

Appendix A

General Medical Practice: Improvement Plan

Practice: Avicenna Medical Centre

Date of Inspection: 9 March 2016

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
7	The practice should ensure that non clinical staff acting as formal chaperones are made aware of the requirements and responsibilities this role entails and have access to up to date guidance on acting in this role.	4.1	Our practice Chaperone policy is designed to protect both patients and staff from abuse or allegations of abuse and to assist patients to make an informed choice about their examinations and consultations. All our nursing staff can act as a chaperone in the practice. Whenever possible a member of the nursing team will act has the chaperone as they are familiar with	Practice Manager Gerald Khan (GK)	July 2016

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			<p>procedural aspects of personal examination. If a member of the nursing staff is not available a member of our administration team will act in the role of the chaperone, however, the patient must agree to the presence of a non-clinician in the examination, and be at ease with this.</p> <p>All admin / non-clinical staff will be trained in the procedural aspects of personal examinations allowing them to act in the role of chaperone. This will include instructions on where to stand and what to watch and instructions to that effect will be laid down in writing in our practice Chaperone Policy which will be reviewed and updated if needed on an annual basis this will include any new up to date guidance.</p>		

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8	The practice should consider how to empower patients and carers to describe their experiences of services on an ongoing basis.	6.3	Discuss in practice meeting how best to gain patient and carers views with a view to putting a patient questionnaire in place. Regular monitoring / updating of notice boards with information received from external organisations such as Carers UK, GAVO and Alzheimer's society. Contact Carer's UK local representative to attend our practice meeting and discuss setting up a practice carer champion for ongoing contact with carer's UK.	GK	May 2016
Delivery of safe and effective care					
10	The practice must ensure that they carry out environmental risk assessments to identify and manage any risks within the practice environment.	2.1; Health and Safety Executive	The practice manager will conduct an environmental risk assessment of the premises during the month of May 2016. The practice has a Health & Safety policy in place which includes planned risk assessments, however the practice	GK	May 2016

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			<p>has not received risk assessment training / carried out any risk assessments (any incidents identified are currently documented and acted upon via our significant event reporting (SEA).</p> <p>The practice has agreed with other practices in the area to plan / hold risk assessment training for staff to identify / act on any risks identified within our practice environment.</p>		
11	The practice must ensure there are systems in place to monitor infection control standards and take action to ensure materials such as curtains in treatment rooms are washed where needed and comply with infection control guidelines.	2.4	The practice has an infection control policy in place, however this will be amended to include / ensure all materials such as the privacy curtains in the treatment / consultation rooms are cleaned on a regular basis that complies with infection control guidelines. The practice will also review it's timescales of audits carried out and	GK / Sally Golding (SG) senior nurse	June 2016

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			<p>amend where necessary.</p> <p>.</p>		
13	<p>The practice must ensure that there are full and detailed child protection and vulnerable adults' policies in place that comply with national legislation and guidance.</p> <p>The practice must ensure that all staff are up to date with child protection and vulnerable adults training at a level appropriate to their role.</p> <p>The practice must ensure that there are appropriate systems and working practices in place to manage vulnerable adults' cases.</p>	2.7	<p>We will review our child protection policy and amend where necessary to include any updates needed to comply with national legislation and guidance. All non-clinical staff are trained to level 1 in child protection, with 3 non-clinical attaining level 2; all non-clinical staff are working towards level 2. All clinical staff are trained up to level 2 in child protection training. Our lead GP for child protection is trained to level 3.</p> <p>We currently have 6 GP's and 3 practice nurses, it is planned for all GP's and practice nurses to achieve level 3 in child protection.</p> <p>The practice will review our current system and practice regarding vulnerable adults ensuring it</p>	<p>GK</p> <p>GK</p>	<p>June 2016</p> <p>For level 2 for non-clinical and level 3 for clinical child protection (3 GP's already completed)</p> <p>July 2016</p>

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			<p>complies with national legislation and guidance. This will include recognising and documenting suspected / confirmed abuse and our current referral process. All suspected or confirmed vulnerable adults (sent to us by social services to attend a case conference) will have an alert added to their medical record which is clearly visible for all staff to observe. We have also planned Protection of vulnerable adult (POVA) training for both our clinical and non-clinical staff.</p>		
Quality of management and leadership					
20	The practice should ensure there is a system to enable monitoring of all staff's training so that they can be assured of staff compliance with ongoing training requirements.	7.1	The practice currently has a skill training matrix in place for both clinical and non-clinical. However, mandatory training for clinicians and in areas such as immunisations, cytology and CPR / Anaphylaxis	GK	July 2016

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			<p>training are not included in the skill matrix but are attended on an annual basis, but are not visibly shown in their skill matrix chart. For both non-clinical and clinical staff areas such as Fire and, manual handling are included in staff training and are monitored by our local health board, although these again are not visibly shown in the skill matrix chart in the practice manager's office notice board.</p> <p>The practice will amend its skill matrix chart to include the mandatory clinical and non clinical areas.</p>		

Practice representative:

Name (print): Gerald Khan

Title: Practice manager

Date: 6th May 2016