

General Practice Inspection Report (Announced)

Court Road Surgery, Barry, Cardiff
and Vale University Health Board

Inspection date: 3 September 2024

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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:

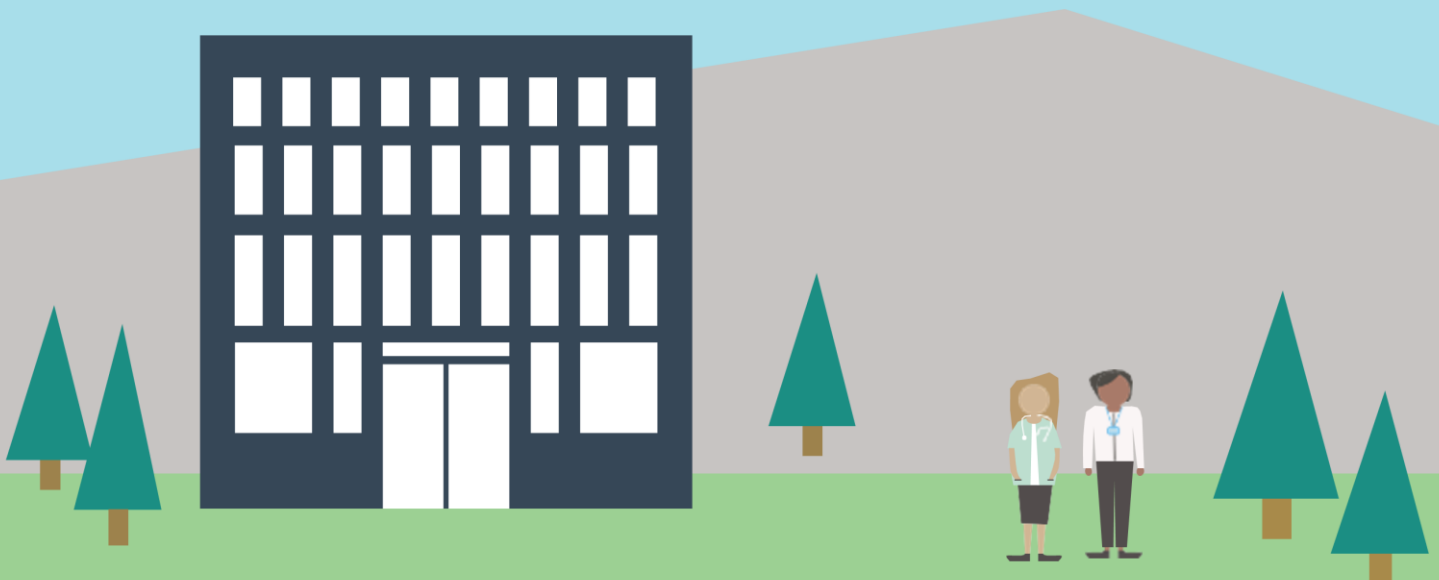
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Court Road Surgery, Barry, Cardiff and Vale University Health Board on 03 September 2024.

Our team for the inspection comprised of three HIW healthcare inspectors and three clinical peer reviewers. The inspection was led by a HIW senior 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 nine questionnaires were completed by patients or their carer and three 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.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

The findings in our patient questionnaires were generally positive. All patients felt they were treated with dignity and respect, and all rated the service as 'good' or 'very good,' and we witnessed staff speaking to patients in a polite and respectful manner.

We found the practice emphasised health promotion and wellbeing to patients. A wide range of information was displayed, which included smoking cessation, alcohol reduction and healthy eating. The practice also encourages patients to monitor their weight and blood pressure, through the personal use of scales and a blood pressure machine, and they could update their records via a computer screen. Patients would benefit from increased awareness of this service if a notice was displayed.

There were processes in place to ensure patients could access care in a timely manner, and with the most appropriate person. A telephone script was in place for call takers to prioritise and signpost people based on risk, and some reception staff were trained in Welsh Government Care Navigation.

Access to the premises was good, providing patients with impaired mobility and wheelchair users with easy access. The reception and consulting rooms were either available on the ground floor or on the first floor via a lift. Staff were mindful of patients who required additional needs, such as those with neurodiverse needs, who may prefer a quieter area of reception or more privacy, or offered some patients with appointments later in the day when the environment was quieter.

This is what we recommend the service can improve:

- Informing patients of Welsh speaking staff
- Consider feedback from some patients regarding access to appointments.

This is what the service did well:

- Good health promotion information available
- Waiting areas bright and airy.

Delivery of Safe and Effective Care

Overall summary:

Our findings demonstrated a dedicated and enthusiastic clinical team who worked hard to provide patients with safe and effective care, in a clean and tidy environment, which was free from clutter.

The environment, policies and procedures, staff training, and governance arrangements uphold the required standards of IPC, and protect patients, staff and visitors using the service. Of the staff training records we reviewed; all had completed IPC training. An appropriate system was in place to ensure practice staff are protected against the transmission of hepatitis B.

Processes were in place to ensure the safe prescribing of medication, and the process for patients to request repeat medication was clear. Patient medication review audits were undertaken, and medications no longer being taken by a patient were removed from the repeat prescription. A cold chain process was in place for medications or vaccines that required refrigeration. Daily cold chain and medication checks were completed; however, we found an item in the emergency drugs bag which had exceeded its expiry date. This was removed from the bag immediately and was replaced as appropriate.

There were appropriate resuscitation equipment and emergency drugs in place to manage a patient emergency, such as cardiac arrest. However, the emergency drugs and emergency equipment were not located together to access promptly in an emergency, and some staff could not confirm the location of the emergency drugs. This was addressed during the inspection

The patient medical records were of a good quality and were stored securely and were password protected from unauthorised access. The records were clear, written to a good standard and completed with appropriate information, demonstrating safe and effective management of acute and chronic illness.

This is what we recommend the service can improve:

- Introduce a robust system for ensuring effective stock control and removal of out of date medication
- Formalise review and audit for prescribing of non-medical prescribers.

This is what the service did well:

- Incident monitoring and learning
- Management and monitoring of repeat prescriptions
- Good quality patient medical notes.

Quality of Management and Leadership

Overall summary:

The quality of management and leadership was satisfactory, with clear reporting lines and a dedicated and committed practice management and senior team. Staff were also clear about their roles and responsibilities. A comprehensive suite of policies and procedures were in place, they were reviewed and updated regularly and were accessible to all staff via the practice intranet. Regular staff meetings are held, and minutes are shared with all staff.

Staff had opportunities to complete relevant training. Plans were in place for staff to complete or renew training where applicable. Annual staff appraisals had also been completed, and any additional training needs were identified to support their professional development.

The practice regularly sought patient feedback, and we found examples where action and learning took place. Information was displayed in all areas detailing how people could feedback on their experiences, and there was a “You Said, We Did” information displayed, detailing how patient comments have been used to develop and improve the service.

We found evidence of partnership working with the practice’s collaboration within a GP cluster. Medical staff attended cluster meetings and provided services on a cluster wide basis. Mind in the Vale also provide a weekly service within the practice through an appointment system, which supports patients with their mental health needs.

This is what we recommend the service can improve:

- Monitoring system for mandatory training
- Consider adding an action log to meeting minutes.

This is what the service did well:

- Good collaboration between the practice, local GP cluster and other partners
- Quality control and review system for policies and procedures
- Recruitment processes.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care at Court Road Surgery prior to the inspection that took place in September 2024. In total, we received 9 responses from patients at this setting. Responses were overall positive, all respondents who answered rated the service as ‘very good’ or ‘good.’ Some of the comments included the following:

“A caring team of professionals”

“We have always had excellent service and from talking to friends we obviously receive far better service and treatment here than they do at other surgeries in the area. It is an excellent practice. One might have to wait a short while if appointments are running behind but we have never been refused a same day appointment.”

Person-centred

Health promotion

Information relating to health and wellbeing was available at the practice. Notice boards and the information screen within reception displayed a wide range of health promotion initiatives, which included smoking cessation, alcohol reduction and healthy eating.

In the waiting area, patients were able to use the scales and blood pressure machine and could update their records via a computer screen. This is an area of noteworthy practice, since patients can access the patient pod anytime the surgery is open. Patients would benefit from increased awareness of this service if a notice was displayed with clear instructions, in addition key information on cleaning the blood pressure machine after use.

The practice should consider displaying information and instructions alongside the patient scales, blood pressure machine and computer terminal in the main waiting area.

The practice should also include the patient blood pressure machine on its cleaning schedule, and ensure an appropriate system is in place for effective cleaning of the equipment in this area.

Responses to our patient questionnaire confirmed that health promotion and patient information material was on display at the practice. Additionally, respondents to our staff questionnaire said the practice offered health promotion advice and information about chronic conditions to patients.

Staff told us they will be offering the winter flu vaccination service and this will commence in September. This service will be promoted within the practice, on social media, the practice website, and by text messaging. For those patients without digital access, the campaign would be promoted at the practice and staff would also telephone eligible patients.

Dignified and respectful care

There were suitable arrangements in place to maintain patient privacy and dignity. We noted staff maintaining this by closing or locking doors, and staff were treating patients with courtesy, respect, and kindness.

In our questionnaire, all respondents agreed that:

- Staff treated them with dignity and respect
- Measures were taken to protect their privacy
- They were able to speak to staff about their procedure without being overheard by other patients
- Staff listened to them.

The practice offered chaperones in all appropriate circumstances, and there was a chaperone policy in place and a sign indicating that this was available.

Timely

Timely care

There were processes in place to ensure patients could access care in a timely manner, and with the most appropriate person.

Staff described the arrangements for patients to access services. It is positive to note that a comprehensive telephone script was in place for reception staff to use, to prioritise and signpost people for appointments based on risk. Some reception staff were trained in Welsh Government Care Navigation to help ensure people are directed to the right service tailored to their needs. The on-call doctor triages

patients via telephone, and same day appointments are offered for all urgent cases if needed. We were told that children would be seen face to face on the same day.

There were processes in place to support patients in mental health crisis. Where appropriate, patients are referred to the mental health crisis team/ child and adolescent mental health team for urgent crisis support. Alternative support and signposting were also available for patients needing mental health support. This included the primary mental health liaison nurse, voluntary sector mental health organisations and the emotional wellbeing hub for children and young people.

Within our questionnaire response, most patients they could see a GP urgently if necessary. However, some specific feedback suggested appointments may be difficult for some people to access. Comments included:

“There is never an offer of appointment, you wait in the queue after phoning 70+ times between 8am-10am. If you can get through, you’re told to expect a call back at some point up until 6.30pm! You can’t book a non-urgent appt so that’s not an option. If you get through between 8am-10am, but all appointments have been allocated on that day, you’re categorically told to phone back the next day and go through the same useless process again”

“The process of organising appointments is utterly disgraceful. I feel sorry for the reception and admin staff as they must be under significant pressure all the time, however they are frequently blunt, rude and hugely unhelpful.”

The practice must consider the patient comments we received and where necessary, take action to improve the experience of patients calling for appointments.

Equitable

Communication and language

We found that staff communicated in a clear manner and in a language appropriate to patient needs. They also provided information in a way that enabled patients to make informed decisions about their care.

Patients are usually informed about the services offered at the practice through the website, social media and by sharing information and updates via a text messaging service. Where patients were known, not to have a mobile phone, letters would be sent to individuals, and communication through telephone calls.

We were told that information could be provided in a larger font where necessary. There were processes in place with medical oversight incoming mail relevant to specific patients. Information is appropriately reviewed and recorded promptly in the patient's medical summary. Staff described how mail would be scanned and coded with actions set for clinicians and forwarded appropriately. We reviewed an appropriate workflow policy and saw that tasks were appropriately documented. This included appropriate actions in relation to logging of interactions and follow up for practice if a patient interacts with Out of Hours GP services.

There were newly appointed Welsh speaking GPs within the practice, however, there was an absence of notices to inform patients that Welsh speaking staff are available.

The practice manager should ensure that the active offer of Welsh is promoted to patients.

Rights and equality

Equality and diversity were promoted to staff through practice policies and mandatory staff training.

There was level access in the practice and consulting rooms were either available on the ground floor or via a lift. There was also a hearing loop available.

Staff said they were aware of the patients that required additional needs, such as those needing a quieter area of reception for sensitive needs, or who may need additional privacy for some conditions, such as autism or attention deficit hyperactivity disorder. The practice also offered some patients with appointments later in the day when the environment was quieter and less patients in building.

The Red Cross 'Message in a Bottle' scheme was promoted to patients with specific needs and for carers. This scheme is a simple yet effective way to ensure that emergency services have access to important medical and social information in the event of an emergency at home.

The practice was proactive in upholding the rights of transgender patients. We were told transgender patients were treated with sensitivity and it was confirmed that their preferred names and pronouns would always be used.

Delivery of Safe and Effective Care

Safe

Risk management

The practice was clean and tidy, free of clutter and in a good state of repair. There were processes in place to protect the health, safety and wellbeing of all who used the practice services.

We reviewed the practice business continuity plan. This adequately covered the business partnership risk, pandemic risk and appropriately detailed contingencies for long-term sickness absence.

The practice manager was responsible for receiving patient safety alerts and the practice manager trainee is responsible when the practice manager is away.

Infection, prevention and control (IPC) and decontamination

The environment, policies and procedures, staff training, and governance arrangements uphold standards of IPC, and protect patients, staff and visitors using the service. All IPC policies were stored digitally on a shared drive and were accessible to all staff via a live link taking staff directly to the policy. This allows for ease of access and navigation to selected policies and procedural aspects of the IPC policy in a timely manner.

All staff have easy access to mandatory IPC training, and of the sample of staff records that we checked, all had completed the training.

We reviewed cleaning schedules for all clinical rooms and all appeared up to date. Clinical rooms were clear of clutter and surfaces were generally tidy. However, some surface dust and debris were noted on the patient accessible blood pressure machine.

There was carpet in some patient areas, and we reviewed the risk assessment mitigation measures in place to minimise IPC risks with the carpet. This included regular cleaning of carpets, rolling replacement of carpets and ensuring that other rooms without carpet, are used for any fluid/ aerosol generating procedures.

The practice manager should continue to mitigate IPC risks related to carpet and continue with the programme of carpet replacement for patient areas.

On review of human resource files and documentation, we found an appropriate system in place to ensure that that all staff are protected against the transmission of hepatitis B.

Medicines management

Processes were in place to ensure the safe prescribing of medication. The process for patients to request repeat medication was clear. Patients could request repeat prescriptions via various methods including my health online, repeat prescription slip, pharmacy repeat request and physical requests at the practice. Requests for repeat medication were not accepted over the telephone. Patient medication review audits were undertaken, and medications no longer being taken by a patient were removed from the repeat prescription list. There was a policy in place to support this.

There was a process and audit trail in place that detailed when and who collected repeat prescriptions, details were noted in the patient record. **This is an area of noteworthy practice.**

We saw that prescription pads were securely stored in a locked filing cabinet. We were told there was a process in place to securely dispose of prescription pads when a GP leaves the practice.

There was a designated person allocated for checking medications, this was documented within the resuscitation policy. Medication checks were recorded in an excel document and was linked via the resuscitation policy. This supported a prompt for checking medication, and demonstrates a safety netting measure.

There was a cold chain process in place for medications or vaccines that required refrigeration. There were dedicated clinical refrigerators for certain items, such as vaccines. Daily checks were completed and the documentation we reviewed confirmed this. Conversations with staff confirmed that they were aware of the upper and lower temperature and what to do in the event of a breach to the cold chain. We found that different vaccines were not split between different fridges. Best practice suggests it may be worth splitting the vaccines in each fridge to ensure a failsafe method in vaccine loss and cold chain breach.

The practice should consider implementing best practice in relation to storage of vaccines to minimise the risk of loss in the case of a cold chain breach.

We found an item in the emergency drugs bag which had exceeded its expiry date. This was removed from the bag immediately and the practice manager confirmed that this had been replaced as appropriate.

The practice must ensure that a robust system is in place for checking the dates of all stored medicines and vaccines.

We reviewed prescribing arrangements in place of the Advance Nurse Practitioner who was a non-medical prescriber. Whilst leaders confirmed that regular meetings were in place to review these arrangements, this process was not formalised and there was no formal review and audit process in place for non-medical prescribers.

The practice must implement a formal process to review the prescribing practices of non-medical prescribers.

Safeguarding of children and adults

The practice had a named safeguarding lead for adults and children. Staff had access to practice safeguarding policies and procedures. During the inspection HIW reviewed these documents and confirmed that they were ratified, up to date and included up to date contact details of designated people for staff to contact if they had any safeguarding concerns. All staff had received relevant safeguarding training.

We were told that patients that did not attend for a mental health appointment were sent a letter that included telephone numbers and signposting services for local mental health resources.

Management of medical devices and equipment

The practice had processes in place to safely maintain equipment. We found all equipment was in a good condition, well maintained with appropriate electrical checks had been carried out. There were contracts in place for maintenance and calibration of equipment as appropriate, and for any emergency repairs and replacement.

There were appropriate resuscitation equipment and emergency drugs in place to manage a patient emergency, such as cardiac arrest. These met the primary care equipment standards as outlined by the Resuscitation Council UK guidance.

We found that emergency drugs and emergency equipment were not located together to access in an emergency. Some staff we spoke with could not confirm the location of the emergency drugs. This meant there were risks in accessing all emergency equipment and drugs in a timely manner. On discussion with the practice manager, this was addressed and both the emergency drugs and equipment were located together during the inspection. We also saw appropriate signage and communication with staff members to confirm this immediate change.

We reviewed the audit processes in place for checking and replacement of all resuscitation equipment, and relevant emergency drugs, and portable oxygen. The checks were completed and recorded regularly.

We found that staff had completed appropriate training for medical emergencies, and all clinical staff had undertaken appropriate basic life support training.

Effective

Effective care

The practice had processes in place to support safe and effective care, and this included the process for receiving treatment or care within the GP cluster and wider primary care services. We found good examples of acute and chronic illness management, and clear narrative with evidence of patient centred decision making.

There were processes in place to review an audit key documents, such as discharge letters and blood results, and these were found to be effective.

There was an appropriate system in place for reporting incidents and any shared learning was held via team meetings. **The use of standard templates for the reporting and review of incidents and near misses was viewed as notable practice.**

Patient records

We reviewed a sample of ten electronic patient records. These were stored securely and were password protected from unauthorised access. The records were clear, written to a good standard and completed with appropriate information. Record entries were contemporaneous and were easy to understand by other clinicians. Overall, Read codes, were used well and were appropriate for a patient's clinical condition.

Quality of Management and Leadership

Leadership

Governance and leadership

Our discussions with senior staff found they were clear about their roles and responsibilities. We saw evidence of a clear management structure in place, and noted a comprehensive organigram.

Most staff members that we spoke with confirmed that they felt supported and able to approach leaders with any concerns and that these would be addressed appropriately. Leaders confirmed that there was an open door policy for staff to share concerns and ideas for the practice.

The practice manager provided us with minutes and information regarding staff meetings, and informed us that staff could access minutes through their emails or the shared drive. The meeting minutes we reviewed did not include a comprehensive action log where applicable, to enable action owners to understand what was required of them.

The practice should consider including an action log on meeting minutes to effectively track and allocate actions appropriately.

We reviewed comprehensive policies and procedures. They were reviewed and updated regularly and were accessible to all staff via the practice intranet. There was an effective document control system in place.

Workforce

Skilled and enabled workforce

All staff we spoke with confirmed they had opportunities to attend relevant training. We were provided with information that confirmed that the majority of staff had completed mandatory training and plans were in place for staff to renew their training where applicable.

We found evidence that annual appraisals for all staff had been completed, and any additional training needs were identified to support professional development. Whilst a system was in place to monitor individual staff training compliance, this was not collated within a training matrix to easily identify who had completed training (or not).

The practice should consider improving the way in which mandatory training compliance is monitored.

There were appropriate recruitment policies and procedures in place, and the practice manager described the required pre-employment checks for any new members of staff before they joined the practice. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks appropriate to their role.

Culture

People engagement, feedback and learning

The practice regularly sought patient feedback, and we found examples where action and learning took place. Information was displayed in all areas detailing how people could feedback on their experiences. There was a “You Said, We Did” information board displayed, detailing how concerns and comments from people have been used to develop and improve the service.

An effective complaints tracking system was in place to monitor, review and resolve complaints and feedback. Evidence of shared learning via meetings and appraisals was reviewed.

Information

Information governance and digital technology

The inspection team considered the arrangements for patient confidentiality and adherence to Information Governance and the General Data Protection Regulations (GDPR) 2018 at the practice. We saw evidence of patient information being stored securely.

Learning, improvement and research

Quality improvement activities

The practice held regular meetings to help improve services and strengthen governance arrangements. We found that staff engaged with quality improvement by developing and implementing innovative ways of delivering care. These included direct involvement in cluster projects. In addition, other innovations included the implementation of contraception and HRT review forms, to help avoid unnecessary face to face appointments, and a text system was in place for flu vaccine appointments and cancellations.

Whole-systems approach

Partnership working and development

We found evidence of partnership working with the practice's collaboration within a GP cluster. Medical staff attended cluster meetings and provided services on a cluster wide basis.

Mind in the Vale have appointments within the practice weekly to support patients with mental health needs.

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 were identified on this inspection			

Appendix B - Immediate improvement plan

Service: Court Road Surgery, Barry, Vale of Glamorgan

Date of inspection: 03 September 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	Standard / Regulation	Service action	Responsible officer	Timescale
No Immediate assurance issues were identified during this 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: Court Road Surgery, Barry, Vale of Glamorgan

Date of inspection: 03 September 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	Standard / Regulation	Service action	Responsible officer	Timescale	
1.	Patient scales, blood pressure monitor and PC terminal in waiting room did not have instructions for use.	The practice should consider displaying information and instructions alongside the patient scales, blood pressure machine and computer terminal in the main waiting area.	Safe	Prior to COVID19, instructions with pictures were displayed for the GP Pod. During COVID, the pod was removed from the waiting room. Since it has been reinstalled, the notices had not been displayed. Our Trainee Practice Manager will create a new display for the GP Pod equipment.	Trainee Practice Manager	3months

2.	Some patient feedback indicated that the arranging appointments by telephone is difficult and time consuming.	The practice must consider the patient comments we received and where necessary, take action to improve the experience of patients calling for appointments.	Timely	Further background information would be helpful to put context to these comments. However, we would indicate that we embrace technological advances to try to make appointment booking easier and have online website forms, NHS app for pre-booking some routine appointments. Because of the nature of the way we have to manage our resources, care navigation is an important factor, and this means that patients do need to speak a member of the team and some calls may take longer than others whilst we help patients to navigate NHS services generally.	Practice Manager	Ongoing
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				<p>There is no “one size fits all” appointment system that will meet all of the needs, all of the time and we do our best to work safely, with the resources that we have, whilst providing the best service we can.</p> <p>We review concerns raised and our appointment system regularly and make improvements where practical and necessary to do so.</p>		
3.	Welsh speaking clinical staff available within the practice, but no notice displayed to inform patients.	The practice manager should ensure that the active offer of Welsh is promoted to patients.	Equitable	One of the Welsh Speaking GPs had joined the practice 2 weeks prior to the inspection, and the second Welsh Speaking GP joined the practice the week after the inspection.	Practice Manager	Completed 15.09.2024

				<p>The practice website was updated when both GPs were in position, to offer consultations through the medium of Welsh when both GPs were in employment in the practice, given that they started within 3 weeks of each other.</p> <p>Dr. Angharad Bevan MB BCH 2004 University of Wales</p> <p>Salaried GP (Maternity Cover) Female</p> <p>Dr. Bevan joined the practice in September 2024 as a Salaried GP to cover Maternity Leave. She is a Welsh Speaker and consultations in Welsh are welcome.</p> <p>Dr. Iwan Davies MB BCH 2014 Cardiff University</p> <p>Salaried GP (Maternity Cover) Male</p> <p>Dr. Davies joined the practice in August 2024 as a Salaried GP to cover Maternity Leave. He is a Welsh Speaker and consultations in Welsh are welcome.</p>		
4.	Blood pressure monitoring equipment in the waiting area	The practice manager should ensure that an appropriate system is in	Safe	We will place a cleaning station by the GP Pod and encourage	Practice Manager/ Trainee	3months

	appeared to have dust and debris on it	place for effective cleaning of patient equipment in the waiting area.		patients to wipe down the equipment before and after use. We will add cleaning of the area and equipment to our cleaners schedule with a weekly check by the Health Care Assistant to ensure this is done regularly.	Practice Manager/ Cleaning Staff/ Health Care Assistant	
5.	Carpets were in place in some patient areas	The practice manager should continue to mitigate IPC risks related to carpet in patient areas and continue with the programme of carpet replacement.	Safe	IPC risk assessments are completed by the practice. Consulting rooms where carpets are in situ are not used for IPC generating procedures. As Improvement Grant funding becomes available the practice will continue with the programme of carpet replacement, or, in the event that IPC generating procedures are required to be completed in the	Practice Manager/ Cardiff and Vale Health Board Improvement Grant Application Process	No specific time line. There are no application invitations by the HB for 2024 for improvement grant applications.

				rooms with carpets this will be reviewed.		
6.	Vaccines stores were not split between refrigerators to minimise the risk of vaccine loss in case of cold chain breach.	The practice manager should consider best practice of splitting vaccine supply between several fridges.	Safe	<p>We will implement this where practical to do so.</p> <p>As a “greener primary care practice” we have to balance our efficiency and use of electricity. We have two fridges - but one is used for Flu Vaccines and during summer months this fridge is switched off, thus conserving energy and helping us achieve “greener primary care”</p> <p>We need to consider the balance of running two fridges and the implication of splitting stock between fridges all year round, and the potential additional workload/ nursing</p>	Practice Manager/ Clinical Team	3months

				resource required to monitor vaccines stored over more than one fridge and this will require discussion at GP/ Nurses meeting and review of best practice guidelines		
7.	Some out of date medication (prednisolone) was found in emergency drugs. (this was removed and replaced during inspection)	The practice manager must ensure that a robust system is in place for the checking of dates of medicines.	Safe	We have a robust system in place for checking drugs weekly. We will remain vigilant in ensuring all stock has not reached its expiry date.	Practice Manager/ Nursing Team responsible for Drug Checks	Ongoing
8.	There was no formal, documented, review and audit of prescribing activity of the Advance Nurse Practitioner.	The practice must implement a formal process to review the prescribing practices of non-medical prescribers.	Safe	Since the inspection, the Partners have agreed that AHP should be subject to an audit of prescribing activity, referrals and pathology test requests. An audit has been completed and meeting to discuss the findings and recommendations has	Lead GP	Completed 08.11.2024

				taken place between the Lead GP and ANP.		
9.	Staff meeting minutes were in place and reviewed. These did not include action logs.	The practice should consider including an action log on meeting minutes to effectively track and allocate actions appropriately.	Effective	<p>A column to log individuals responsible for an action and the date to be done/ was done has been added to our minutes template so that in the event of an allocated action this can be easily highlighted/ identified.</p> 	Practice Manager	Completed 20.10.2024
10.	A system for the oversight of mandatory training compliance of staff was in place, however this did not show a whole practice matrix for ease of tracking.	The practice manager should consider improving the way in which mandatory training compliance is monitored.	Effective	A summary training schedule was included in the staff training record, however, it was an oversight at the Inspection, that this was not shown/ visible on the day. Since the inspection, we have amended our training	Practice Manager	Completed 09.10.2024

			record with all staff logged on a summary record rather than an individual record.		
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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): Joanne Bell
Job role: Practice Manager
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