

# General Practice Inspection Report (Announced)

North Road Medical Practice, Cardiff  
and Vale 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:

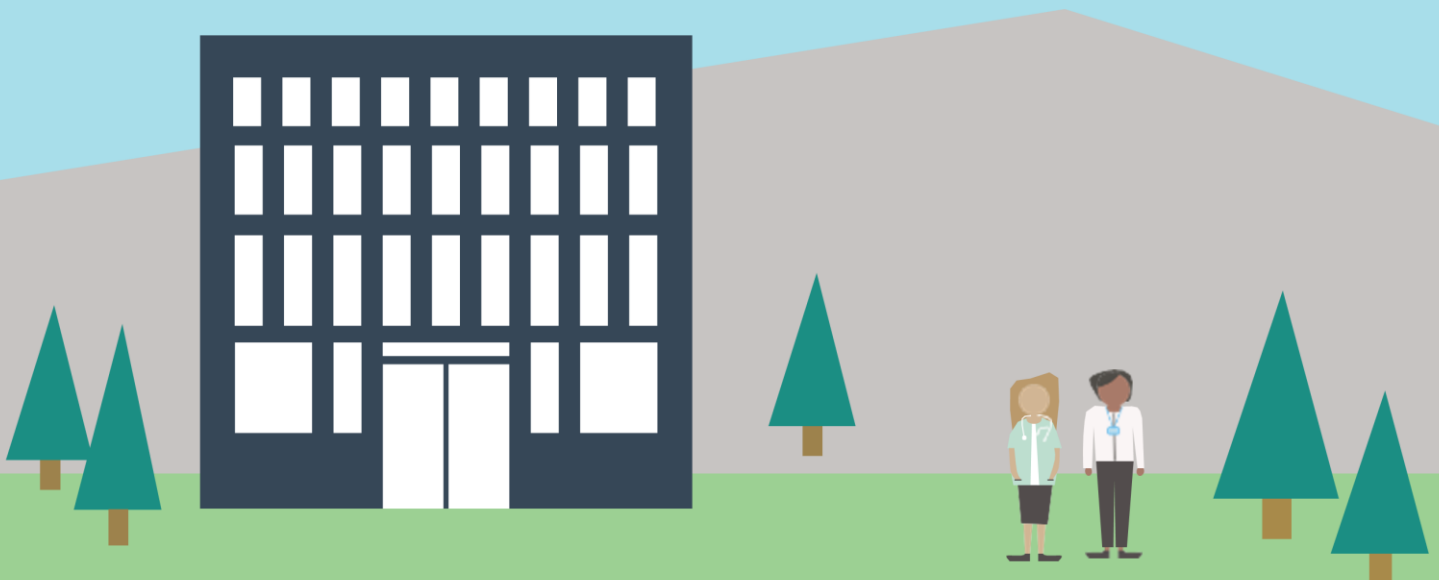
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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.



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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 North Road Medical Practice, Cardiff and Vale University Health Board on 10 April 2024.

Our team for the inspection comprised of one HIW Healthcare Inspector and three clinical peer reviewers.

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 31 questionnaires were completed by patients or their carers and 8 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.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found health promotion information was readily available for patients, including information relating to mental health services. Patients told us clinicians explained things well and answered their questions. All patients confirmed they were treated with dignity and respect by the practice. We found improvements needed to be made to ensure patients were provided the option of speaking with reception staff privately, as well all patients being offered a chaperone for intimate examinations.

Patients had access to the right care in a timely manner and there were clear care pathways in place alongside appropriate signposting to other services. We found staff showing a commitment to, and understanding of, the need to support patients equally. This ensured the rights of patients were upheld.

This is what we recommend the service can improve:

- The practice must always offer a chaperone to patients and must ensure the records are always complete
- The practice must ensure representatives from all sections of the practice attend meetings, where practicable.

This is what the service did well:

- A suitable mix of digital and in-person communication was used by the practice
- All patient feedback we received was positive on their patient experience.

### Delivery of Safe and Effective Care

Overall summary:

We found the public facing areas of the practice to be clean, tidy and organised. However, we found a staff-only area within the practice was untidy and cluttered, which posed a risk to staff. Overall, the approach to infection prevention and control was appropriate with all areas we inspected visibly clean and tidy. However, improvements were needed in implementing full cleaning schedules as well as risk management as we noted risk assessments were either out of date or lacking detail. Medicines were stored correctly and checked at appropriate intervals, though we did locate one item being inappropriately and mistakenly stored in a fridge which was immediately removed.

Medical devices and equipment were both managed correctly and patient referrals were actioned in a timely manner.

This is what we recommend the service can improve:

- The practice must conduct a review of their risk assessments and conduct routine audits on their waste
- The practice must ensure all surfaces around the practice, especially within treatment rooms, can be effectively cleaned
- The practice should promote the role of the safeguarding lead more robustly to all staff.

This is what the service did well:

- The majority of patients said the practice was clean, tidy and met their needs
- Patient records were clear, written to a good standard and contemporaneous.

## Quality of Management and Leadership

Overall summary:

We found the management team supported a group of engaged and committed staff, all working in the best interests of their patients. An appropriate programme of induction and training was in place. However, we did find basic infection prevention and control training was missing from the records of administrative staff. The practice was also required to improve their rationale and risk assessment of staff operating without Disclosure and Barring Service checks.

Leaders were approachable and staff told us they were proud to work for North Road Medical Practice as well as the National Health Service. Overall, the culture of the practice was to support staff to deliver the best service they could for their patients.

This is what we recommend the service can improve:

- The practice must have a clear rationale, including a risk assessment, for staff working without Disclosure and Barring Service Checks
- The practice should work with the health board to offer staff the time and access to Welsh language training.

This is what the service did well:

- Staff were friendly and engaging with patients and one another
- Clear management structures were in place.

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

HIW issued a questionnaire to obtain patient views on the care being provided at North Road Medical Practice. In total, we received 31 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 31 responses.

All patients rated the service as ‘very good’ or ‘good’. Patient comments included the following:

*“I have seen every doctor at this practice for all my issues over the years and they have all been fantastic. The whole team are kind, show empathy, listen and are professional, admin/reception included. Wonderful.”*

*“Excellent, would not change.”*

*“All staff are friendly and professional. I am very happy with this practice.”*

#### Person centred

##### Health Promotion

Information for patients was available via their website and on display around the practice. We saw health promotion information for self-help and mental wellbeing available in the patient waiting area. The practice actively signposted access to mental health services for patients and referrals were made to suitable mental health partners in a timely manner.

All respondents to the HIW patient questionnaire told us there was health promotion information on display at the practice. All except one of the respondents agreed that their GP explained things well to them and answered their questions. All patients said they felt listened to and they were involved as much as they wanted to be in decisions about their healthcare.

We saw recent engagement with the All-Wales Diabetic prevention programme and appropriate links with other services. These services improved the provision of, and access to, high quality patient care. Care navigators worked to ensure patients



received the right care from the right services upon initial contact with the practice. Self-referrals were also open to patients, including for sexual health clinics as well as drug and alcohol support services.

The process for missed appointments was appropriate and texts were sent out to those who did not attend. Parents or guardians received follow-up communication from practice staff where under-18s had missed appointments.

Preparations by the practice to manage the annual winter vaccination programme were suitable.

### **Dignified and respectful care**

We found patients were treated with dignity and respect throughout their patient journey. Clinical rooms provided patients with an appropriate level of privacy, with doors kept closed during consultations. Privacy curtains were also available in all treatment and consulting rooms. The reception desk was partitioned by glass and the waiting area was separated from reception so that telephone conversations could not be overheard. We were told patients could request to speak with staff in a private room, if required, but this information was not communicated to patients at the reception desk. Half of the respondents to the HIW questionnaire indicated they were not able to talk to reception staff without being overheard. We identified this issue could potentially compromise patient privacy and dignity in the practice.

**The practice must ensure patients are provided with the option to speak with reception staff privately upon request.**

A suitable number of staff were trained to chaperone patients, where necessary, in line with the practice policy. On review of practice records, we saw in all except one of the ten patient records that chaperone details were captured correctly. One patient responding to the HIW questionnaire stated they were not offered a chaperone for an intimate examination.

**The practice must always offer a chaperone to patients and must ensure the records are always complete.**

All respondents to the HIW questionnaire said they were treated with dignity and respect. All patients who responded to the question confirmed that measures were taken to protect their privacy. Patients told us:

*“Always amazing, reception and treatment.”*

*“I have always felt that my concerns have been acknowledged and listened to and factored into the care I have received. I really value the care I and my family receive there.”*

*“I am grateful for the care and dedication of the staff there. I am able to access care when I need it and am confident in their expertise.”*

## Timely

### Timely Care

There were appropriate processes in place to ensure patients could access the right service at the right time and in a timely manner. Appointments could be made via telephone, email, online booking and in-person. Urgent appointments were appropriately triaged over the telephone by reception staff in consultation with a clinician. Any patient seeking a face-to-face appointment was accommodated. We were told that wait times to see clinicians were around one to two weeks, or three weeks to see a specific clinician.

Most telephone calls were answered within 2 minutes, but this target was not always reached due to a high volume of calls at peak times. Additional staff were utilised when telephone lines became busy so that patients wouldn't have long waits over the telephone.

In response to the HIW questionnaire, patients told us:

- Their appointment was on time - 64%
- They were given enough time to explain their health needs - 96%
- They were able to have a same-day appointment when they need to see a GP urgently - 85%
- They knew how to access out of hours GP services if they needed medical advice or an appointment that couldn't wait until GP opening hours - 96%
- They were able to obtain routine appointments when they need them - 89%.

One patient said:

*“I hear very negative views on GP practices, but I've always been able to see someone timely and generally face to face.”*

All staff who responded to the HIW questionnaire said patients were able to access the services the GP surgery provides in a timely way. Patients in need of support with their mental health would be seen on the same day or spoken to over the telephone by a clinician. Reception staff were trained to triage patients over the telephone and give clear care pathways or signposting, where relevant. The NHS

111 'Option 2' service was offered to patients with mental health concerns and the practice website was used for signposting. Mental health service providers were invited to the multi-disciplinary meetings which took place regularly between clinicians at the practice.

## Equitable

### Communication and language

A suitable mix of digital and in-person communication was used by the practice, including regularly updated noticeboards and updates on the practice website. The patient check-in screens could be translated into different languages and font sizes, if required. Staff also informed us that any specific needs would be met upon request, and we saw evidence of multiple options for patient communications routinely in place.

However, we found the provision of the Welsh language and the move towards implementing the 'Active Offer' were limited. Staff told us this was because none of their administrative staff and only one clinician spoke the Welsh language, though not very confidently. We saw signs around the practice were in English-only but staff confirmed that language line was used to communicate with patients, if required.

**The practice should work with the health board to fully implement the 'Active Offer'.**

Communication between clinicians was routinely and formally noted in practice records and during multi-disciplinary meetings. However, we saw evidence that nursing staff were not included in the multi-disciplinary team meetings where important patient updates and discussions were held. This posed a risk of information regarding patients or practice processes being missed by the nursing team.

**The practice must ensure representatives from all sections of the practice attend meetings, where practicable.**

We found the system for circulating information regarding patients being seen by other practitioners was suitable, as was the management of incoming and outgoing referrals.

### Rights and Equality

The practice had a positive approach to equality and diversity with staff showing a commitment to, and understanding of, the need to support all patients equally. The practice was approached by a ramp and any patients with specific mobility

needs were seen in consultation rooms on the ground floor. We also noted disabled access toilets in the practice and staff assisting patients on the day of inspection.

We confirmed the Equality and Diversity policy was recently updated and reviewed regularly. We also confirmed staff had recently completed equality and diversity training. Reasonable adjustments for staff had also been made, including new chairs and desk equipment. Staff provided us examples of how the practice had supported patients who required the use of specialist equipment to communicate.

The rights of transgender patients were also upheld, staff confirmed that preferred pronouns and names were used from the outset of transition.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We found the public facing areas of the practice to be kept tidy, organised and safe. Most patients told us they thought the building was accessible (90%), that there were enough seats in the waiting area (97%) and that the toilet facilities suited their needs (92%). However, we found a staff-only area on the top floor of the practice was disorganised, with boxes stored throughout the room on the floors. We saw items that appeared to have been discarded on the floor and on desks, as well as cleaning products which were not stored in cabinets. We identified that the numerous trip hazards and insecure cleaning equipment in this area could pose a risk to staff who attend this part of the building.

**The practice must ensure all areas of the building are kept tidy and organised.**

We found risk assessments on fire safety, health and safety and IPC were previously undertaken in a suitable manner but the last complete document we reviewed appeared to be from 2019. More recent risk assessments had been completed by practice staff, but these did not capture all of the risks present and only outlined a limited number of potential hazards. The information captured did assess these risks, but they were not comprehensive documents. The practice was recommended to approach an external risk assessment provider to assist them with conducting a comprehensive review of the practice risk assessments. We were assured the risks present were being assessed but there were improvements to be made in regards to the number of hazards identified.

**The practice must conduct a comprehensive review of their risk assessments of fire safety, health and safety and IPC.**

We saw appropriate signage throughout the practice, including hand hygiene posters as well as suitable safety and security signage on display. Sharps containers were securely fixed and were not overfilled, with a suitable waste disposal contract in place for regular disposal.

The practice business continuity plan was robust and overseen by the practice manager. The plan adequately covered the business partnership work of the practice, including long term staff absence and detailed the response of the practice to health emergencies. The practice plan was stored on a shared access computer drive, and copies were kept by the partner GPs.

We heard from staff they worked closely within their health board cluster group to improve care for patients. We also saw how patient safety alerts were regularly disseminated to the practice and communicated in meetings. The process in place for managing patient safety alerts and significant incidents was robust. Suitable mechanisms for calling for help urgently were evident, and staff told us this system had been recently tested.

The procedures in place for the timely and safe visitation of patients at home were appropriate. The triage of patients requiring hospitalisation was recorded within patient records. We noted good procedures in place for instances where there would be a long wait for an ambulance or where one wasn't available. In these instances, the practice would pay for a local taxi company to transport patients to hospital.

### **Infection, Prevention, Control (IPC) and Decontamination**

We found the practice to be clean with some suitable procedures in place to prevent and control the spread of infection. The practice IPC lead was an experienced nurse with up-to-date IPC training and the staff we spoke to were aware of their responsibilities relating to IPC and decontamination. However, some of the staff we spoke with were not aware of their IPC policy, nor could they say where they would find it.

**The practice must ensure they clearly communicate their policies to all staff and ensure they are easily locatable.**

During the inspection, we found some areas of the practice were dated, with older equipment present and carpeted consultation rooms. We noted these areas were only used for consultation and any invasive procedures took place in the treatment room which was suitable for invasive procedures. The equipment, while older, could all be effectively cleaned, and carpets were cleaned regularly. The risks to patients were all assessed correctly, and all areas cleaned routinely. We advised practice management they may wish to prioritise these areas for modernisation at the next practice refurbishment.

All of the patients who responded to the HIW questionnaire said they felt the practice was either 'clean' or 'very clean'. All except one of the respondents also noted that signage was displayed regarding what to do if they were contagious. All patients indicated staff washed their hands before treating them.

Of those patients who indicated they had received an invasive procedure at the practice, all except one noted that staff used gloves during the procedure. All respondents also indicated antibacterial wipes were used to clean the skin prior to the procedure and any equipment used was individually packaged or sanitised.

Suitable procedures were in place for the management and disposal of waste, including healthcare waste.

Personal Protective Equipment was used appropriately to maintain good IPC and appropriate hand washing facilities were in place within treatment rooms. We found robust arrangements in place for the management of needlestick injuries and staff were knowledgeable on the steps to take to reduce the risks of healthcare associated infections.

Within the consultation rooms, we noted the disposable privacy curtains in the did not have dates written on them, meaning we could not confirm when these were erected. No invasive procedures took place in these rooms, therefore the risks to patients were low, however, all disposable items should be dated. We also saw posters and other papers displayed throughout the practice, including the treatment room, which had not been laminated, meaning they could not be effectively cleaned. This could pose a risk to patient safety. Half of the staff responding to the HIW questionnaire said they did not think the environment allowed for effective cleaning nor that there was an effective cleaning schedule in place.

**The practice must date disposable items, such as privacy curtains.**

**The practice must ensure all surfaces around the practice, especially within treatment rooms, can be effectively cleaned.**

While not forming a formal part of this inspection, when we visited the branch practice of North Road Medical Practice at their site at Cathedral View Surgery on Llanidloes Road we noted areas for improvement with regards to their IPC as follows:

- There was no cleaning schedule in place for areas of the branch practice
- There was no checklist in place for staff to know which areas had been cleaned
- The cleaning cupboard was untidy with items being stored incorrectly.

This was not a full inspection at this site and while the Cathedral View Surgery was visibly clean, without a schedule or checklist in place these standards could be impacted.

**The practice must put a cleaning schedule and checklist in place for their Cathedral View surgery to keep all areas clean, tidy and organised.**

**Medicines Management**

We found suitable systems in place for the safe management of medicines. Records showed that fridges used to store vaccinations were monitored daily by nurses and appropriate arrangements were in place to manage system failure. We found the fridge in the treatment room of the North Road practice was clean and organised, however, we did find a urine sample being stored there. Urine should not be refrigerated, nor should it have been stored alongside medicines. We were informed this had been stored here mistakenly and this was not routine practice. Further details of the actions taken by HIW in respect of this matter are recorded in at [Appendix A](#) of this report.

Patients could order prescriptions in writing, through the NHS Wales mobile application or through their local pharmacy. Prescriptions were processed in a timely manner by suitably trained clerks and authorised by a doctor.

The procedures in place for the checking and replacement of medicines was satisfactory. Within the emergency trolley we found all medicines were securely locked away. All except one of the medicines were within their expiry dates, with the Hydrocortisone Sodium Succinate medicine out of date. We raised this issue with staff who advised that this was due to a shortage of the medicine in the U.K. The practice was informed to keep in contact with the health board to monitor the position of Hydrocortisone Sodium Succinate stocks.

**The practice must stay in close contact with the health board regarding the shortage of Hydrocortisone Sodium Succinate and renew its supply when stocks allow.**

### **Safeguarding of Children and Adults**

The procedures and policies in place for the safeguarding of children and adults were satisfactory. The staff we spoke with on the day of our inspection could name the practice safeguarding lead and we saw their details on display and within practice policies. However, half of the respondents to the HIW staff questionnaire said they either 'strongly disagreed' or 'disagreed' that they knew who the safeguarding lead for the practice was.

**The practice should promote the role of the safeguarding lead more robustly to all staff.**

On review of patient records, we saw examples where records were appropriately flagged with any safeguarding concerns and followed a suitable safeguarding pathway. This included checks being undertaken on the Child Protection Register.

We saw all staff were trained to an appropriate level in the safeguarding of children and adults.



### **Management of Medical Devices and Equipment**

We found medical devices and equipment were correctly checked and in good condition. Suitable contracts were in place for the repair or replacement of this equipment. Single use items were used where appropriate and disposed of correctly. The emergency equipment was readily available, and staff told us they knew where to locate it. The Automatic External Defibrillator was charged and routinely checked, with audits in place for the monitoring and replacement of the equipment.

## **Effective**

### **Effective Care**

We saw suitable processes in place to support the safe, effective treatment and care for patients. Staff told us that practice partners and the practice manager communicate changes or new guidance routinely. The minutes of these meetings are comprehensive and circulated for those who could not attend.

Referrals were managed to a satisfactory standard, including those which were urgent. Audits were undertaken by staff on any suspected cancer referrals. The process for ordering and relaying test results to patients was robust. An appropriate system was also used for the recording and reporting of incidents.

Patients in need of urgent medical help or those in a mental health crisis were provided with suitable information, and we were told this would be followed up.

### **Patient records**

We reviewed a total of ten patient records during our inspection. Overall, we found the records to be clear, written to a good standard and complete with appropriate information. The records we reviewed were contemporaneous and would be understandable for other clinicians reviewing the records.

# Quality of Management and Leadership

## Staff feedback

HIW issued a questionnaire to obtain staff views on North Road Medical Practice. In total, we received 8 responses from staff at this setting. Some questions were skipped by some respondents, meaning not all questions had eight responses. One staff member said:

*“This practice is a great place to work. The doctors great and are caring towards patients and staff. I think we treat all our patients fairly and equally. Lots of our patients tell us we’re the best practice.”*

We asked what could be done to improve the service. One staff member said:

*“Cleanliness is the biggest issue here.”*

## Leadership

### Governance and leadership

We found a supportive and committed management team working in the best interests of staff and patients. A clear chain of management and clinical oversight were both evident at the practice, with all the staff we spoke with knowing who to report any issues to. Practice policies and procedures were satisfactory and the means of communicating any changes to staff were appropriate. All policies and procedures were stored within a shared drive which all staff had access to.

Staff meetings were routine and the minutes evidenced suitable discussions on recruitment, health and safety and patient feedback. Meetings also took place to discuss significant events and ensure lessons learned were implemented.

The practice worked closely within the Health Board cluster and their collaborative to share learning and jointly manage initiatives. We did note with staff that practice manager meetings across different practices had recently come to an end, despite being useful for managers.

The practice manager told us there had been a high turnover of staff within the last three years, which had impacted team cohesion. However, with a more established team they were now focusing on wellbeing initiatives for staff, including a charity walk which had been postponed from the previous year. We heard how recent increases in patient numbers was challenging but that the recruitment of more staff was helping to address this.

## Workforce

### Skilled and enabled workforce

We found supportive arrangements in place for staff and the induction of new team members. A tailored programme of induction was in place for new starters in each of the practice areas. We saw appropriate arrangements in place for workforce planning. However, staff told us recruitment and retention of staff was difficult due to financial pressures and the pool of suitable candidates in their local area.

The staff we spoke with confirmed they worked within the scope of their qualifications, skills and experience and there was no expectation to work outside of that scope. We saw an appropriate skill mix across the teams within the practice to deliver the services required.

Training was overseen by the practice manager, with training needs identified through appraisals and the practice development plan. We saw examples of recent training having been undertaken in fairness and equal treatment of staff and patients. We also saw how all except one member of staff was trained in Basic Life Support due to absence. The expired staff member was due to attend their training in May 2024, alongside two new starters. Of the 13 non-clinical staff, 6 were untrained in Infection Prevention and Control. A basic level of training would ensure the risks of infection were appropriately managed.

**The practice must ensure all staff are trained in Infection, Prevention and Control to a basic level.**

Continuous professional development was maintained through six four-hour training sessions a year. These courses were split equally between courses organised and delivered by the practice, the health board and the local cluster. We found an appropriate programme of training was provided for all staff. However, during our discussions with staff, they told us that Welsh language training wasn't routinely on offer nor was time given for staff to complete the training.

**The practice should work with the health board to offer staff access to Welsh language training and time to complete the training.**

Employment contracts were in place for all staff. We saw a robust system in place for pre-employment checks, including Disclosure and Barring Service (DBS) checks, for new starters. All new starters and those within the clinical teams had received Standard or Enhanced DBS checks respectively. However, we noted the following issues in respect of pre-employment checks for staff:

- Neither Standard nor Enhanced DBS checks for long-standing administrative staff were present in the records we reviewed
- There was no evidence of a clear rationale nor a suitable assessment of the risk employing staff without a suitable DBS check in place.

We were assured this issue posed no immediate risk to patients as none of these administrative staff acted as chaperones nor were they left alone with any patients. However, we highlighted our concerns to the practice manager that these staff members had unsupervised access to sensitive patient data, without the appropriate checks in place.

**The practice must have a clear rationale, including a risk assessment, for staff working without Disclosure and Barring Service checks.**

Hepatitis B vaccination and the immunity of staff was overseen by the practice manager and we saw evidence all staff were appropriately immunised.

## **Culture**

### **People engagement, feedback and learning**

Visible and approachable leadership was evident from what we saw and what staff told us. The health board vision and values were adopted by the practice and the staff we spoke with confirmed they knew and understood them. Staff told us they were happy and proud to work for North Road Medical Practice and the National Health Service. We saw the overall culture of the practice was to support staff to deliver the best service they could for their patients. Respondents to the HIW staff questionnaire all said they would recommend this practice as a good place to work and that their job was not detrimental to their health.

Patient and staff feedback was routinely collected and reviewed by the practice manager, which included a patient comments box at reception and staff questionnaires. Any verbal feedback from patients was noted in an email and sent to the practice manager for review. The results of, and responses to, patient feedback were communicated to patients through a notice board in the waiting area. The practice had recently taken part in a national patient survey and we saw actions had been taken in response to the feedback received through that survey.

We reviewed the practice whistleblowing policy which was satisfactory. The staff we spoke to and respondents to the HIW staff questionnaire felt confident raising concerns and knew the process to do so. Staff also told us they would feel encouraged to speak up when they had ideas for quality improvement.

The practice complaints procedure was robust and aligned fully to Putting Things Right. The practice manager was responsible for handling all complaints and this was advertised to patients. A matrix was used by the practice manager to monitor complaints and track any trends.

The responsibilities of staff regarding the Duty of Candour were outlined in a suitable policy and procedure which had been recently reviewed. Whilst there were no Duty of Candour incidents for us to review, the procedure in place was satisfactory. Two respondents to the HIW staff questionnaire disagreed they knew and understood the Duty of Candour. However, we saw all staff were due to attend a Duty of Candour training course in July 2024.

## **Information**

### **Information governance and digital technology**

We saw appropriate systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high-quality data and information. Suitable quality improvement activities were present to ensure all information was accurate, relevant and complete. The process for notification to external bodies was effective, with clear service performance measures reported to the Health Board and published online monthly.

## **Learning, improvement and research**

### **Quality improvement activities**

Continuous improvement was driven as a result of staff and patient feedback. This included reflections in practice management meetings and discussions with staff. The practice engaged in activities to continuously improve by developing and implementing innovative ways of delivering care.

## **Whole system approach**

### **Partnership working and development**

Regular multidisciplinary meetings took place with healthcare partners. We also saw examples where the practice had led on pieces of work to improve services for the benefit of patients across the health board cluster. Relationships with other services were good and benefitted the experience of patients.

## 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
On inspection of a fridge in the treatment room, we found a urine sample being stored prior to being sent for testing.	The urine should not be refrigerated. The urine was also being stored incorrectly which could have impacted the other items being stored within this fridge.	We escalated this to practice management immediately.	The urine sample was removed and staff were instructed not to store urine samples in this way. It appears this was a mistake and did not take place routinely.

# Appendix B - Immediate improvement plan

**Service:** North Road Medical Practice

**Date of inspection:** 10 April 2024

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
There were no additional immediate improvements identified during this inspection.				



# Appendix C - Improvement plan

**Service:** North Road Medical Practice

**Date of inspection:** 10 April 2024

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
<p>We were told patients could request to speak with staff in a private room, if required, but this information was not communicated to patients at the reception desk. Half of the respondents to the HIW questionnaire indicated they were not able to talk to reception staff without being overheard. We identified this issue could potentially compromise patient privacy and dignity in the practice.</p>	<p>The practice must ensure patients are provided with the option to speak with reception staff privately upon request.</p>	<p>We have placed posters in the waiting room and at reception explaining to patients that they can ask about speaking in private at the reception desk.</p>	<p>Cath Smith</p>	<p>Complete</p>

<p>On review of practice records, we saw in all except one of the ten patient records reviewed that chaperone details were captured correctly. One patient responding to the HIW questionnaire stated they were not offered a chaperone for an intimate examination.</p>	<p>The practice must always offer a chaperone to patients and must ensure the records are always complete.</p>	<p>We will ensure that all patients' notes are updated to reflect the offer of a chaperone.</p> <p>We have posters in place in both surgeries offering a chaperone service. All GP's will always ask patients if they would like a Chaperone.</p> <p>We have updated our website to offer patients a chaperone service - <a href="#">Appointments - North Road Medical Practice Cardiff (nhs.wales)</a></p>	<p>Cath Smith</p> <p>All GP's</p>	<p>Complete</p>
<p>We found the provision of the Welsh language and the move towards implementing the 'Active Offer' were limited. Staff told us this was because none of their administrative staff and only one clinician spoke the Welsh language, though not very confidently. We saw signs around the</p>	<p>The practice should work with the health board to fully implement the 'Active Offer'.</p>	<p>We have 2 members of the clinical team that confidently speak welsh, however for clinical safety reasons will always consult and document in English.</p> <p>We offer language line to patients that wish to converse</p>	<p>All staff</p>	<p>Complete</p>

<p>practice were in English-only but staff confirmed that language line was used to communicate with patients, if required.</p>		<p>in a language other than English.</p> <p>We will endeavour to ensure that new signage includes the Welsh Language.</p>		
<p>We saw evidence that nursing staff were not included in the multi-disciplinary team meetings where important patient updates and discussions were held. This posed a risk of information regarding patients or practice processes being missed by the nursing team.</p>	<p>The practice must ensure representatives from all sections of the practice attend meetings, where practicable.</p>	<p>We will ensure that we include the Practice Nursing Team in our MDT meetings in future, either in person or virtually.</p>	<p>Cath Smith</p>	<p>Complete</p>
<p>We found a staff-only area on the top floor of the practice was disorganised, with boxes stored throughout the room on the floors. We saw items that appeared to have been discarded on the floor and on desks, as well as cleaning products which were not stored in cabinets. We identified that the numerous trip hazards and</p>	<p>The practice must ensure all areas of the building are kept tidy and organised.</p>	<p>We acknowledge that there are boxes stored in staff areas and that we can improve the organisation and consequently the safety to staff of this.</p> <p>We will discuss storing cleaning equipment in a cabinet with our Cleaning Company.</p>	<p>Cath Smith</p> <p>Cath Smith</p>	<p>30/9/24</p> <p>30/06/24</p>

<p>insecure cleaning equipment in this area could pose a risk to staff who attend this part of the building.</p>				
<p>We found risk assessments on fire safety, health and safety and IPC were previously undertaken in a suitable manner but the last complete document we reviewed appeared to be from 2019. More recent risk assessments had been completed by practice staff, but these did not capture all of the risks present and only outlined a limited number of potential hazards. The information captured did assess these risks, but they were not comprehensive documents. The practice was recommended to approach an external risk assessment provider to assist them with conducting a comprehensive review of the practice risk</p>	<p>The practice must conduct a comprehensive review of their risk assessments of fire safety, health and safety and IPC.</p>	<p>We acknowledge that risk assessments could be more comprehensive and will make a plan to ensure that these are routinely completed.</p>	<p>Cath Smith</p>	<p>31<sup>st</sup> December 2024</p>

assessments. We were assured the risks present were being assessed but there were improvements to be made in regards to the number of hazards identified.				
Some of the staff we spoke with were not aware of their IPC policy, nor could they say where they would find it.	The practice must ensure they clearly communicate their policies to all staff and ensure they are easily locatable.	All staff have read and confirmed that they understand the IPC policy. Reading the document will form part of the induction process for new staff	Cath Smith	Complete
Within the consultation rooms, we noted the disposable privacy curtains in the did not have dates written on them, meaning we could not confirm when these were erected. No invasive procedures took place in these rooms, therefore the risks to patients were low, however, all disposable items should be dated. We also saw posters and other papers displayed throughout the	<p>The practice must date disposable items, such as privacy curtains.</p> <p>The practice must ensure all surfaces around the practice, especially within treatment rooms, can be effectively cleaned.</p>	<p>We will ensure that all disposable curtains are dated and that we comply with the guidance for changing these ie every 6 months.</p> <p>We will ensure that all surfaces in the practice, especially treatment rooms can be effectively cleaned by creating a policy and ensuring that audits take place to</p>	<p>Cath Smith</p> <p>Cath Smith</p>	<p>30/6/24</p> <p>31/7/24</p>

<p>practice, including the treatment room, which had not been laminated, meaning they could not be effectively cleaned. This could pose a risk to patient safety. Half of the staff responding to the HIW questionnaire said they did not think the environment allowed for effective cleaning nor that there was an effective cleaning schedule in place.</p>		<p>assess and ensure the policy is effective.</p>		
<p>When we visited the branch practice of North Road Medical Practice at their site at Cathedral View Surgery on Llanidloes Road we noted areas for improvement with regards to their IPC as follows:</p> <ul style="list-style-type: none"> <li>• There was no cleaning schedule in place for areas of the branch practice</li> </ul>	<p>The practice must put a cleaning schedule and checklist in place for their Cathedral View surgery to keep all areas clean, tidy and organised.</p>	<p>We will ensure that a cleaning schedule and checklist is available and completed daily</p> <p>We will discuss storage of cleaning products in the cleaning cupboard with the Cleaning company to ensure that a system is put in place. The cleaning cupboard is in a non-patient facing area of the surgery and is lockable.</p>	<p>Cath Smith</p> <p>Cath Smith &amp; Albany Cleaning</p>	<p>Immediately</p> <p>30/06/24</p>

<ul style="list-style-type: none"> <li>• There was no checklist in place for staff to know which areas had been cleaned</li> <li>• The cleaning cupboard was untidy with items being stored incorrectly.</li> </ul> <p>This was not a full inspection at this site and while the Cathedral View Surgery was visibly clean, without a schedule or checklist in place these standards could be impacted.</p>				
<p>All except one of the medicines were within their expiry dates, with the Hydrocortisone Sodium Succinate medicine out of date. We raised this issue with staff who advised that this was due to a shortage of the medicine in the U.K. The practice was informed to keep in contact with the health board to</p>	<p>The practice must stay in close contact with the health board regarding the shortage of Hydrocortisone Sodium Succinate and renew its supply when stocks allow.</p>	<p>We were in contact with the LHB and our drug suppliers regarding the shortage for advice on supply and usage of existing stock</p>	<p>None</p>	<p>None</p>

monitor the position of Hydrocortisone Sodium Succinate stocks.				
The staff we spoke with on the day of our inspection could name the practice safeguarding lead and we saw their details on display and within practice policies. However, half of the respondents to the HIW staff questionnaire said they either 'strongly disagreed' or 'disagreed' that they knew who the safeguarding lead for the practice was.	The practice should promote the role of the safeguarding lead more robustly to all staff.	We will ensure that the safeguarding lead is highlighted during induction and remind staff in general of the named safeguarding lead. We will educate the team so that they are aware if the safeguarding lead is not available that any issues should be taken to the Duty Dr on that day	Cath Smith	Immediately
Of the 13 non-clinical staff, 6 were untrained in Infection Prevention and Control. A basic level of training would ensure the risks of infection were appropriately managed.	The practice must ensure all staff are trained in Infection, Prevention and Control to a basic level.	We currently have 11 non clinical staff. 7 have completed IPC training. We will ensure that the remaining 4 staff complete their training at the earliest opportunity.	Cath Smith	31/7/24
During our discussions with staff, they told us that Welsh language training wasn't	The practice should work with the health board to offer staff access to	Primary Care is struggling to deliver services. We do not consider given current	Cath Smith	In place



<p>routinely on offer nor was time given for staff to complete the training.</p>	<p>Welsh language training and time to complete the training.</p>	<p>pressures that offering staff Welsh Language training is a priority. However as time allows we will look at offering this.</p> <p>We have polled current staff and there are no members that wish to take the opportunity to learn Welsh at present.</p> <p>We will include the offer of learning Welsh in the induction process for new staff, and discuss training plans on an individual basis.</p> <p>We have contacted the LHB regarding broken links to their ‘Welsh Language Training Opportunity’ page to allow staff to choose the right course for them. <a href="#">Welsh Language Training Opportunities - Cardiff and Vale University Health Board (nhs.wales)</a></p>		
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We noted the following issues in respect of pre-employment checks for staff:

- Neither Standard nor Enhanced DBS checks for long-standing administrative staff were present in the records we reviewed
- There was no evidence of a clear rationale nor a suitable assessment of the risk employing staff without a suitable DBS check in place.

We were assured this issue posed no immediate risk to patients as none of these administrative staff acted as chaperones nor were they left alone with any patients. However, we highlighted our concerns to the practice manager that these staff members had unsupervised access to sensitive patient

The practice must have a clear rationale, including a risk assessment, for staff working without Disclosure and Barring Service checks.

The Practice will ensure that all staff hold a DBS certificate

Cath Smith

Immediately

data, without the appropriate checks in place.

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):** Catherine Smith  
**Job role:** Practice Manager  
**Date:** 16<sup>th</sup> July 2024