearly displayed in the waiting area, informing patients that they could speak to staff privately if needed.

All of the patients who answered the questions in the HIW questionnaire, felt they were treated with dignity and respect (21/21). Most of the patients said measures were taken to protect their privacy (18/21), one patient disagreed with this and the remaining two answered with 'not applicable'.

We noted that the practice also offered a chaperone service for patients. Information about this was clearly displayed in the waiting area.

Timely

Timely Care

Meddygfa Emlyn was open between the hours of 8am to 6:30pm Monday to Friday. Patients were able to access appointments at the surgery via telephone, in person at the reception desk or online via eConsult.

All questionnaire respondents told us that they were satisfied with the opening hours of the practice. Most of the respondents told us that they were able to get a same-day appointment when they need to see a GP urgently (18/21), one patient

disagreed with this and the remaining two answered with 'not applicable'. Of the 21 patients who answered, 20 said they could get routine appointments when they need them.

Overall, patients spoke positively about their experiences in accessing appointments at the practice. Some comments received were:

“The service and treatment at my doctors’ surgery is fantastic. All through the covid epidemic, before and since, and during my husband’s illnesses and subsequent death, I have always had amazing care and help. The best surgery I have ever known. Noone that I have spoken to in other towns in England and Wales can access their doctor like we can in Newcastle Emlyn.”

“I have tried to use the e-consult once and found it required me to answer lots of questions which were not relevant to my ailment. I was then offered an in-person appointment which I had considered appropriate in the first place. I have not used it again.”

Equitable

Communication and language

The practice manager informed us of the methods of communication used to convey information to patients. As well as face-to-face, staff would call and text patients with specific information if necessary. The practice website and Facebook page were also kept up to date with relevant information for patients.

It was clear that staff were proactive in ensuring individual patient’s needs were met. The practice manager told us that admin and clinical staff have completed autism awareness training, and they always try and accommodate appointments during quieter times for patients with ASD. We were also told that, in the event a GP is running behind on appointments, elderly patients who don’t drive are prioritised to ensure they are not late for buses or taxis.

We were told that the practice has a hearing loop in place and one of the healthcare assistants could communicate using sign language. Screens were operational in the waiting area to provide visual cues for appointments and staff informed us that they will also come to collect patients from the waiting area if needed.

All information displayed in the waiting area was available bilingually. There were also a number of Welsh speaking staff at the practice whom we saw wearing laith Gwaith badges. We also observed conversations between staff and staff and

patients taking place in Welsh. Staff told us that large print documents would be made available on request. The practice also had access to a translation service through the local health board.

Of the five questionnaire respondents who answered, four told us they that were actively offered the opportunity to speak Welsh whilst attending their appointment. All patients who answered felt the GP explained things well and answered their questions (20/20) and all patients felt listened to generally whilst at the practice (21/21).

Rights and Equality

The practice offered good accessibility for all patients. The whole practice offered ground floor access, as well as a disabled toilet and designated disabled parking spaces.

There was evidence of a comprehensive and up-to-date equality and diversity policy in place. We also confirmed staff had completed equality and diversity training.

The practice was proactive in upholding the rights of transgender patients. We found that transgender patients were treated sensitively, and staff confirmed that preferred pronouns and names were always used. The electronic record system flagged the preferred pronouns and names of transgender patients.

Of the 21 HIW questionnaire respondents, 20 patients felt they could access the right healthcare at the right time.

Delivery of Safe and Effective Care

Safe

Risk Management

We found the practice premises to be generally clean, tidy, and free from clutter. All but one of the patients who answered thought the GP setting was 'very clean' (18/21) or 'clean' (2/21).

We noted appropriate signage displayed around the practice to alert staff and patients to any dangers. There were signs on the control of substances hazardous for health (COSHH) cupboard to indicate oxygen was kept within and we observed 'caution hot water' signs in both staff and patient toilets.

During our tour of the setting, we observed sharps boxes that were secured to the wall and not overfilled. However, we found one of the sharps boxes to be out of date. **We spoke to staff about this asked that they ensure sharps boxes are checked regularly to ensure all are in date.**

We reviewed the practice business continuity plan. This was up-to-date and contained all relevant information.

Staff informed us that patient safety alerts are sent directly to the practice manager and are discussed at weekly staff meeting.

During our tour of the practice, we saw paper patient records being stored in the reception office. Staff confirmed that, despite there always being at least one staff member in the room, this room is never locked. We were not assured that these records were being stored securely as the room was easily accessible by individuals attending the practice. **We raised this as an immediate concern with the practice. Since our visit we have received evidence of keypad locks being installed on both doors leading to the reception office.**

We reviewed a range of risk assessments completed for the practice. An environmental risk assessment and health and safety risk assessment had been completed. The practice also had a fire safety risk assessment in place. Although it was clear that actions identified in the risk assessment had been completed, the official action plan document had not been completed. **We require senior staff to ensure this is completed going forward to maintain a clear audit trail of any fire safety issues raised and the dates of which they are completed.**

It was clear that staff carried out regular fire safety checks at the practice. **We saw evidence of staff signing to confirm fire checks were completed, however**

the documentation reviewed did not include checks of specific areas. We recommended staff implement a signing sheet to confirm that each individual area of the fire checks are carried out and in working order.

Infection, Prevention, Control (IPC) and Decontamination

Of the patients that responded to our questionnaire, 19 told us that hand sanitizer was always available for them in the practice, 1 patient disagreed with this and 1 answered with 'not applicable'. In addition, 16 patients agreed that healthcare staff washed their hands before and after treating them, 1 patient disagreed and 5 responded with 'not applicable'.

We saw suitable handwashing facilities available in all bathrooms, as well as treatment and consulting rooms. It was also clear that the environment was furnished to allow for effective cleaning. All clinical areas were fitted with suitable, hard flooring and all surfaces were wipeable.

Staff provided us with cleaning schedules for the practice. These did not include specific information about tasks completed daily or weekly. **We raised this with staff and recommended a more detailed cleaning schedule be implemented going forward.**

The practice had a comprehensive infection prevention and control (IPC) policy in place. We noted that any areas for action had been clearly documented and follow up dates noted for all action points.

Our tour of the setting highlighted that the seating in one of the treatment rooms was rusty and that the desk in the same room was missing a Formica strip. We reviewed the IPC audit however, these areas were not identified within the document. **We require staff to carry out an up-to-date IPC audit, ensuring these areas are identified and documented as actions.**

A member of the nursing staff was the designated IPC lead for the practice; however, they were yet to complete any IPC lead training. **We spoke to staff about this and recommended that the lead complete the relevant training as soon as they are able.**

We confirmed that the practice had a waste management audit in place which had recently been updated. This clearly outlined the safe and secure management and removal of clinical waste from the practice.

Our review of staff records confirmed that all relevant staff members were up to date with Hepatitis B vaccinations.

Medicines Management

We reviewed the arrangements in place to ensure prescriptions pads were being stored securely. Although single prescription pads were kept securely in a safe in the administration office, there was no audit trail or log in place to identify the number of pads ordered, delivered or stock levels on site. **We raised this with staff and have since received evidence of a log being implemented to capture this information.**

Staff informed us that there are two fridges kept in the practice, in which vaccinations are stored. We confirmed that the fridge temperatures are monitored twice daily and recorded in a log. All stored vaccination were in date and stored appropriately.

Safeguarding of Children and Adults

We saw evidence of comprehensive safeguarding policies and procedures in place at the practice. These included contact details for the local safeguarding team and clearly identified the safeguarding lead at the practice. Our review of staff records also confirmed that all staff had received the appropriate level of safeguarding training for their role.

The practice had an effective system in place to monitor the patients who do not attend appointments. We were also provided with evidence of effective multi-disciplinary team (MDT) working.

We confirmed that all staff have access to the All-Wales Safeguarding Procedures.

Management of Medical Devices and Equipment

We confirmed that all medical equipment and devices at the practice were in good condition. Staff provided evidence of a contract in place for PAT testing and calibration, which had been carried out in the last six months. We were also provided with copies of relevant checklists and certificates for both.

As part of our inspection, we reviewed the emergency drugs and equipment kept at the practice. We confirmed that all drugs were in date and appropriate checks being carried out monthly for emergency drugs and daily for the automatic external defibrillator (AED). The AED had a sufficient supply of pads for both adults and children, all of which were in date.

Effective

Effective Care

It was clear that the practice had a dedicated and caring staff team that strived to provide patients with safe and effective care.

The practice ensured staff were kept up to date with best practice, national and professional guidance, and new ways of working. Changes to guidance would be communicated to staff either via team meetings, email or through the EMIS notification system.

Patient records

We reviewed a sample of ten electronic patient medical records. These were stored securely and protected from unauthorised access.

Our review indicated that patient records were clear and maintained to a good standard. They also contained sufficient information regarding the individual, including records of each contact with the patient, the date of each appointment and the type of treatment given, and any decisions made during each appointment. We also found that records were appropriately Read coded, clear, and any entries relating to medicines management were also clear and concise.

Quality of Management and Leadership

Staff feedback

Before our inspection we invited the practice staff to complete an online questionnaire to obtain their views of working for the practice.

The majority of respondents felt they had appropriate training to undertake the role and all staff who answered felt there is an appropriate skill mix at the setting. All respondents also agreed that they had the materials, supplies and equipment needed to do their job.

All respondents who answered felt that they could make suggestions to improve GP services at this setting (27/27). All but one felt they were involved in any decision making surrounding changes that may affect their work (26/27). Both questions were skipped by one staff member.

Of the 28 questionnaire respondents, 27 members of staff felt that care of patients is the GP practices top priority. They also stated that they would be happy with the standard of care provided for themselves, friends and family. Both questions were skipped by one staff member.

Staff comments included the following:

“I really enjoy working at Meddygfa Emlyn, we work very effectively as a team, and I feel all colleagues are supported well by our senior colleagues.”

“This is the best surgery in the world.”

Leadership

Governance and leadership

Meddygfa Emlyn is part of the South Ceredigion & Teifi Valley Cluster area and owned and operated by five GP partners. It was evident that all staff were clear about their roles, responsibilities and there were clear lines of accountability in place at the practice.

We saw evidence of weekly staff meetings held and detailed minutes recorded. Information was also shared amongst staff via EMIS notifications, emails, and a staff WhatsApp group.

The practice kept a comprehensive register of policy and procedures. All were in date and reviewed annually and staff had easy access to these via a shared drive. Any policy or procedural changes were communicated to staff, either via email or in person at staff meetings.

We were informed of the staff engagement and wellbeing programmes for staff. All had access to a service which provided confidential support, advice and counselling. Staff also have access to a mental health support service through the local health board. The practice manager informed us that a member of staff recently used this service and spoke positively about their experience.

Staff told us that, at the time of our visit the main challenges and pressures being faced by the practice were the demand for physical appointments and lack of available space at the practice. We were informed that eConsult helps meet some of the demand.

Workforce

Skilled and enabled workforce

We spoke with staff across a range of roles working at the practice. It was clear that they were all knowledgeable of their roles and responsibilities and committed to providing a quality service to patients.

Our review of staff records highlighted that all staff were up to date with mandatory training. The practice manager kept a detailed and up-to-date training matrix which contained all future training deadlines for staff. We also saw evidence of in- date DBS checks for all staff and confirmed that annual appraisals had taken place for both clinical and non- clinical staff members.

We were provided with minutes from staff meetings. These took place weekly and the minutes reviewed provided a good level of detail.

Staff told us that they felt comfortable to raise a concern if required. The practice had a whistleblowing policy in place that had been recently reviewed and this was available to all staff. However, we noted that the policy did not include contact details for HIW, as a means of making raising a concern. **We spoke to staff about this and asked that the contact details be added to the policy.**

Culture

People engagement, feedback and learning

The practice held an appropriate complaints policy and procedure and in place. The document clearly outlined the timescale for response and listed the practice manager as the person responsible for dealing with complaints. The policy was in line with the NHS Putting Things Right process, which was clearly displayed in the waiting area. We noted, however, that the complaints procedure does not include HIW contact details as a means of making a complaint. **We spoke to staff about this and asked that the details be added to the procedure.**

We reviewed the practice's complaints file which contained copies of written complaints and letters sent in pursuit of resolution. We saw that complaints were dealt with in a robust manner and in line with the agreed complaints timescales stated within the policy.

The practice gained feedback from patients via a suggestion box in the foyer and electronically following an e-consult. We were also informed that the practice carries out an annual patient survey. **We recommended that staff arrange for the results of these surveys to be published on the practice website and social media pages, to keep patients informed.**

Senior staff informed us of the arrangements in place to ensure compliance with the Duty of Candour requirements. The practice had a Duty of Candour policy in place which was in line with requirements outlined in the guidance. We reviewed 12 staff files. Of the 12, seven had completed Duty of Candour training, with remaining staff due to complete.

Information

Information governance and digital technology

We saw evidence of systems in place to ensure the effective collection, sharing and reporting of high-quality data and information. The practice had a comprehensive I.T. security policy in place and a privacy policy which was available to patients online and in the patient information leaflet. We were informed that there was also a dedicated Data Protection Officer for the practice.

Learning, improvement and research

Quality improvement activities

We reviewed clinical audits carried out by the practice. The practice had recently carried out a waste management audit and IPC audit. We reviewed these and confirmed that all actions were clearly recorded with dates for completion.

Whole system approach

Partnership working and development

Staff told us that various multi- disciplinary team meetings took place to ensure effective interaction and engagement with healthcare partners. We were informed that the practice works closely within the GP cluster to build a shared understanding of challenges within the system and the needs of the population.

4. 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 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 how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

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

Appendix B - Immediate improvement plan

Service: Meddygfa Emlyn

Date of inspection: 21/09/23

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
<p>During our tour of the practice, the HIW inspection team saw paper patient records being stored in the reception office. Staff confirmed that, despite there always being at least one staff member in the room, this room is never locked.</p> <p>HIW is not assured that these records are being stored securely as the room was easily accessible by individuals attending the practice.</p>	<p>The practice must make suitable arrangements, such as fitting keypad locks to both doors leading to the room containing the records, to prevent them being accessed by an unauthorised person(s).</p>	<p>Keypad locks installed in both doors leading to the room containing records as requested.</p>	<p>Practice Manager Lidia de Orte</p>	<p>Work completed 25/09/2023</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: Lidia de Orte Jimenez

Name (print): Lidia do Oret Jimenez

Job role: Practice Manager

Date: 25.09.23

Appendix C - Improvement plan

Service: Meddygfa Emlyn

Date of inspection: 21/09/2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Staff informed us that information about mental health support was available on the practice website. However, this information was not displayed in the practice.	We recommend staff display the relevant information about mental health support in the waiting area, to make it available to as many patients as possible.	Download poster for “Mental Health Support call 111 option 2 24/7” English and Welsh. Laminate poster and display in patients waiting room.	Practice Manager Assistant Lucy Poole	Action completed 30.10.2023
During our tour of the setting, we found one of the sharps boxes to be out of date.	Staff to ensure sharps boxes are checked regularly to ensure all are in date.	Sharp Boxes to be checked monthly with other regular checks by Nursing team	Senior Practice Nurse Charlotte Biggs	Checks to be included in monthly Nurse check rota from the 01/12/2023.
Our review of the fire risk assessment and action plan showed that the action plan	Senior staff to ensure that any action plans from risk assessments	Practice manager to review risk assessments action plans	Practice Manager Lidia de Orte	Monthly sign off by Practice

had not been filled in to show completion of tasks.	are completed going forward, to ensure a clear audit trail.	monthly and sign off actions taken.		manager to start from 01/12/2023
We saw evidence of staff signing to confirm fire checks were completed, however the documentation reviewed did not include checks of specific areas.	We recommended staff implement a signing sheet to confirm that individual areas of the fire checks are carried out and in working order.	Creation of signing sheets confirming that individual areas have had weekly fire checks.	Practice Administrator Sian Evans	Signing sheets have been created and signing of individual areas started from 9 th of October 2023.
The cleaning schedules provided by staff include specific information about tasks completed daily or weekly.	Staff to implement a more detailed cleaning schedule, to include all specific tasks completed daily and weekly.	Creation of a detailed cleaning schedule to include all specific tasks completed daily, weekly and monthly.	Practice manager Lidia de Orte	Detailed cleaning Schedule has been created and will be implemented from Monday 27/11/2023
Our tour of the setting highlighted that the seating in one of the treatment rooms was rusty and that the desk in the same room was missing a	Staff to carry out an up-to-date IPC audit, ensuring these areas are identified and documented as actions.	Up to date IPC audit to be carried out by Senior Practice Nurse to include that the seating in one of the treatment rooms was rusty	Senior Practice Nurse Charlotte Biggs	Up to date IPC audit to be done by Senior Practice Nurse Charlotte

Formica strip. These areas were not highlighted in the IPC audit		and that the desk in the same room was missing a Formica strip.		Biggs by Friday 01 st of December 2023.
The IPC lead for the practice had not yet completed IPC lead training	We recommend that the IPC lead complete the relevant training as soon as they are able.	IPC Lead Charlotte Biggs to complete relevant training. Training course has been identified “Infection Prevention Best Practice and Behaviours MOOC” by the University of Bangor. 8 week course to be done online.	Senior Practice Nurse Charlotte Biggs	Registrations for the course will open in December 2023 for Charlotte to complete the course by end of March 2024.
The whistleblowing policy and complaints policy did not contain contact details for HIW as a means of raising a concern.	We recommend HIW contact details be added to the relevant policies	Add HIW contact details to Whistleblowing policy and complaints policy.	Practice Manager Lidia de Orte	Action completed on 22/11/2023

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): Lidia de Orte Jimenez

Job role: Practice manager

Date: 22nd November 2023