Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report (Announced)

Meddygfa Hafan Iechyd, Betsi Cadwaladr University Health Board

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

Our purpose

To check that 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.

Contents

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 Hafan Iechyd, Betsi Cadwaladr University Health Board on 14 November 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector, a general practitioner, and a practice manager peer reviewer. 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 15 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.

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:
We found that staff at Meddygfa Hafan Iechyd was committed to providing a positive experience for patients.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

All the patients who completed a HIW questionnaire rated the service provided by the practice as very good or good.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what we recommend the service can improve:

- Ensure all patients with carer responsibilities are supported
- Develop and implement a formal protocol for reception care navigation.

This is what the service did well:

- Fully bilingual service offered
- Staff at the practice treated patients with dignity and respect, and we saw measures were taken to protect their privacy
- There was good disabled access to the building. Wheelchair users could access all consulting rooms, the reception, waiting area and toilet facilities
- Patients who provided feedback told us they were given enough time to explain their healthcare needs, and the GP had explained things clearly.

Delivery of Safe and Effective Care

Overall summary:
We found a staff team who were very patient centred, and committed to delivering a quality service.

The practice appeared to be well maintained and equipped to provide the services they deliver.

All areas were clean and free from any visible hazards.

The sample of patient records we reviewed were of good standard.

This is what we recommend the service can improve:

- Undertake IPC audit and nominate an IPC lead
- Develop a unified system for managing correspondence
- Ensure carpets are removed and disposable curtains provided in all consulting rooms
- Ensure all consulting rooms have a height adjustable examination couch
- Consider having a dedicated prescribing clerk(s) to manage prescription requests.

This is what the service did well:

- The practice premises was visibly well maintained, clean and free from obvious hazards
- Effective arrangements were described and demonstrated in relation to safeguarding
- We saw an effective records management system and the patient records we reviewed were clear, legible and of good quality.

Quality of Management and Leadership

Overall summary:
We found Meddygfa Hafan Iechyd to have very good leadership and clear lines of accountability. There was a strong ethos and culture to provide a high standard of patient care.

The practice appeared to be well managed by a committed and dedicated practice manager who was open and approachable, which enabled staff to be confident to raise issues.

The staff team was very well supported by the leadership team.

We observed staff supporting each other and working very well together as a team.

Staff had access to appropriate training opportunities in order to fulfil their roles.

The clinical team were very knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

This is what we recommend the service can improve:

- Ensure all staff complete Duty of Candor training.

This is what the service did well:

- We witnessed all staff, clinical and non clinical, working very well together as part of a team
- Good staff induction process in place
- Practice managed by a committed and dedicated practice manager.

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. In total, we received 15 completed questionnaires. Not all respondents answered all the questions in the questionnaire.

Some of the comments provided by patients included:

> *" It was running late but the service itself is great. Courteous staff, always Welsh and a Nurse who listens and answers questions brilliantly."*

> *" I always feel welcomed by the dispensary team, my prescriptions are always ready on time, and always very helpful."*

> *"The reception staff are always polite and helpful. I have also been in contact with the practice manager who helped me and offered me support and gave me the information that I needed."*

Person centred

Health Promotion
No Smoking signs were displayed confirming that the practice adhered to the smoke free premises legislation.

Written information was displayed in the practice building advising patients of the other services they could access for health advice or treatment, such as their local pharmacy and NHS 111.

We found that patients were encouraged to take responsibility for managing their own health, through the provision of health promotion advice. This was available on the practice website, and via written information within the waiting area and consulting rooms.

When asked whether there was health promotion and patient information material displayed, all respondents who answered the question told us it was provided.

The practice offered a range of services and clinics such as those for vaccinations and chronic disease management.

We found patients with internet access could find information about a range of health conditions on the practice's website.

When asked whether they were offered healthy lifestyle advice, all respondents who answered this question told us it had offered.

One patient told us they were a carer for someone and had not been offered an assessment of their own needs as a carer.

The practice is required to provide HIW with details of the action taken to ensure all patients with carer responsibilities are provided with information and support as appropriate.

Information relating to practice opening times and out of hours service was available on the practice website and in the patient leaflet.

Dignified and respectful care
We found staff at the practice treated patients and their representatives with respect and kindness.

We saw staff greeting patients in a professional manner, both face to face and over the telephone.

All respondents who answered the question (and who felt it was applicable to them) in the HIW patient questionnaire (15/15) told us they had been treated with dignity and respect, and most of the patients who answered told us that measures were taken to protect their privacy (9/13).

We saw doors to consulting rooms were closed when patients were being seen by GPs or other healthcare staff, promoting their privacy and dignity. Consulting rooms had privacy curtains that could be used to provide additional privacy when patients were being examined. Consulting rooms were also located away from the reception and waiting room, which helped to ensure that conversations were not overheard by people in the waiting room.

The majority of respondents who answered the question in the HIW patient questionnaire (5/6) told us they had been offered a chaperone (for intimate examinations or procedures) and one told us they had not.

An up-to-date written policy was in place in relation to the use of chaperones and staff had received training. The right to request a chaperone was clearly displayed in the waiting room and in each consulting room. We were informed that some newly recruited staff had not yet received chaperone training, but plans were in place for these members of staff to be trained.

Respondents who answered the question in the HIW patient questionnaire (5/12) told us they were unable to talk to reception staff without being overheard.

We saw that the reception desk was in the waiting room and there was potential for conversations to be overheard. However, a poster was clearly on display at the reception desk advising patients that a private room is available should they need to discuss anything confidential.

A self-service, touch screen facility was also available so that patients could check-in for their appointment.

Timely

Timely Care

The practice had an up-to-date written policy on how patients could access the services provided. Information for patients on how they could access appointments with the GP, or another suitable healthcare professional was available on the practice website, telephone message and in the practice information leaflet.

We were told that patients could make an appointment either by phone or in person at the practice. The practice offered both face to face appointments and telephone appointments. Housebound patients could request a home visit by a GP. We were also told that the practice provided services to a local care home, and regular care home visits took place.

All respondents who answered the question in the HIW patient questionnaire (15/15) told us they were satisfied with the opening hours of the practice. In addition, all (15/15) told us they knew how to access out of hours services if needed.

The vast majority of respondents who answered the questions in the HIW patient questionnaire told us they were able to contact the practice when they needed to (12/15), could get a same day appointment if they needed to see a GP urgently (13/15) and could get routine appointments when they needed to (13/15).

When asked whether they could access the right healthcare at the right time, most of the patients who answered the question in the HIW patient questionnaire

(12/14) felt they could. The remaining two felt they could not. Most respondents who answered the question in the HIW patient questionnaire (9/15) told us they were offered the option to choose the type of appointment they preferred.

Considering patient feedback around appointments and following a review of the practice appointment book, we advise the practice to consider undertaking an audit of how many extra appointments are needed each week to identify whether resources are sufficient to meet demand.

The practice is required to consider undertaking an audit of how many extra appointments are need each week.

All patient (15/15) were content with the type of appointment offered. Most respondents (13/15) told us their appointment was in person at the practice, with the remainder telling us they had a telephone appointment.

When asked whether their appointment was on time, majority of the respondents who answered the question in the HIW patient questionnaire (12/15) told it was. The remainder (3/15) told us their appointment was not on time.

We were told that all reception staff have undertaken Care Navigation training to help them do their job. However, we found no formal protocol in place for reception navigation to avoid unqualified staff having to make clinical decisions.

The practice is required to develop and implement a formal protocol for reception care navigation.

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

Equitable

Communication and language
A practice information leaflet, which is available in hard copy, provides useful information for patients, such as the practice contact details and opening times, the services provided, how patients could register, appointment options, how patients could order repeat prescriptions and an overview of the practice team.

A range of information was also available on the practice website. This provided an option for patients to access information in English or Welsh.

Information was also displayed within the waiting room. All the information was displayed bilingually. Most staff, clinical and non clinical working at the practice are fluent Welsh speakers.

Staff told us they could access a translation service to help communicate with patients whose first language is not English or Welsh. The practice had a hearing loop to help staff communicate with patients who are hard of hearing and wear hearing aids.

We found that information from secondary care was received both electronically and in paper form, and each format followed a different process. We found that electronic letters received at the practice are forwarded to the administrators for summarising, and any new medication requests are sent to the doctors. We found that paper letters are immediately stamped and passed to the doctors, before they are scanned to patient records. We advised the practice to consider developing a unified system for managing correspondence (hard copy and electronic) that would streamline document management and workflow.

The practice is required to consider developing a unified system for managing correspondence into the practice.

Rights and Equality
The practice had an up-to-date written policy relating to equality and diversity.

We saw that equality and diversity training formed part of the practice's mandatory training programme and all staff had attended this training.

All respondents who answered the questions in the HIW patient questionnaire told us they were given enough time to explain their healthcare needs (15/15), the GP had explained things well and answered their questions (15/15), they felt listened to (15/15) and were involved in decisions about their healthcare as much as they wanted to be (15/15).

The practice is fully accessible to all patients by means of a lift. All consulting rooms were located on the first floor together with the reception, waiting room and toilet facilities (wheelchair accessible).

All but one of the respondents who answered the questions (and who felt they were applicable to them or were able to provide a view) in the HIW patient questionnaire told us the premises was accessible (12/13), there were enough seats in the waiting area (13/13) and the toilets and handwashing facilities suited their needs (13/13).

All respondents who answered the question (15/15) in the HIW patient questionnaire told us they had not faced discrimination when accessing or using the services.

Delivery of Safe and Effective Care

Safe

Risk Management
Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

We saw the premises were visibly well maintained both internally and externally. All areas were free from obvious hazards.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months.

Emergency exits were visible and a Health and Safety poster was displayed.

We saw a general risk assessment was in place, covering fire, environmental and health and safety which was current and regularly reviewed.

We were assured that the premises were fit for purpose. We reviewed a range of documentation, which confirmed that all risks, both internally and externally, to staff, visitors and patients had been considered.

Infection, Prevention, Control (IPC) and Decontamination
There was a detailed infection control policy in place. However, we found there was no IPC lead identified, nor had the practice undertaken an IPC audit. The practice must nominate an IPC lead and ensure appropriate training for this role is undertaken, and that an annual IPC audit is carried out.

The practice is required to provide HIW with details of the action taken to nominate an IPC lead and undertake an annual IPC audit.

All respondents who answered the question in the HIW patient questionnaire (13/13) told us, in their opinion the premises were ‘very clean’ or ‘clean’.

Most respondents who answered the questions in the HIW patient questionnaire told us that when they received an invasive procedure (4/5) that staff wore gloves during the procedure and that the syringe, needle or scalpel used was individually packaged or sanitised (5/5).

Staff had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection. The areas of the practice that we viewed were visibly clean.

We found that not all consulting rooms contained disposable curtains. This means they could not be easily replaced should they become contaminated or dirty. We also found some consulting rooms were carpeted meaning the floors could not be easily cleaned should they become contaminated or dirty.

The practice is required to provide HIW with details of the action taken to provide disposable curtains in all consulting rooms and replace any carpeted flooring with vinyl to aid effective cleaning.

Hand sanitizers were readily available around the practice. Hand washing and drying facilities were provided in clinical areas and toilet facilities.

We reviewed the staff training matrix, which showed infection control training formed part of the practice's mandatory training programme. We saw that all the clinical staff and non-clinical staff had completed IPC training at a level appropriate to their role (i.e. Level 1 or 2).

The practice had appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses. However, we found that these arrangements were not documented in a policy.

The practice is required to develop and implement a policy for sharps injuries.

We also noted that not all staff had their Hepatitis B status recorded on IRIS, the specialist GP payroll software. We advised the practice manager to ensure that all clinical staff have their status recorded on the system.

We also advised the practice to consider securing the sharps boxes (hazardous waste) close to the location where medical sharps are used, to prevent any spillages.

The practice is required to secure the sharps boxes close to the location of use.

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

Medicines Management
Repeat prescriptions could be requested in person via: the repeat prescription box in the practice, by post, My Health Online facility, drop off at patients nearest

chemist and by emailing the practice using their secure online form. It was noted that the practice endeavoured to dispense prescriptions within 48 hours. No telephone repeat prescriptions requests were accepted by the practice for safety reasons. Prescription pads were stored securely.

We found that the practice did not have a dedicated prescribing clerk(s) and that this role is undertaken by the receptionists, who will generate the prescriptions and pass on to the dispensary team or local pharmacist as necessary. We advised the practice to consider whether a dedicated prescribing clerk(s) with additional training for this role, could be a more efficient way of managing repeat prescription requests (from non-dispensing patients). This may help ensure that recommended reviews take place in a timely manner.

The practice is required to consider having a dedicated prescribing clerk(s) with additional training to manage repeat prescription requests.

Safeguarding of Children and Adults
There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

Staff clearly explained they were aware of how to recognise signs of abuse in vulnerable adults and children. Staff were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

The practice manager described the pre-employment checks that would be undertaken for any new members of staff. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks on staff appropriate to the work they undertake. However, no DBS details are maintained for the locum GP.

The practice is required to ensure DBS details for the locum GP is held locally at the practice.

Management of Medical Devices and Equipment
We found that portable electrical appliances were being tested on a regular basis.

It was confirmed that only single use medical equipment is used.

We found that some consulting rooms contained fixed examination couches. We were told that work is ongoing at the practice to replace any fixed examination couches with a height adjustable examination couch will allow healthcare professionals to position the patient in the most suitable way for a thorough examination.

The practice is required to provide HIW with details of the action taken to provide a height adjustable examination couch in all consulting rooms.

There were procedures in place showing how to respond to patient medical emergencies.

The emergency drugs were stored securely. All emergency drugs and equipment were organised and clearly labelled.

There was a system in place to check the emergency drugs and equipment on a weekly basis to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

Effective

Effective Care

There were suitable arrangements in place to report patient safety incidents and significant events. The practice made use of the Datix system for reporting incidents.

Patient records

We reviewed the care records of six patients and saw that an effective records management system was in place. Records were securely stored to prevent unauthorised access.

The records we reviewed were clear, legible and of good quality. From the records, it was clear who was entering the notes of each contact, the date each contact was made and the type, such as a surgery consultation or a telephone consultation. Records were completed contemporaneously. They also showed evidence of valid consent being obtained, where appropriate.

The records reflected the care or treatment provided and the relevant findings. Patients' known allergies and adverse reactions to medications were highlighted.

However, we found that medication prescribed was not always linked to the patient's medical condition (3/6).

The practice is required to provide HIW with details of the action taken to ensure prescribed medication is linked to patient's medical condition.

We saw that clinical Read codes were used, providing a standard system for recording common medical conditions that patients presented with. However, we found that the clinical Read codes were not always used consistently and were not always linked through a review. For example, abdominal pain, pancreatitis, and acute pancreatitis for different episodes of the same problem.

The practice is required to provide HIW with details of the action taken to ensure clinical Read codes are consistently used and common conditions are linked when patients are presented with different episodes of the same problem.

Quality of Management and Leadership

Leadership

Governance and leadership
We found the practice manager demonstrated strong leadership, was highly motivated and very dedicated to the role.

Staff members were respectful and courteous. We found a patient-centred staff team who were very committed to providing the best services they could.

Staff told us that they felt able to raise any issues with the practice manager and that issues would be addressed in a comprehensive and thorough manner.

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

Local cluster group meetings were held on a regular basis, where all the local GP practices are bought together to share learning. We were informed by the practice manager that the engagement with the cluster group was very good, and practices were working well together.

Staff told us they had access to policies and procedures to guide them in their day-to-day work.

We were told that the management team and clinical staff attend clinical management meetings, safeguarding meetings and significant event meetings. We reviewed a sample of minutes from these meetings, as part of the inspection.

Workforce

Skilled and enabled workforce
The practice had an established reception and administration team in place. Staff we spoke with told us they were very proud and happy to work at the practice.

The practice team also worked closely with community-based healthcare teams, such as the local community nursing team and pharmacists.

Discussions with staff indicated that they, generally, had the right skills and knowledge to fulfil their identified roles within the practice. Staff we spoke with confirmed they had opportunities to attend relevant training. We found that staff had received an annual appraisal and / or plans were in place to conduct

appraisals. However, we did note that the practice manager had not received an annual appraisal and no plans were in place. We recommend that the practice manager also receives an annual appraisal.

The practice is required to ensure all staff working at the practice receives an annual appraisal.

We saw that there were formal recruitment policies and procedures in place.

Culture

People engagement, feedback and learning

There was a written complaints procedure in place. We also found that Putting Things Right procedure was available to all patients in the waiting area. Details were also included within the patient information leaflet and practice website.

We discussed the mechanism for actively seeking patient feedback, which is done by issuing questionnaires to patients annually. Patients are also able to give feedback via social media. However, we found the results of patients' feedback was not published or available for the public to view. We recommended that the practice manager implements a suitable system, such as 'You said We did' board to show patients the action taken in response to their feedback.

The practice is required to implement a suitable system to show patients the action taken in response to their feedback.

We saw the practice had a Duty of Candour policy in place, which contained details of staff roles and responsibilities as recommended by The Duty of Candour Statutory Guidance (2023). All staff who we spoke with told us they knew and understood their responsibilities under the Duty of Candour. Staff told us they had received and discussed the national guidance, but had not undertaken any training. We recommended that all staff receive Duty of Candour training.

The practice is required to ensure all staff completes the Duty of Candor training.

Information

Information governance and digital technology

Suitable communication systems were in place to support the operation of the practice.

The storage of patient information was appropriate, ensuring the safety and security of personal data. All paper records were kept secure and electronic files were being backed up regularly. Access to computer screens was secure and discreet. A data protection policy was in place to inform staff about what was required of them.

Learning, improvement and research

Quality improvement activities
We were told that the practice has engaged in quality improvement activity. In addition to various audits completed by the practice, the practice manager attends regular local cluster group meetings, where all the local GP practices are brought together to share learning.

We found the practice staff to be proactive, knowledgeable and professional. Staff also demonstrated their understanding, on how they would access advice and guidance if necessary.

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
No immediate concerns identified or escalated during the inspection.			

Appendix B – Immediate improvement plan

Service: Meddygfa Hafan Iechyd

Date of inspection: 14 November 2023

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
No immediate improvements identified during the 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: Meddygfa Hafan Iechyd

Date of inspection: 14 November 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
Our findings show that not all patients with carer responsibilities are supported.	The practice is required to provide HIW with details of the action taken to ensure all patients with carer responsibilities are provided with information and support as appropriate.	Identify carers by searching EMIS. Add a suitable read code Offer practice support/3rd sector support Highlight support for carers on website	Chris S Bethan Jones (Caernarfon - Hafan Iechyd) Dr EGJ Admin team	6 months
Our findings show that no audit of the number of appointments provided on a daily basis.	The practice is required to consider undertaking an audit of how many extra appointments are need each week.	GP sessions currently at 56/week, will increase to 64/week from 1.4.24 Appointments to adapt according to Access target and BMA Safe Working	Bethan J All Partners	Completed
Our findings show that reception staff have no formal protocol for care navigation.	The practice is required to develop and implement a formal protocol for reception care navigation.	Develop and add to current protocol for emergency presentations. Education session for reception	Bethan J Dr GJ Dr CM	3 months / Ongoing

Our findings show that the practice have not got a unified system for managing correspondence.	The practice is required to consider developing a unified system for managing correspondence into the practice.	Review current systems, assess alternatives and implement change as agreed by partners	Bethan J Dr EGJ All partners	12 months
Our findings show that there is no nominated IPC lead and no IPC audit completed.	The practice is required to provide HIW with details of the action taken to nominate an IPC lead and undertake an annual IPC audit.	Nominate a IPC lead to implement audit	Bethan J Nurse Team	3 months
Our findings show that not all consulting rooms contained disposable curtains.	The practice is required to provide HIW with details of the action taken to provide disposable curtains in all consulting rooms and replace any carpeted flooring with vinyl to aid effective cleaning.	Curtains to be replaced with disposable Vinyl flooring – total cost est £18700	Bethan J Bethan J	Immediately Consider gradual programme over 5 years After new contract agreed.
Our findings show that the practice did not have a sharps policy in place.	The practice is required to develop and implement a policy for sharps injuries.	Review and write sharps policy	Bethan J Chris	Immediate
Our findings show that sharps boxes are not secured close to the location of use.	The practice is required to secure the sharps boxes close to the location of use.	Secure if feasible	Bethan J	3 to 6 months

Our findings show that the practice have not got a prescribing clerk(s).	The practice is required to consider having a dedicated prescribing clerk(s) with additional training to manage repeat prescription requests.	Upskill 1 or more staff members to manage repeat prescriptions	Bethan J Admin team	12 months
Our findings show that the practice did not maintain details of locum GP DBS details.	The practice is required to ensure DBS details for the locum GP is held locally at the practice.	This is not required as confirmed by LHB – email clarification available on request		No action required
Our findings show that not all consulting rooms contained a height adjustable examination couch.	The practice is required to provide HIW with details of the action taken to provide a height adjustable examination couch in all consulting rooms.	Projected cost= £11860 Will consider gradual replacement after new contract agreed over 5 years. There are also several rooms with adjustable couches available through the day, allowing clinicians with the standard couches to use if the need arises.	Bethan J	Consider gradual programme of 5 years AFTER new contract agreed
Our findings show that prescribed medication is not always linked to patient's medical condition.	The practice is required to provide HIW with details of the action taken to ensure prescribed medication is linked to patient's medical condition.	Clinician to link medication to conditions at medication reviews. Admin team to link at registration	Clinicians admin team	12 months & ongoing
Our findings show that clinical Read codes are not consistently used.	The practice is required to provide HIW with details of the action taken to ensure clinical Read codes are consistently used and common conditions are linked when patients are	All clinician reminded to use clinical codes wherever possible Use condition headings and review appointments where appropriate Notes audit	Clinicians Admin	6 months

	presented with different episodes of the same problem.			
Our findings show that there is no suitable system in place to provide patients with updates following patient feedback	The practice is required to implement a suitable system to show patients the action taken in response to their feedback.	Publish response to patients questionnaire on website and surgery screen	Bethan J Chris S	3 months
Our findings show that staff have not received Duty of Candor training.	The practice is required to ensure all staff completes the Duty of Candor training.	Staff did receive training on Duty of Candour in last 12 m Refresher training	Bethan J EGJ	Completed

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): Dr Eilir G Jones

Job role: G.P.

Date: 22/01/2024