

Independent Healthcare Inspection (Announced)

The Independent General Practice; Cardiff Gate

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an announced inspection of The Independent General Practice, 1B Oaktree Court, Mulberry Drive, Cardiff Gate Business Park, Cardiff, CF23 8RS part of The Independent General Practice Ltd, Radnor House, Greenwood Close, Cardiff Gate Business Park, Cardiff, CF23 8AA on 15 March 2017.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

Further details about our approach to inspection of independent services can be found in Section 6.

2. Context

The Independent General Practice Ltd is registered to provide an independent clinic at The Independent General Practice, 1B Oaktree Court, Mulberry Drive, Cardiff Gate Business Park, Cardiff, CF23 8RS.

The service was first registered in 2004. Due to relocation the service has been re-registered at the current premises since 15 August 2011.

The service does not have a register of patients because many only attend for one appointment. However, the registered manager told us that the service had undertaken approximately 27000 consultations last year and had approximately 100 regular patients.

The service employs a permanent staff team which includes three directors (two of which are medical doctors), five heads of department (administration, medico-legal, physiotherapy, marketing / IT and finance) and a team of eleven staff with dedicated roles to support the heads of department. The manager registered with HIW is also the head of finance.

There are also eight regular doctors who work for the service on contractual basis.

A range of services are provided which include:

- General medical care (travel vaccines, medicals, diagnostic tests)
- Occupational health services
- Cosmetic treatments
- Minor operations
- Medico-legal reporting
- Physiotherapy

The Independent General Practice (IGP) also offer services at Sancta Maria Independent Hospital, Swansea; Spire Hospital, Bristol; Medical –legal clinics, Brunel House, Bridgend.

3. Summary

Overall, we found evidence that efficient care was delivered from an enthusiastic and well organised team. However, there were immediate areas of improvement needed with patient records and the appropriate filing of patient information. Due to these issues we could not be assured that safe and/or effective care was always offered.

This is what we found the service did well:

- Patients seemed to be satisfied with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- Facilities were visibly clean and tidy

This is what we recommend the service could improve:

- Health Promotion information needs to be available to patients
- The service needs to offer assistance to patients with hearing difficulties and offer interpretation services for patients who are unable to converse in English
- Patient records need immediate auditing and improvements made as recommended in the non-compliance notice issued on 17 March 2017.

We identified the service was not compliant with:

Regulation 23 of The Independent Health Care (Wales) Regulations 2011 regarding Records Management, which was not in accordance with professional standards and guidance.

This is a serious matter and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW had received sufficient assurance of the actions taken to address the improvements needed.

We also identified other regulatory breaches during this inspection regarding – communication, clinical audit, emergency equipment, and information security. Further details can be found in Appendix A. Whilst these have not resulted in the issue of non compliance notices, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

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4. Findings

Quality of patient experience

We saw from the service's patient satisfaction audit and from speaking with patients on the day that they were satisfied with the service received at The Independent General Practice (IGP). Arrangements were in place to protect their privacy and we saw staff being friendly and respectful to volunteers. There were areas of improvement needed regarding communication.

Health promotion, protection and improvement

We did not see any information in the form of leaflets or posters to promote healthy lifestyles, identifying risks to health and how these can be reduced. We did however see leaflets advertising various cosmetic procedures in the waiting room. Additionally although we saw that alcohol and smoking were screened at the first appointment, we did not see evidence (in of the patient records that we inspected) of any health promotion advice such as, smoking and/or alcohol cessation.

We discussed these issues with the registered provider (the person registered with HIW as responsible for the service) and we were told that, children visiting the service may play with or deface any leaflets left in the waiting area and clinicians reported that they had no evidence that patients required information regarding health promotion from their screening. Any health promotion conversations or advice offered should be recorded in patient records.

Improvement needed

The registered provider should provide patients with information to maintain and improve health by promoting healthy lifestyles and enabling healthy choices.

Dignity and respect

We found the service had suitable arrangements in place to protect and promote patients' rights to privacy and dignity.

There were up to date privacy and dignity policies available to guide staff in their work. The clinic environment facilitated the provision of private, confidential and dignified care, for example, although the clinical reception area was open, there were specific clinical rooms which provided a private area for conversations, consultations and assessments. In addition, there was a back room for making and receiving private telephone calls to patients. Staff had also received chaperone training and there was signage offering this service in the waiting area. We observed staff being friendly and professional to patients.

Patient information and consent

We saw that there were mainly paper systems in place for gathering personal and medical information from patients. Paper entries were loose and were not filed in any particular order. It was difficult to find current information as there was no system to the files. We also saw, in one file, information such as patients' past medical history scribbled on the inside of the outer cover. **These files did not meet with professional or regulatory standards and HIW issued a formal non-compliance notice regarding the immediate improvements required.** We did however see that consent to treatment was recorded.

Communicating effectively

Prior to the inspection, we read a copy of the Statement of Purpose and Service Users guide. These are documents which set out the terms of the service offered, the staff team, a review of the service and the outcome of engagement with patients. Both contained the required information.

The registered provider also gave us an example of the information given to patients after the first consultation; which offered guidance on the service provided, costs and contract. The information did not include how to raise a concern nor did it offer the HIW contact details should they be needed.

Improvement needed

The registered provider must offer information on how to raise a concerns and this information must include the HIW details.

There was no information available on the day to patients in Welsh. We discussed this with the registered provider and we were assured that key documents, such as complaints and patient information/contract leaflets, had been translated into Welsh. These would be reviewed and reintroduced as part of the introduction pack and the information book, which was available in the waiting room (this book also contained the HIW contact address).

We were told that there were doctors available who were fluent in the Welsh language and therefore patients could request their consultation in English or Welsh

We were also informed that patients who required assistance with translators, in any language, would be asked to bring a family member with them. This is not good practice and the service must explore the use of an interpretation service...

Improvement needed

The registered provider needs to ensure key information is re-introduced in both Welsh and English.

The registered provider must ensure that patient consultations remain confidential and interpretation services should be offered when required.

Internal communication was via email or the electronic diary system which also contained information specific to individual patients, which the doctor or physiotherapist should know, such as any known disabilities.

Care planning and provision

Patients were advised to remain registered with their NHS general practitioner (GP) whilst receiving treatment and care from IGP. This was because the service did not offer provision for out of hours care. Patients were asked to complete a registration pack which included consent forms for IGP to share personal information with other medical professionals including the regular GP. The patient was within their rights to refuse sharing, although positive results following a sexual health assessment was exempt and the patient would be required to consent to sharing results with other professionals.

Additionally, the patient was not required to bring or give consent for previous medical histories to be shared from their current NHS GP prior to treatment at IGP. HIW understand the importance of confidentiality but remain concerned regarding the clinical implications of prescribing medication without confirmed previous medical information.

Patients are offered a Wellness screening on their first appointment; this allows the doctors to gather base line information on the patient's current health status.

We were told that referral to specialists and/or consultants were made on the same day as the patient was seen and those we saw in patient records were of a good quality, offering clear and concise information.

Patients could arrange for on the day appointments or could book up to 3 months in advance. Phone lines for appointments were available from 8:30 am until 5 pm with appointments available from 9:00 am until 5 pm. There was a late clinic until 6 pm on 2 or 3 days of the week depending on requests.

There was a physiotherapist available daily with late clinics until 8 pm every Tuesday and Thursday.

Patients were allocated a minimum of 20 minutes consultation time, with extra added for longer assessments. Text reminders were sent for appointments.

Citizen engagement and feedback

We saw evidence that the service engaged with patients and asked for feedback on their views of the service offered. For example, there were patient satisfaction questionnaires on the reception desk and patients were asked to complete the form

after every consultation. These were audited and outcomes were shared with patients in the information book which was available on the table in the waiting area. We also saw that it was published in their Annual Governance Report 2016.

Delivery of safe and effective care

Due to the poor standard of record keeping HIW could not be assured that The Independent General Practice (IGP) provided patients, at all times, with safe interventions which were based on agreed best practice guidelines and complied with safety requirements.

Environment

The environment was modern, spacious and made up of offices and clinical consulting rooms.

The building was clean, well organised and decorated to a high standard. We saw that Portable Appliance Testing (PAT) had been undertaken and there were smoke alarms and fire extinguishers to provide a safe environment. This meant that the service placed an emphasis on the safety of patients and staff. We were therefore assured that the environment was suitable and safe.

Managing risk and health and safety

We saw that the service had good risk assessments to ensure that staff and patients were working and attending an environment which was safe. Where risks had been identified, policies and procedures had been developed to reduce the risk as much as possible. For example, we saw that Control of Substances Hazardous to Health (COSHH) policies, guidance and training was up to date as were fire policies, evacuation plans and training.

Infection prevention and control (IPC) and decontamination

We inspected the clinical area for minor operations and this was visibly clean, tidy and well organised. We were assured that any instruments were single use and disposable.

There were systems in place for cleaning the building and we saw contracts with regard to clinical waste and facility maintenance. We saw hand washing facilities in the clinical areas and were told that staff could access hand held disinfecting gel if they so wished. Staff had received training in infection control and we saw the use of protective aprons and gloves. Staff told us that they had all been screened and had received the vaccination against Hepatitis B.

Medicines management

The service was not a dispensing practice and only wrote private prescriptions. Where drugs were kept on the premises i.e. for physiotherapy treatments or

vaccinations, we were satisfied and had no concerns regarding the safe storage, administration and disposal of this medication. The registered provider was the only clinician authorised to prescribe controlled drugs and in this instance the regular GP would be notified of any controlled drug prescribed.

Although systems were in place for safe management of medicines, the service did not monitor or audit the use of prescriptions against best practice guidelines.

Improvement needed

The registered provider should undertake regular audits of medication management to ensure the service is meeting best practice and national guidance.

Safeguarding children and safeguarding vulnerable adults

All staff had received an appropriate level of training in Child and Adult safeguarding depending on their role. There was a dedicated member of clinical staff as lead for Safeguarding and we saw policies and procedures to provide guidance in practice.

Medical devices, equipment and diagnostic systems

The service had a contract with a pathology service in London who undertook all diagnostic investigations. A private courier service delivered the specimen directly to the pathology laboratory and results were emailed or telephoned to the requesting doctor the following day.

All routine X-rays were referred to a local private hospital, more specialist x-rays were referred to the appropriate NHS hospital.

Safe and clinically effective care

We could not be assured that intervention and care was based on agreed best practice guidelines because patient records did not always adequately reflect the care given. Some audits had been undertaken in 2016 such as; smear, referral letter, dermatology diagnosis but these were, in the main, administrative audits and not for clinical standards. There was however an ongoing physiotherapy records audit.

Improvement needed

The registered provider needs to undertake a range of regular clinical audits to ensure standards are maintained.

Information management and communications technology

The service employed an Information Technology (IT) manager. We saw that there were appropriate arrangements in place so that information stored electronically had a back up system to ensure information remained secure and safe.

However in conversation, we were told that a referral letter had been waiting to be written for four days. During this time the doctor concerned was transporting the patient's details in a briefcase between the clinic and home. The General Medical Council (GMC) state 'records that contain personal information about patients, colleagues or others must be kept securely, and in line with any data protection requirements'.

Improvement needed

The registered provider needs to develop a policy in line with current guidance regarding the security of patient records.

Records management

We looked at a sample of patient records and found that they were not adequately detailed and did not meet with the required HIW Regulations. For example;

- There was no summary of past medical history or prescribed medication
- The standard of written entries was variable – some were good but others were quite poor
- Some recorded examinations did not justify the prescribing of the medication given
- Patient records were not created with a unique identifier
- There had not been any audits of records against best practice benchmarks

The General Medical Council (GMC) confirm that good medical records are essential for the continuity of patient care. Medical records should therefore be comprehensive enough to allow a colleague to carry on where the initial clinician finished.

These issues have been dealt with through the HIW non-compliance process.

Quality of management and leadership

We were satisfied that there was good leadership and management to support the established policies and procedures in place.

It was not clear to what extent the service monitored its clinical performance to identify where they could make improvements to the patients' experience and care.

Governance and accountability framework

We saw evidence that a range of regular audits had been carried out. These related to environmental, data protection, infection control and staff files. We saw that a medical student had undertaken an audit in 2015 however the recommendations had still not been implemented.

There were regular (approximately quarterly) minuted management meetings which included the registered provider, registered manager and the heads of departments. Significant events, lessons learned and concerns were discussed at these meetings.

From these meetings information would be cascaded via informal department meetings. These meetings were not minuted and therefore there was no evidence of discussion regarding improvements, lessons learned or best practice initiatives.

The doctors attended the Medical Advisor Committee meetings quarterly and met for clinical training updates on an ad-hoc basis.

Improvement needed

The registered manager needs to ensure records of staff meetings are undertaken.

Dealing with concerns and managing incidents

We saw that there was a policy and procedure for handling concerns (complaints) and this was available in the statement of purpose and the service user guide. It was also in an information book on a table in the waiting area. There were no posters or leaflets for patients to take away which would enable a concern to be raised confidentially, although there was information on the website. Discussion with staff indicated that any concerns which have been raised were received via email. There was a system in place to record details of any complaints investigation, outcome and action taken. There was also a whistleblowing policy in place to ensure the confidentiality and anonymity of staff who wanted to raise a concern.

HIW had not received any regulation 30/31 notifications since the service had been initially registered in 2004. (These are notifications of any untoward incidents or events). Discussion with the registered provider and registered manager indicated that there had not been any notifiable events, although some were highlighted during the discussion. It became evident that the service was unaware of the need to notify HIW. We were assured that this would be undertaken if the situation arose in the future.

Improvement needed

The registered manager needs to ensure that Regulation 30/31 notices are submitted to HIW when the need arises.

We were told that in the event of an emergency clinical incident the service would ring 999. There were no written agreements in place with the Welsh Ambulance Services NHS Trust (WAST) or local hospitals. We looked at the emergency resuscitation trolley and equipment and found that these required a more systematic approach. Drugs and emergency guidance was not easily accessible and oxygen therapy and equipment was stored in a different area. There was no defibrillator available.

Improvement needed

The service needs to review the emergency provisions and update in line with the Resuscitation Council UK guidance.

Workforce recruitment and employment practices

We looked at the documentation for staff appraisals and personal development plans and were satisfied that these were being undertaken appropriately.

Staff training was on-going and mainly in-house, with the registered provider delivering the training. We saw that areas such as life support, infection control, and confidentiality were updated.

HIW had no concern with staffing levels or retention of staff. Staff files were well organised and reviewed annually.

We saw that HIW certificates of registration were displayed on the walls in the waiting area in line with the Regulations. The certificate of public liability insurance was available but not visible for patient. We suggested that this be placed on the wall with the HIW certificates.

Given the areas for improvement identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

5. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state how the improvement identified at The Independent General Practice will be addressed, including timescales.

The actions taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the improvement plan remain outstanding and/or in progress, the service should provide HIW with updates, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

6. Methodology

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

We conduct both announced and unannounced inspections of independent healthcare services and we inspect and report against three themes:

- **Quality of the patient experience:**
We speak with patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.
- **Delivery of safe and effective care:**
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of management and leadership:**
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the National Minimum Standards and Independent Health Care (Wales) Regulations.

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

- Information within the service’s statement of purpose, patient’s guide and website (where applicable)
- HIW patient questionnaires completed prior to inspection.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW’s non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people’s rights being compromised. A copy of HIW’s compliance process is available upon request.

Appendix A

Improvement Plan

Service: The Independent General Practice

Date of Inspection: 15 March 2017

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
Page 5	The registered provider should provide patients with information to maintain and improve health by promoting healthy lifestyles and enabling healthy choices.	Reg 15 Standard 3	A Displaysense 18 Pocket DL & A4 wall mounted leaflet holder has been ordered* and health promotion leaflets have been acquired ready to display. <i>*unfortunately, the order has been delayed due to manufacturing delays. Delivery is expected week commencing 22/05/2017.</i>	Kieran Reynolds	22/5/17
Page 6	The registered provider must offer information on how to raise a concerns and this information must include the HIW details.	Reg 24 Standard 23	We currently provide details of our complaints policy, including the details of the HIW (as per the policy) within the patient guide. There are several patient guides available for patients within our	Kieran Reynolds	Completed

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			reception area and the complaints policy and patient guide can be found on our website. We have additionally included the details of the complaints policy, including the HIW details on all patient consent forms and registration packs.		
Page 7	The registered provider needs to ensure key information is re-introduced in both Welsh and English.	Standard 5	Key patient information has already been introduced in both Welsh and English. Detailed IGP documentation including, Patient Charter, Patient Guide, Statement of Purpose and Complaints policy are currently with a welsh translator. We expect the documents to be fully translated and available within the practice in the next 2 weeks.	Kieran Reynolds	12/5/17
Page 7	The registered provider must ensure that patient consultations remain confidential and interpretation services should be offered when required.	Reg 9(e); 18.1(b) Standard 18	All patient consultations are currently completely confidential as identified in the HIW report. We have recent taken on the services of a local translation company, 'Languages Direct'. A bilingual poster is now available in reception offering this service and all staff are	Kieran Reynolds	Completed

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			aware of their details and the process of enabling translation or interpretation for patients.		
Delivery of Safe and Effective Care					
Page 10	The registered provider should undertake regular audits of medication management to ensure the service is meeting best practice and national guidance.	Reg 9.1(o); 9.4(d) Standard 15	Regular audits of controlled drug prescribing are already in place and the practice is in the process of an annual prescribing review. The results to date have been overseen by and discussed with an independent pharmacist.	Kieron Reynolds	On-going
Page 10	The registered provider needs to undertake a range of regular clinical audits to ensure standards are maintained.	Reg 9.1(o); 9.4(d);19.1(a) Standard 15	Regular clinical audit is ongoing within the practice and we will continue to undertake this. Current referral letter audit is due for presentation at an independent Medical Advisory Committee meeting in the next quarter.	Kieran Reynolds	On-going
Page 11	Non-compliance notice: The Registered Provider is not compliant with Regulation 23 of				

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	<p>The Independent Health Care (Wales) Regulations 2011 regarding Records Management, which was not in accordance with professional standards and guidance.</p> <p>An inspection was undertaken on 15 March 2017 and a random sample of 12 patient records were examined. We found:</p> <ul style="list-style-type: none"> • Poor standards of record keeping i.e two lines to record consultation, no clear plan of treatment /care • Files were poorly maintained i.e. storage was in loose file paper folders, information was not in date order • There were no individual patient ID numbers • There were no summaries of prior clinical health needs / treatment • No clear, professionally recorded past medical histories 		<p>All registered patient notes have been reviewed by a qualified General Practitioner to ensure that all records now have a completed chronological summary sheet.</p>	<p>Kieron Reynolds</p>	<p>Completed</p>

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> • In some cases there was no justification for antibiotic prescribing • Consultation entries were ad-hoc • No evidence of any health promotion advice • No audit of patient records to maintain compliance with professional standards. • Patient records being taken away from the premises for notes to be written <p>We found that the information stored within the individual patient record was not stored safely, did not fully meet the professional guidelines for record keeping and did not capture the holistic past and present health needs and care of the patient.</p> <p>This could significantly impact on the safe treatment of individual patients.</p>	Reg 9.1(f) Standard 20	A comprehensive Healthcare Records Policy has been implemented. It has been produced in accordance with the National Minimum Standards for Independent Health Care Services in Wales (Standard 20) and The Independent Health Care (Wales) Regulations 2011 (Regulations 9.1 (f) & 23, & Schedule 3 Part 1 and Part 11).		

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	The registered provider needs to develop a policy in line with current guidance regarding the security of patient records.				
Quality of Management and Leadership					
Page 12	The registered manager needs to ensure records of staff meetings are undertaken.	Reg 18.2(a) Standard 18	Detailed minutes of Heads of Department, Senior Management and Director meetings have always been recorded. In addition, minutes are now also recorded for all individual department team meetings.	Kieron Reynolds	Completed
Page 13	The registered manager needs to ensure that Regulation 30/31 notices are submitted to HIW when the need arises.	Reg 30/31 Standard 6	Although we do retain copies of the Regulation 30/31 HIW notification tables within the IGP policies, we have now ensured that a printed copy is kept clearly visible at the front of the "Significant Event, Complaints & Improvements" folder to assist in ensuring any relevant	Kieron Reynolds	Completed

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			issues are notified accordingly to HIW.		
Page 13	The service needs to review the emergency provisions and update in line with the Resuscitation Council UK guidance.	Reg 15(b) Standard 4	The resuscitation equipment is checked regularly in line with our pre-existing policies. A spread sheet has been introduced to ensure the ongoing monitoring of medications and equipment can be easily demonstrated to independent observers.	Kieran Reynolds	Completed

Service Representative:

Name (print): Kieron Reynolds

Title: Registered Manager

Date: 28th April 2017