

General Practice Inspection (Announced)

Danescourt Surgery / Cardiff and
Vale University Health Board

Inspection date: 18 March 2019

Publication date: 19 June 2019

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

Contents

1.	What we did	4
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	9
	Delivery of safe and effective care	17
	Quality of management and leadership	23
4.	What next?	26
5.	How we inspect GP practices.....	27
	Appendix A – Summary of concerns resolved during the inspection	28
	Appendix B – Immediate improvement plan	29
	Appendix C – Improvement plan	31

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Danescourt Surgery, 4 Rachel Close, Danescourt, Cardiff, CF5 2SH, within Cardiff and Vale University Health Board on 18 March 2019.

Our team, for the inspection comprised of two HIW inspection managers (one of whom was the inspection lead), GP and practice manager peer reviewers and a lay reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Danescourt Surgery provided safe and effective care. The practice presented as a cohesive team, with an emphasis on providing a positive experience for patients.

On this occasion we found a small number of areas where improvements could be made.

This is what we found the service did well:

- A clean and tidy environment
- Patients told us that access to appointments was good
- Overall, a good standard of record keeping
- A supportive, team working environment
- Active engagement with the GP cluster¹ group, including taking part in pilot schemes to improve patient services.

This is what we recommend the service could improve:

- Improved signage around the practice
- Additional information on the NHS Wales complaints procedure needed to be displayed
- More regular checks of the fridge temperatures used to store vaccinations
- Records of staff Hepatitis B immunisation.

¹ <http://www.primarycareone.wales.nhs.uk/primary-care-clusters>

3. What we found

Background of the service

Danescourt Surgery currently provides services to approximately 6000 patients in the Danescourt area of Cardiff. The practice forms part of GP services provided within the area served by Cardiff and Vale University Health Board.

The practice employs a staff team which includes four GP partners, a practice manager, seven patient coordinators and two practice nurses.

The practice provides a range of services, including:

- Asthma and COPD² clinics
- Blood pressure tests
- Child vaccinations
- Chronic heart disease clinic
- Diabetic clinic
- General health checks
- Electrocardiograms³ (ECGs)
- Phlebotomy
- Spirometry⁴
- Travel vaccinations and advice
- Wound management

² The name given to a group of lung conditions that causes breathing difficulties

³ A test to record the rhythm and electrical activity of the heart

⁴ A test to determine lung function

- Antenatal care
- New patient checks
- Contraceptive services
- Well woman clinic e.g. cervical smears.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients we spoke with told us they were treated with dignity and respect by the practice team, and we saw positive interactions between staff and patients. The practice placed an emphasis on providing a positive patient experience.

Patients told us that they were able to get an appointment with a GP when they needed to, and found the open access system to be very positive.

A range of information was available to patients, to help support them make healthy lifestyle choices.

Signage both inside and outside of the practice should be improved.

Additional information for patients on the complaints procedure needed to be displayed

Before our inspection, we asked the practice to hand out HIW questionnaires to patients to obtain their views on the service they received. We also spoke with patients during the inspection day.

In total, we received 22 completed questionnaires. The majority of patients who completed a questionnaire were long term patients at the practice (those who had been a patient for more than two years).

Patients were asked in the questionnaire to rate the service provided by the practice. Responses were positive. The majority of patients rated the service as either excellent or very good. Patients told us:

“My whole family is so happy to be patients at this practice. The GPs and staff have always been friendly and professional, especially helpful when we have been through very trying circumstances”

Patients were also asked in the questionnaires how the GP practice could improve the service it provides. Suggested improvements included:

“More doctors, less waiting time”

“Have an open evening surgery or very early morning for those who work 8:30am - 6pm”

“A separate room for patients waiting for the Nurse (INR) so that people don't get colds etc”

“I'm deaf so obvious I can't hear when my name is called but they will wave or look at me to tell me. They are very good to me so maybe a sign to say they will help deaf people”

Staying healthy

Patients we spoke with told us that staff talked to them and helped them understand their medical conditions.

We saw that there were a number of posters and information leaflets for patients to read and take away with them in the waiting area of the practice. This meant that the practice helped to provide information to patients about taking responsibility for their own health and well-being. The practice also had a poster with a number of QR codes⁵, providing a wide range of information about the practice and also health related information. This meant that patients would be able to scan the codes on their mobile devices to obtain information and read at a time convenient to themselves.

The practice had a designated carer's board in the waiting area, which provided information and advice specifically for carers. The practice also had a nominated carer's champion, who carers could contact for advice and support.

Dignified care

⁵ QR codes are the black square that you find on websites, posters, that can be scanned with a smartphone/device and takes you straight to a range of information i.e. practice website, self-help groups, healthy lifestyle information

We saw staff greeting people in a professional and friendly manner at the reception desk. All patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice.

All but three of the patients who completed a questionnaire told us that they could always get to see their preferred doctor.

The reception area was located directly in the waiting room, and at times was very busy. We observed staff talking to patients in hushed tones, to help maintain their confidentiality. We were told that should a patient wish to speak in private with a member of staff, they would be taken away from the reception area to protect their privacy. Telephone calls were predominately taken in the back office, meaning that these were not overheard by waiting patients.

We saw that doors to individual consultation and treatment rooms were kept closed when staff were with patients. Curtains were also available around treatment couches, allowing patients to undress in private.

There was a written policy on chaperones⁶, and we saw that this was advertised to patients as a service they could request. Relevant staff had also received appropriate training to undertake the role of a chaperone.

During the course of the inspection day, we saw that a number of patients commenting, and asking staff to point them in the direction of consulting rooms. We also overheard patients telling staff that they found it difficult to access the practice, with some going into the next door pharmacy to ask for directions.

Improvement needed

The practice must consider whether the signage both internal and external to the building is sufficient.

Patient information

⁶ A person who acts as a witness for both the patient and practitioner during medical examinations and procedures

The practice had a website and a practice leaflet containing useful information for patients about the practice and the services it offered. An information board was also displayed in the entrance to the surgery, which provided general information to patients about the practice, such as imminent staff changes.

As previously mentioned, leaflets with information for patients on health and well-being were available in the waiting area. This included information on local support groups, health promotion advice and self-care management of health related conditions.

Patients were able to sign up to a text service to remind them about their appointments, and also receive information about the practice, such as closures due to inclement weather.

Despite the information contained in the patient leaflet and on the website, the majority of patients who completed a questionnaire told us that they would not know how to access the out of hours GP service. The practice may wish to consider how knowledge of this service could be enhanced.

Communicating effectively

All of the patients who completed a questionnaire told us that they were always able to speak with staff in their preferred language. Staff told us that they had access to a language line, which provided language support to patients, whose first language is not English. Some staff were able to hold conversations and appointments in Welsh.

The practice had a hearing loop to help patients who were deaf or hard of hearing. However, this was broken at the time of inspection. We were told that a new one had been ordered and they were waiting for it to be delivered.

All patients who completed a questionnaire felt that things were always explained to them during their appointment in a way that they understood, and also told us that they were involved as much as they wanted to be in decisions made about their care.

Timely care

We found that the practice made efforts, and had processes in place, to ensure patients were seen in a timely manner. The practice operated an open access appointment system in the mornings. This meant that patients were able to sit and wait for an appointment with a doctor. We were told that if there were two or more doctors available, patients would also be able to request which doctor they preferred to see.

Patients we spoke with told us that they were very happy with this system, as they were able to access appointments when they needed to. The practice also had appointments Monday to Thursday afternoons, for non-urgent needs. Friday afternoons were reserved for urgent appointments only.

Patient comments in the questionnaires included:

“The drop in system is amazing. So confident to know you can see a GP if you come before 10:30 rather than waiting weeks for an appointment. Great surgery, lovely staff”

“The ‘walk in’ surgery in the mornings is particularly appreciated. Excellent idea, may this continue”

All patients who completed a questionnaire told us that they were very satisfied or fairly satisfied with the hours that the practice was open. The majority of patients who completed a questionnaire said that it was very easy or fairly easy to get an appointment when they needed one.

When asked to describe their overall experience of making an appointment, all patients who completed a questionnaire described their experience as very good or good.

We were told that the practice was taking part in a trial where they offered out-of-hours appointments to patients one day over the weekend. This was done as part of the cluster, where GP practices took turns in offering appointments to patients within their cluster group. This meant that patients had local access to an out-of-hours service, and did not have to travel to one of the three primary care centres across Cardiff and the Vale of Glamorgan. We found this to be of noteworthy practice, and staff told us that patient feedback was positive about the service. The trial was shortly due to end, and it would be evaluated to determine whether to continue with this service in the future.

The practice was actively engaged with the Choose Well⁷ scheme. This meant that they were helping to promote a range of services available to patients, dependent upon their needs. The practice specifically promoted Choose

⁷ <http://www.choosewellwales.org.uk/home>

Pharmacy⁸ for minor ailments. We saw posters advertising this service in the waiting area of the practice.

We considered a number of patient records and found that there was a robust process in place for referring patients to specialists, and that these were acted upon in a timely manner. The GP partners also had an opportunity to discuss patients on a regular basis, including referrals and second opinions, as time was set aside for these discussions.

Individual care

Planning care to promote independence

We found there was good disabled access with a number of parking spaces very close to the practice. A designated disabled space was located directly outside the building. There was an automatic door to access the main entrance, and the practice was accessible to patients using wheelchairs, those with mobility difficulties, and for those with pushchairs.

Treatment rooms were on the ground and first floors of the practice, with a lift available to access the first floor.

The practice held clinics for patients with specific healthcare needs, such as COPD, asthma and chronic disease, to help support them in the management of their conditions. Two of the patient coordinators were responsible for arranging these appointments. When a patient failed to attend their appointment, we found that there were robust follow-up processes in place to help and support patients to attend any rearranged appointment.

People's rights

Our findings that are described throughout this section indicate that the practice was aware of its responsibilities around people's rights.

Listening and learning from feedback

⁸

http://www.choosewellwales.org.uk/sitesplus/documents/994/Minor%20Ailments%20Services_L_eaflet_English.pdf

There was a formal internal complaints procedure in place, and information about how to make a complaint was posted in the waiting area. However, information about the NHS Wales Putting Things Right (PTR)⁹ complaints process, needed to be displayed in the practice for patients to see. In addition, that PTR information leaflets should also be available for patients to take away. We saw that information about the Community Health Council¹⁰ was available in the practice, advertising their support to patients who may wish to raise a complaint.

Emphasis was placed on dealing with complaints at source, in order for matters to be resolved as quickly as possible. All complaints were brought to the attention of the practice manager who would deal with them in line with the practice's policy.

We saw that the practice manager kept information and correspondence relating to complaints received. The practice also kept an overall record of their complaints for the year, including information about actions taken and outcomes. We saw that some of the information, such as some dates, were inaccurate and needed to be reviewed.

There was a patient suggestion box located in the waiting area and paper slips for patients to fill in, however, we found that this was rarely used.

The practice did not have a patient participation group. We saw however, in their Practice Development Plan¹¹ dated 2017 that they were looking to consider starting a group for the practice. We would encourage the practice to do this.

⁹ <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

¹⁰ <http://www.wales.nhs.uk/sitesplus/899/home>

¹¹ A review of local need and the provision of services by the practice to create a Practice Development Plan with priorities for action

Improvement needed

The practice must display information for patients on the NHS Wales Putting Things Right complaints process, and provide leaflets for patients to take away.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that the practice had arrangements in place to promote safe and effective patient care. We found a staff team who were patient centred and committed to delivering a high quality service to their patients.

We found that there was a good level of pharmacy support, with a range of services available, provided by the cluster pharmacist.

The practice was clean and tidy, and had good infection control arrangements in place.

The sample of patient records we received were of a good standard, helping to demonstrate a good standard of care.

Effective communication was demonstrated both internally and with the wider clinical team, for the safety and benefit of patients.

The practice was reminded to make sure that the clinical waste bins were locked at all times.

Improvements were required to the checking of the fridge temperatures used to store patient vaccinations.

Safe care

Managing risk and promoting health and safety

During a tour of the practice, we found that all areas accessed by patients were clean and uncluttered, which reduced the risk of trips and falls. Overall, we found the practice building was suitably maintained both externally and internally.

We saw that in the stairway area, there was a fridge which was used on occasions to store patient urine samples. This fridge was not locked therefore, any person passing may have access to the contents.

We saw that the practice manager conducted regular audits of the environment, to help make sure they remained in a good state of repair. We also found that regular checks of the fire safety equipment was carried out, and staff received training during their induction programme.

Improvement needed

The practice must make sure that the fridge in the stairway area is either securely locked, or the contents moved into a non-patient area.

Infection prevention and control

All patients who completed a questionnaire felt that, in their opinion, the GP practice was very clean.

Staff told us that they had personal protective equipment, such as gloves and disposable plastic aprons, to reduce cross infection. The clinical treatment areas we saw were visibly clean and tidy.

We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitisers were also available around the practice.

We saw that the curtains in the treatment rooms were disposable, meaning that they could be easily replaced should they become contaminated or dirty. This demonstrates a good commitment to infection prevention and control. In addition, there was a clear and detailed infection control policy in place, and we saw that an audit of the infection control arrangements was last carried out in 2018.

We saw two clinical waste bins stored under the stairs, in a patient walkway. During the tour we found one of the bins, storing used sharps, was not locked. We immediately raised this with the practice manager who locked the bin straight away.

We saw that some records had been kept with regard to staff Hepatitis B immunisation status. This was maintained securely by the practice manager. However, we were unable to see records for one member of staff. We raised this with the practice manager, who told us that it had been agreed at a recent GP partner meeting to test all staff for their immunity levels and take action if

and where appropriate. Following the inspection, the practice manager confirmed that testing for one member of staff, where records had not been kept, had been completed to make sure their Hepatitis B immunisation status was known.

Improvement needed

The practice must make sure that clinical waste bins are locked at all times.

The practice must make sure that a record of all staff Hepatitis B immunisation status is kept and maintained.

Medicines management

Discussions with staff, and consideration of recorded patient information, revealed that the system and processes in place regarding medicines management was of a good standard.

One GP partner was designated as the prescribing lead for the practice, and we found that this meant information was cascaded throughout the practice. A pharmacist, employed by the cluster, supported the practice one and a half days each week. They provided advice and support to the practice, and also conducted complex patient medication reviews, medication audits and reviewed patient hospital discharge summaries. Staff reported that this support was valuable to the practice.

We saw that there was a record of regular checks of equipment and drugs used in an emergency. We saw records to show that staff received training on how to deal with patient emergencies on a regular basis.

We found that drug fridge temperatures, used to store vaccines, were not consistently checked on a daily basis. This is to ensure that vaccines are stored at the appropriate temperature to make sure they remain viable for use.

Our concerns regarding checking of fridge temperatures were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in insert Appendix B.

Safeguarding children and adults at risk

We found that there were child and adult safeguarding policies and procedures in place and a GP partner appointed as the safeguarding lead for the practice. The safeguarding policy was overdue for a review. The practice manager was aware of this, and told us that there was a plan in place to make sure it was updated shortly.

We looked at a number of patient records, and were able to confirm that where appropriate, there were processes in place to identify if there were any safeguarding concerns or needs. We were also told that quarterly meetings were held with health visitors and flying start¹² professionals, to help identify children at risk or with additional needs.

The practice manager kept a training record, and we were able to see that safeguarding training was carried out on a regular basis, with the expectation that all staff attend.

Medical devices, equipment and diagnostic systems

We saw that there were detailed records of where servicing and calibration of equipment had been carried out, to help make sure medical equipment remained safe to use.

Effective care

Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events. The sharing of safety alerts received into the practice was appropriately managed. We found that any significant incidents were discussed as a team on a regular basis to ensure learning could be shared, this included a review of patient records where appropriate. General information received by the practice manager would be shared via email and in practice team meetings.

¹² <https://www.flyingstartcardiff.co.uk/>

The practice had not signed up to receive notifications from NICE¹³, regarding best practice guidelines. We recommended that the practice should do this and share with staff to ensure they are fully informed about national guidance and best practice.

Staff we spoke with told us they were encouraged and empowered to raise any concerns they may have about patients' and/or their own safety. They told us that they would be listened to, and action taken where necessary.

Improvement needed

The practice must have a process in place to ensure that NICE guidelines are shared with all relevant practice staff.

Quality improvement, research and innovation

It was positive to find that the practice was an active member of the local cluster GP group, where there were a number of pilots and initiatives that the practice was involved with. These included the out-of-hours pilot and the appointment of mental health care professionals into the practice, to support patients with specific mental health care needs.

Information governance and communications technology

We found that there were clear information governance policies and procedures in place. Staff members we spoke with were aware of how to access this information.

We also found that patient records were appropriately stored and protected to prevent unauthorised access.

Record keeping

We looked at a sample of patient records and overall found them to be of a good standard, supporting the care and treatment provided to patients. We

¹³ <https://www.nice.org.uk/>

recommended where some improvements could be made to make sure that all records are maintained to a consistent standard. This included:

- Recording of the offer of a chaperone, including whether this has been accepted or declined by a patient.

We also found that whilst summarising of new patient records was completed to a good standard, this was carried out by a non-clinical member of staff.

The IT system used by the practice recorded all patient consultations as being surgery based, even if the appointment was a home visit. We recommended that the practice should consider looking at ways of making sure that appointments were recorded in the correct way, demonstrating the type of appointment it was. The practice manager agreed to do this.

Improvement needed

The practice must make sure that patient records reflect when a chaperone has been offered, and document whether this has been accepted or declined.

The practice must make sure that there is clinical oversight, or regular clinical review, of the summarising of patient records.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found a cohesive practice team, who demonstrated a drive to provide a positive experience for patients.

We found that regular meetings were held within the practice, giving opportunities for staff to discuss concerns, patient and practice issues, on both an informal and formal basis.

Staff told us they felt supported by the management team and had good access to training opportunities.

Governance, leadership and accountability

We found a patient-centred staff team who were committed to providing services of a high standard. We found that the practice as a whole worked in a cohesive way. Staff we spoke with, told us that they felt supported by the management team and had good access to training opportunities.

The practice was in a period of change, with one long term GP partner retiring, and another reducing their hours. The practice had successfully recruited to replace the GP positions, and individuals were due to take up these roles shortly. Staff told us that they were looking forward to the changes that the new GPs may bring.

We saw that regular meetings were held for all staff, and minutes were produced and shared, should some staff not able to attend. Staff told us that they felt able to raise any concerns, or raise any issues during these meetings and felt that they would be listened to. We were told that there had been a review of some practice policies and procedures recently, and changes were discussed during these meetings, to make sure staff were fully updated.

As previously mentioned in the report, we found that the practice actively engaged with the local cluster group. Meetings were attended by the practice manager, and often with a GP partner. We saw that the practice also took part in pilot schemes agreed by the cluster, as a way of helping to improve services for patients.

The practice had a three year Practice Development Plan in place, which was created in 2017. We found that many of the areas for development had been achieved.

The practice carried out a range of audits to help drive improvement; these included patient records, infection control, environmental and other clinical audits conducted by the GP partners.

Staff and resources

Workforce

The four GP partners had been based at the practice for around 25 years, creating a stable GP workforce. We were told that their use of locum GPs was very low, only needing them on average for one to two sessions a year. We found that whilst the practice team was small, there were processes and procedures in place that created an efficient and effective team working environment.

Staff told us that they were happy in their roles, and were supported to develop their skills and undertake training. The patient coordinators all shared roles and responsibilities, with some being allocated leads for individual areas, such as document management. We were told that staff would be able to provide support and cover these roles during periods of absence.

During the inspection, we found that the practice had some staffing issues due to sickness absence and annual leave, which had the potential to impact upon the ability of staff to undertake their roles effectively. We discussed this with the practice manager, who was very aware of the issues, as staff were required to pull together to ensure all roles and responsibilities were undertaken. This meant that staff were feeling under pressure at the time of our inspection. We recommended that the practice manager consider whether there were any long term implications for staff should the staffing issues continue for any significant period of time. The practice manager agreed to do this.

Staff told us that they had good access to training, through a combination of online and in-house training sessions. We saw that the practice manager kept an overall spreadsheet which contained core training topics for both clinical and

non-clinical staff, and monitored when training needed to be completed within the appraisal year. We saw that staff had annual appraisals, as a way of reviewing their work over the past year, and also to identify any needs moving into the next year.

The practice had recruited into a number of roles recently, and we saw that there were processes in place to support safe recruitment. We also found that there was an induction plan in place to help provide the support and guidance to new members of staff.

4. What next?

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 when and how the findings identified will be addressed, including timescales
- 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.

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.

5. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how GP practices are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within GP practices.

Further detail about how HIW inspects the [GP practices](#) and the [NHS](#) can be found on our 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
During a tour of the practice, we found that bins used to store clinical waste were unlocked. These were located under the stairs in an open passageway used by patients.	This meant that patients had the opportunity to access the contents of the bins, used to store clinical waste, including sharps.	This was raised immediately with the practice manager at the time.	The practice manager immediately locked the bins.

Appendix B – Immediate improvement plan

Service: Danescourt Surgery

Date of inspection: 18 March 2019

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.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that drug fridge temperatures are checked and recorded on a daily basis.	Health and Care Standards (April 2015) 2.6 Medicines Management	Having completed an audit from 1 Jan – 21st March, we have found that temperatures have not been recorded on every working day. There is a pattern that has emerged and will be addressed as follows: New temperature logs will be provided that are based on a calendar month rather than writing the date on an empty proforma. During nurse absences a designated member of staff will be responsible for reading the	Nichola Rae & Lisa Butler	Completed

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		temperatures of the fridges. We understand that the readings should have been recorded on all working days but all fridges are alarmed and if the temperature was outside the range an alarm would have sounded and been heard by the staff within the practice (even through a locked door). Consequently we feel that patient safety has not been compromised.		

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): Thelma Speed

Job role: Practice Manager

Date: 21 March 2019

Appendix C – Improvement plan

Service: Danescourt Surgery

Date of inspection: 18 March 2019

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.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice must consider whether the signage both internal and external to the building is sufficient.	4.1 Dignified Care	The practice will provide new signage on the outside of the building. We will review the signage on the inside of the building.	Thelma Speed	By autumn 2019
The practice must display information for patients on the NHS Wales Putting Things Right complaints process, and provide leaflets for patients to take away.	6.3 Listening and Learning from feedback	The leaflets were already available on the website in English and Welsh but and are now on display in both languages in the waiting room and can be taken away by patients.	Thelma Speed	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The practice must make sure that the fridge in the stairway area is either securely locked, or the contents moved into a non-patient area.	2.1 Managing risk and promoting health and safety	The fridge has been removed from the stairway.	Thelma Speed	Completed
The practice must make sure that clinical waste bins are locked at all times. The practice must make sure that a record of all staff Hepatitis B immunisation status is kept and maintained.	2.4 Infection Prevention and Control (IPC) and Decontamination	The staff have been reminded to keep this locked. The missing Hep B status has been updated	Thelma Speed	Completed
The practice must have a process in place to ensure that NICE guidelines are shared with all relevant practice staff.	3.1 Safe and Clinically Effective care	GP has registered for NICE Guideline updates and will be shared with clinical staff during our clinical meetings.	Thelma Speed	Completed
The practice must make sure that patient records reflect when a chaperone has been offered, and document whether this has been accepted or declined. The practice must make sure that there is	3.5 Record keeping	During our next clinical meeting we will discuss documenting Chaperones.	Thelma Speed	June 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
clinical oversight, or regular clinical review, of the summarising of patient records.		The summarising policy will be updated to include a regular audit of summarised notes.		
Quality of management and leadership				
No improvements 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): Thelma Speed

Job role: Practice Manager

Date: 09/05/2019