

Annual Report

General Medical Practices (GPs) Inspections 2017-2018



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@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1. Foreword	5
2. Summary	6
3. What we did	8
4. What we found	9
Quality of patient experience	10
Delivery of safe and effective care	14
Quality of management and leadership	17
5. Conclusions	19
6. What next?	20
Appendix A – Recommendations	21

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 care.

Our values

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

- Independent
- Objective
- Collaborative
- Authoritative
- Caring

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. Foreword

This is HIW's fourth annual report relating to the work we have done inspecting General Medical Practices (GPs) across Wales.

The purpose of this report is to summarise the findings from our inspection activity during 2017-18, and to highlight the areas for improvement and areas of good practice we have identified across services. As a result of the themes identified from our inspections we have made overarching recommendations for services (Appendix A).

HIW is responsible for the inspection of GP practices in Wales. Our inspections assess GP practices against the Health and Care Standards 2015, which provide the quality framework against which NHS service provision should be delivered. However, healthcare services themselves hold the primary responsibility for ensuring patients receive safe and effective treatment.

We expect that services working in this area will carefully consider the contents of this annual report and our overarching recommendations, using these to make improvements to their service.

2. Summary

We found that GP practices and staff are endeavouring to provide safe and effective care in increasingly challenging circumstances.

Almost all patients we spoke to at our inspections told us they were treated with dignity and respect, and we saw that staff were committed to providing a high quality service for patients.

However, we also noted a broad range of improvements were needed. In particular, access to appointments, safeguarding, and record keeping. We also raised issues at six inspections with immediate concerns for patient safety. Practices and health boards should continue to act on, and learn from, the recommendations we have made.

During 2017-18, HIW conducted 32 inspections of GPs across Wales.

GP practices face an increasingly complex and challenging operating environment. Despite these challenges, practices must ensure patients are treated safely, and that the Health and Care Standards 2015 are met effectively.

Our inspectors have discussions with practice staff and have noted common issues facing practices in Wales. The most significant raised by practice staff are:

- Demand for GP appointments and other services.
- Recruitment of GPs particularly in areas outside of the main cities.
- As a result of the above, many practices are resorting to the use of locum GPs, which may provide limited services, and are more costly.

What we found practices did well

Our inspectors identified positive areas of service delivery in all inspections conducted over the year.

- Almost all patients told us they were treated with respect and kindness, and we saw that staff teams were dedicated to providing, individual person centred care.
- Arrangements were in place to promote patients' dignity and protect their privacy.
- We saw examples of innovative work to try and effectively manage risks, for example the recruitment of paramedics to supplement areas such as house calls.
- Effective team working, good leadership, and good communications between staff within practices.

What we found practices could improve

Six of our inspections resulted in an immediate assurance letter, where we request services to take urgent action to address immediate patient safety issues. These ranged from out of date stock of emergency drugs and resuscitation equipment, to inadequate secure storage of confidential patient information.

In addition to these immediate assurance issues, we found improvements were needed in the following areas:

- Access to appointments, so patients always receive timely care, and can make appointments easily.
- Availability and recording of discharge information from hospitals, so patient notes are always up to date with actions GPs need to take.
- Training of chaperones and promotion of their availability, so patients can always access them when desired.
- Availability of services and information in Welsh and other languages and formats, so patients can always communicate freely in their preferred language.
- Record keeping and the quality of patient notes, so summaries always reflect appointment discussions.
- Details of safeguarding policies and training, so patients are always protected by appropriately knowledgeable staff.
- Arrangements for staff training, so all staff are appropriately trained in all relevant areas.
- GP cluster working improvements for patients, for example access to additional services provided by the cluster arrangements.
- Internal communication systems, so staff follow up fully on patient needs.

3. What we did

HIW undertakes an ongoing programme of GP inspections across Wales and in 2017-2018 we visited 32 practices across the 7 health boards.

Each inspection was conducted by a HIW inspection manager, a HIW GP peer reviewer, a HIW Practice Manager peer reviewer, and HIW lay reviewers, who focus on speaking to patients to obtain their view. All our peer reviewers are currently working in practice or are recently retired.

HIW policy is that our inspections will be unannounced where possible. However, we give around 8 weeks notice to GP practices so they can make arrangements to minimise disruption for patients and to ensure necessary staff members are present at the inspection.

The Health and Care Standards are at the core of HIW's inspection approach of the NHS in Wales. Collectively the standards describe how a service should provide high quality, safe and reliable care, centred on the person. They are key to the judgements we make about the quality, safety and effectiveness of services provided to patients.

HIW takes account of intelligence received and any overarching risks to patient safety when deciding where to inspect. During 2017, HIW became aware of a number of GP practices across Wales that had been taken into direct health board management (managed practices) as a result of issues with service sustainability. As a result, HIW concluded that it was necessary to include a number of these practices in its 2017-18 programme of work.

4. What we found

Immediate assurance letters

If immediate concerns about patient safety arise during the completion of an inspection, we write to the service requiring urgent action. We do this within two days of the inspection.

Of our 32 inspections of GP practices, six resulted in an immediate assurance letter being issued, requesting services to address specific concerns around immediate patient safety issues. The issues were:

- Staff not up to date with cardiopulmonary resuscitation (CPR) training.
- Out of date stocks of emergency drugs and resuscitation equipment.
- Inadequate arrangements to ensure correspondence about patients was actioned in a timely way.
- Inadequate processes for summarising patients' medical records.
- Other health and safety issues that posed a risk to patient and staff safety, including trip hazards, clutter, and a lack of fire risk assessments.
- Safe storage of patient information.
- Security alarm systems not working.

The practices responded to our improvement plans appropriately in all cases.

Innovative practice

Our inspectors also highlighted a number of specific areas of innovative practice in reports to practices over the year. Examples of these include:

- The use of paramedics and advanced nurse practitioners to supplement the work of GPs and assist in house calls.
- Use of physiotherapists, pharmacists and mental health counsellors across cluster groups.
- Use of social media to reach out to patients, especially younger patients, with healthcare advice and information on opening times etc.
- Booking practice nurse appointments online for routine tests.
- Availability of e-consultations via practice websites, where patients could electronically contact the practice and the most appropriate member of clinical staff would respond with advice. This practice found it saved over 40 appointments in the year since this was established.

Quality of patient experience

At all inspections, 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.

We saw patients being treated with respect, courtesy and kindness in almost all inspections.

However, we saw areas for improvement, as noted by patients and staff. These include access to appointments, chaperone training and promotion of this service, and availability of information in Welsh and other languages/formats.

Staying Healthy

Health promotion material was regularly displayed in waiting areas, with information on smoking cessation, breastfeeding support, flu vaccinations, and basic infection control to prevent the spread of common diseases. Information on other services available through voluntary agencies and community groups was also usually available. Carers were generally well supported, with good information available, however the use and advertisement of carers' champions was mixed. The carer champion can be a useful resource to patients and their carers as they have more detailed knowledge of the support available in the local area. There is scope for practices to enhance how they support carers and further develop the role of the carer champion.

Dignified Care

We speak to patients during our inspections and provide questionnaires in advance to gain a patients viewpoint of their experience. 536 patients completed a questionnaire, with nearly all (96%) saying that they were treated with respect, courtesy and kindness. Only 8 respondents across the 32 inspections felt that they were not treated with respect, these issues being around disagreements with reception staff.

Arrangements were in place to promote patients' dignity and protect their privacy. This included the ability to speak to non-clinical staff away from reception areas, computer screens being placed out of sight of visitors and other patients, and telephone calls being taken away from the main waiting areas.

Issues around the availability, promotion and training of chaperones were noted at four of our inspections. This is a key part of ensuring patients receive dignified care. Patients should be aware of their right to request a chaperone at any appointments, and sufficient staff should be trained to ensure there is always availability of staff able to carry out chaperone duties. This issue was also raised in our previous two annual GP reports, and while performance has improved, it is disappointing to see the same issues being raised at our current inspections. Insufficient staff or a lack of advertising of this service means patients could be put off having the medical examinations or treatments they need.

Patient Information

Almost all our inspections saw provision of a considerable amount of information to patients, including health promotion information outlined above, practice information leaflets, websites and out of hours details. We also noted some practices using social media to reach out to patients, with healthcare advice and information on opening times. However, around half of our inspections noted that the leaflets and websites contained some out of date information, for example opening times, doctors' details or services available. We also recommended in four of our inspections that patients could be provided with written information to reinforce verbal explanations given. This helps the patient understand their conditions and the treatment they have been given. It also helps ensure they take any prescribed medications correctly.

We looked at a sample of patient records at each of our inspections and checked if clinicians had recorded whether consent to treatment had been explained to patients, and obtained. This ensures patients have made fully informed decisions about their care. Four of our inspections made recommendations around the recording of patient consent, and the actions taken where consent was not given by the patient.

Communicating Effectively

In 13 of the 32 inspections undertaken, we noted that patient resources in Welsh and other languages, or other formats, were not always readily available to patients. This includes braille, large print and easy read versions of important information for patients. Communicating effectively is a key part of the quality of patient experience, and practices should endeavour to meet the communication needs of the population they serve.

Discharge information

HIW recorded mixed findings around handling of hospital discharge information. We noted in three of our inspections that key information from hospital discharge summaries was not accurately and systematically recorded on patient records. It was therefore not readily available for staff, which creates difficulties in terms of ensuring the timely and effective continuation of prescribed medication, and on-going support required by patients. HIW has also recently completed a Patient Discharge Thematic Report, which makes 13 recommendations for NHS services in Wales around clarity of roles and responsibilities and engagement with families. It also provides many examples of good practice.

Timely Care

Demand for GP appointments and other services

GP practices in Wales are increasingly adapting the way they operate in order to meet patient demand, and we have noted some areas of innovative practice detailed elsewhere in our report. Many practices ensure their nurses are trained to undertake a variety of clinics, supporting the provision of services for the management of long term conditions management, travel vaccinations, treatment of minor illness and cervical cytology. Others also employ community psychiatric nurses, counsellors and provide direct access to physiotherapy. However, despite the focus placed on providing patients with face to face and telephone advice, many practices tell us they are faced with a level of demand they cannot address. A number of our inspections in 2017-18 referenced the difficulties that patients experience when trying to access services.

At 11 of our 32 inspections, patients raised concerns over the availability of appointments, difficulties with appointments systems, and the opening hours of their surgeries. At some practices, a combination of these factors was present. Patients told us that phone systems can be difficult to use for some people with additional needs, and queuing systems don't always work. People who responded to our questionnaires also told us they would appreciate longer opening hours to suit working people. Responses also included complaints about delays to appointment times of up to an hour. These issues can be frustrating for patients and staff, and can mean that the care received by the patient is not timely.¹

Issues around access to appointments within practices also impact on demand for other services, for example minor injuries units, emergency departments and out of hours services. We noted areas where practices had found innovative solutions to try and address these issues for patients. An example of this is providing online access for booking practice nurse appointments for routine tests. One practice also made e-consultations available via the practice website, where patients could electronically contact the practice and the most appropriate member of clinical staff would respond with advice. This practice found it saved over 40 appointments in the year since this was established.

HIW has previously highlighted the issue of access to appointments and this is an issue which some members of the public will have experienced. Given our aging population, demand for GP services is unlikely to decrease significantly in the near future. Practices will need to continue to innovate, ensuring their systems are suitable for the needs of the communities and patients they serve. This may mean significant changes are required to how GP practices deliver services. Innovative solutions, like the ones described above, represent a positive direction of travel, and a willingness to change, but significant, transformational change, will be required to fully solve the problem.

It is disappointing to note that only two practices, from our inspection total of 32, had sourced and trialled different ways of addressing demand.

¹ Our review of Patient Discharge from hospital to GP practices can be accessed on our website www.hiw.org.uk/reports/natthem/2018/patientdischarge/?lang=en

Individual Care

Listening and learning from feedback

We looked at how practices listen and learn from feedback. The provision of information for patients on dealing with concerns about NHS care and treatment in Wales, also known as Putting Things Right, has generally improved. However we still noted that 49% of patients we spoke to were unaware of how to raise a concern about their practice.

We found mixed results on the use of patient participation groups and other ways of seeking feedback, for example regular use of suggestion boxes and patient surveys. Very few practices had effective systems, and so all practices should consider if their feedback systems are sufficient to gain the views of the patients they serve.

Planning care to promote independence

We found positive results in almost all our inspections in ensuring patients with additional needs were cared for appropriately. This included, for example, providing sufficient access to premises. Patients who required them were offered regular personal health checks, and flagged on IT systems to ensure suitable arrangements could be made when booking appointments. Many GPs also regularly visited nearby nursing homes if patients were unable to attend the practices. We made a small number of recommendations around physical adaptations to some practices to ensure access for all patients was suitable.

Delivery of safe and effective care

In our inspections we considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall we noted systems in place to deliver safe and effective care. However, we have also made a number of specific recommendations in the areas of managing risk, record keeping and safeguarding.

Overall, we found systems were in place in most practices to ensure the delivery of safe and effective care. Measures were in place to protect people from preventable healthcare associated infections, and there were safe systems for prescribing medication. Where practices had procedures in place to ensure the safeguarding of children and adults at risk they were up to date and effective. Patient records as a whole were usually of an acceptable standard.

Safe Care

Managing risk and promoting health and safety

Our inspectors considered the practice environment at each inspection. We generally reported that patient and staff areas were clean, tidy, uncluttered, and well maintained. We noted a variety of specific issues at 14 of our 32 inspections, key themes being:

- Safe storage of clinical waste and sharps bins.
- Security of buildings insufficient to prevent access to unauthorised areas.
- Risk assessments for health and safety issues not completed or out of date.
- Electrical testing out of date.
- Fire assessments not completed or not up to date.
- General issues around maintenance and floor coverings becoming trip hazards etc.
- Display Screen Equipment assessments not undertaken for staff.

All practices should ensure they are fully aware of their responsibilities under health and safety legislation, and take suitable steps to comply with these requirements.

Infection prevention and control

Practices were usually visibly clean and good hand hygiene was observed. Staff had access to personal protective equipment, such as gloves and aprons, to help minimise the possibility of cross infection during treatments and procedures. Staff were generally guided in their work by well documented procedures, and records of staff immunisation were well maintained.

We recommended practices use regular infection control audits in order to identify good and poor practice and regularly monitor the environment in relation to infection prevention and control.

Medicines management

We checked the systems in place in practices to ensure effective prescribing by GPs and nurse prescribers. We also undertook detailed checks of the safe storage of medicines, and records of any changes to prescriptions. In general, we found safe systems were in place, however we noted improvements were required to medicines management were noted at 11 of our inspections. The key themes were:

- Regular audits should be made to ensure consistency of prescribing by all clinicians.
- Checks should be regularly made to all medications stored on site to ensure they are within date.
- Fridges for the storage of medicine should be lockable.
- Systems should be in place to remove medicines that are no longer needed from the repeat prescribing lists.
- Prescribing errors should be reported as significant events and adverse reactions to drugs should also be reported.

Safeguarding children and adults at risk

The quality of approaches to the safeguarding of children and vulnerable adults at risk varied significantly across our inspections. Of our 32 inspections, 17 identified issues with some aspects of safeguarding. Issues were identified in to the following areas:

- Staff not having the correct level of training appropriate to their role and how much they interact with the public; not all staff are aware of their responsibilities and what they could be looking out for.
- A GP lead not identified, to ensure all staff are trained, and staff can always have someone to contact to discuss a case if they have concerns or require further guidance.
- Out of date policies, impacting on the ability of staff to understand the process for recording, reporting and acting on concerns.

We also noted weaknesses in this area in our previous annual report, which is disappointing given its importance in maintaining patient safety. Practices should ensure these systems are in place and are effective.

Effective care

Safe and clinically effective care

Generally we found that significant events, where a patient was or could have been harmed, were reported on promptly. However, the picture was far more mixed when considering how well practices were able to demonstrate that actions were identified and taken in order to learn from these events. This also includes actions being followed up, completed, and communicated to all staff. Staff at our inspections told us this was typically due to staff pressures. However, the ability to learn from significant events and ensure that procedures are in place to prevent reoccurrence is an important consideration in effective care and patient safety. We made recommendations in this area at 10 of our inspections.

We noted issues with internal communications systems at three inspections, one of these requiring an immediate assurance letter. We found instances of letters to GPs not being followed up or actioned, which could have resulted in patients missing treatments. Practices should ensure internal communication systems are robust enough and checked to ensure all items of correspondence are followed up and actioned appropriately.

Record keeping

We reviewed a sample of patient records at all our inspections and identified improvements needed in 14 of 32 practices. These issues varied across practices, key themes being:

- An inconsistent approach to categorising patient medical information, for example long term conditions including diabetes and asthma. This meant that clinicians may not have all the relevant and important information readily available to them during home visits or telephone consultations.
- Few systems in place to ensure the quality and consistency of record keeping through, for example, audits or peer reviews to ensure all GPs at a practice maintain a good standard of record keeping.
- Backlogs of patient records which needed to be summarised, so GPs can see the important points of a new patient's medical history.
- Insufficiently trained staff being responsible for new patient note summarising.
- Delays in recording of clinical information received at the practice onto patients' notes before sharing with a GP.
- Reasons for prescribing and discontinuing repeat medications were not always recorded.
- Consent to medical examinations and treatments was not always recorded.
- Inconsistent recording of the indications for prescribing medications.
- Insufficient detail in patient notes to enable other GPs to have a comprehensive picture of the patient.
- Noting that written information has been provided to the patient to reinforce verbal explanations.

We have raised issues over the last three years of our GP inspections in terms of quality of record keeping. This issue can have a significant impact on the effectiveness of care provided and so needs to be addressed. GP practices should be aware of these common issues raised in our inspections and review their procedures to ensure patient records are maintained safely and consistently. Health boards should also be seeking to assure themselves that practices are meeting standards, through the use of records audits and the encouragement of peer reviews.

Quality of management and leadership

In our inspections we considered how services are managed and led, and whether the workplace and organisational culture supports the provision of safe and effective care.

We generally saw strong leadership and evidence of good team working. However, we also made recommendations around the adequacy of staff training, the effectiveness of cluster working, and highlighted issues around health boards increasingly taking on the management of practices.

Governance, leadership and accountability

Our inspections generally saw evidence of good leadership, team working and good communications between staff in practices. Staff told us they felt able to raise any work related concerns with their manager or other senior staff, and felt that their concerns would be dealt with fairly and appropriately. Staff we spoke to were generally able to describe their particular roles and responsibilities and the contribution they make to the overall operation of practices.

Health board managed practices

Over the past two years in Wales, it has been increasingly necessary for health boards to intervene and directly manage GP practices, in particular where demand for services could not be met. During 2017-18 HIW carried out a number of inspections at health board managed practices to ensure that relevant standards were being met despite the challenging circumstances. In one health board area, managers at two practices told us they were concerned about the health board's rapidly expanding and sometimes conflicting responsibilities for commissioning and directly managing GP services.

The increasing workload associated with more practices moving into direct health board management is a significant challenge in some areas of Wales. Health boards need to ensure that they have sufficient management capacity and capability where it is necessary to directly manage practices in this way. Consideration should be given to the sustainability of such solutions in the long term.

GP cluster work

GP clusters are a grouping of GPs working with other health and care professionals to plan and provide services locally for patients. There are 64 cluster networks across Wales. We saw evidence of good GP cluster working and most practices described a commitment to improving this. For example, we spoke to patients who benefitted from better access to physiotherapists, pharmacists and mental health counsellors via the cluster groups. We consider practices have embraced the concept of cluster working and there is some evidence of improvements to services in communities. However, the benefits are yet to be fully realised across Wales. More patients could benefit further in terms of access to physiotherapists for example, which could be jointly provided by the cluster.

Staff and Resources

Workforce

During our inspections, we were told that recruitment of GPs, particularly in rural areas, continues to be a significant challenge. We also heard that some GPs are retiring early due to pressure associated with their day to day responsibilities, with others opting to work on a part time basis for the same reason.

As a result of the above, many practices are resorting to the use of locum GPs, which can be more costly. Some locum GPs only provide limited services, which can impact on patient care and availability of services. In addition, use of locums may affect continuity of care for patients, as well as leading to challenges around induction, training and professional supervision.

We noted some innovative practice in this area, with some practices using paramedics and advance nurse practitioners to supplement the work of GPs and to assist in house calls. This helped to relieve some pressure on GPs and more patients could be seen in a timely way.

The adequacy of staff training and training records was raised in half of our inspection reports. Practices do not generally have comprehensive training records which relate to all practice staff, covering all relevant training requirements. Analysis of training records that did exist showed that a number of staff, at all levels, were behind on mandatory training.

5. Conclusions

2017-18 was the fourth year of HIW inspections of general practices. Practices continue to engage well with our inspection process, recognising the opportunity inspection provides for objective and constructive feedback on their service provision.

We identified many positive findings over the year, and some good examples of innovative practice. Patients were complimentary about the care they received from their GP practice, and told us they were treated with dignity and respect. We saw that staff were committed to providing a high quality service for patients and the communities they served.

GP practices face an increasingly complex and challenging operating environment, but overall, systems were in place to ensure the delivery of safe and effective care. We generally saw evidence of good leadership, team working and good communication in practices.

However, inadequate systems were also evident at a number of our inspections. The common issues are identified in this report, and practices should ensure these are addressed to ensure all patients receive the best level of care.

We have made a number of overarching recommendations for improvement which can be found in Appendix A of this report. It is disappointing to note that many of these are similar to those made in previous years. Practices should be seeking to continually improve the services they provide to patients, and be responding to the recommendations and good practice raised through our inspection activity.

We also expect health boards to have sound governance arrangements in place to ensure that there is oversight of quality and safety across primary care services. This includes ensuring that our recommendations are acted on and that lessons are learnt across practices.

6. What next?

HIW is committed to inspecting GP practices and will continue to do so in 2018-19, publishing reports on its website. During 2018-19, HIW will be considering opportunities to adapt the approach that it takes when inspecting GP practices so that the findings from them can be used as evidence to support national thematic reviews. This will allow HIW to better consider the patient pathway for given conditions/healthcare needs.

HIW will continue to place the patient experience at the heart of what it does and will always seek the patient views during inspection visits. We will continue to use the expertise and professionalism of GP and practice manager peer reviewers at future inspections.

Individual GP practices and health boards are urged to review this report, and the issues within it, as a means of driving up standards in this important area of healthcare provision.

Appendix A – Recommendations

As a result of the findings from our 32 inspections in 2017-18, we have made the following overarching recommendations which all services should consider as part of providing a safe and effective service.

Recommendations	Regulation/Standard
Patient Information	
Practices must consider how they support carers and ensure Carers Champions are available.	Health and Care Standard 1.1
Practices should ensure they have considered their obligations in meeting the Welsh and other language needs of patients.	Health and Care Standard 3.2
Practices must ensure there are adequate systems in place to ensure discharge information is clearly and accurately recorded.	Health and Care Standard 3.2
Practices must ensure chaperone arrangements are consistently advertised to patients. Staff acting as chaperones must also be appropriately trained so that they fully understand the purpose and implications of the role.	Health and Care Standard 4.1
Practices must ensure patients have good information about their care that is easy to understand.	Health and Care Standard 4.2
Practices must ensure patients are supported to make choices about their care, and consent to treatment is recorded.	Health and Care Standard 4.2
Practices must ensure their appointment making system is accessible to all patients including those with additional needs.	Health and Care Standard 5.1
Practices must ensure systems are adequate to ensure availability of appointments for patients, and ensure practice opening times are suitable.	Health and Care Standard 5.1
Practices must ensure patients are able to tell health services about the care they receive, and make improvements.	Health and Care Standard 6.3

Recommendations	Regulation/Standard
Delivery of safe and effective care	
Practices must ensure that suitable medication and equipment is available to use in the event of a patient emergency, and it is regularly checked.	Health and Care Standard 2.1
Practices should ensure that are aware of and fulfilling their responsibilities under Health and Safety law.	Health and Care Standard 2.1
Practices must ensure systems for recording and storing medicines are appropriate.	Health and Care Standard 2.6
Practices must ensure safeguarding arrangements are appropriate to support the protection of children and adults at risk.	Health and Care Standard 2.7
Patient records must contain sufficient detail to ensure accuracy and enable continuity of care.	Health and Care Standard 3.5
Quality of management and leadership	
Mandatory and refresher training records should be maintained and documented for all staff.	Health and Care Standard 7.1