

General Practice Inspection (Announced)

Crickhowell War Memorial Health
Centre, Powys Teaching Health
Board

Inspection date: 10 April 2017

Publication date: 11 July 2017

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

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 Crickhowell War Memorial Health Centre, Beaufort Street, Crickhowell, Powys NP8 1AG within Powys Teaching Health Board on the 10 April 2017

Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP peer reviewer, practice manager peer reviewer 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 that the staff team at the health centre placed an emphasis on ensuring good quality and safe services to patients in accordance with the Health and Care Standards.

We found that the health centre was well managed and led by an enthusiastic practice manager and GP partners. We observed good collaboration between all members of the staff team. Discussions between staff and patients were courteous and polite which promoted respect and kindness.

Patients were happy with the treatment received and were very grateful to the staff team for the care and support that they provide.

This is what we found the service did well:

- Patients were happy with the service and standards of care and treatment provided by the health centre
- Staff were observed to be communicating with patients in a calm and courteous manner
- Patient records were completed to a good standard and included comprehensive information
- The physical environment was of a good standard and there was ample seating areas and spaces for patients with mobility aids and wheelchairs

This is what we recommend the service could improve:

- The two treatment rooms in the waiting area did not provide sufficient privacy for patients as private discussions could be overheard.
- Improvements required in relation to the utilisation of the Welsh language resources / provisions
- All relevant staff employed at the health centre should have disclosure and barring service (DBS) check
- All staff must have an annual appraisal

For ease of reading, Crickhowell War Memorial Health Centre will be referred to as 'the practice' throughout this report.

3. What we found

Background of the service

Crickhowell War Memorial Health Centre currently provides services to approximately 9,500 patients in the Crickhowell, Llangattock, Talybont-on-Usk and is in close proximity to Abergavenny. The practice forms part of GP services provided within the area served by Powys Teaching Health Board.

The practice employs a staff team which includes seven General Practitioners (GP) partners, one salaried GP, five qualified nurses, three health care assistants, pharmacist, pharmacy technician and dispensers, practice manager, office manager, two secretaries, 13 receptionists and 11 clerical / administrative staff. The practice provides a range of services, including:

- Child health and immunisation
- Baby clinic
- Maternity care (provided by Community Midwives)
- Contraception
- Well person checks
- Minor surgery & minor injuries
- Adult immunisation
- Health promotion
- Chronic disease management (Diabetes, asthma, coronary heart disease)
- Podiatry
- Smoking Cessation
- Memory clinic
- MIND (Active Monitoring)

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 of the practice were very positive of the care and treatment they received. It was observed that staff were friendly, kind and supportive. Staffing stability enabled practitioners to build up a good rapport with patients which in turn promoted continuity of care and treatment.

Discussions with patients identified that access to appointments was good and that repeat prescription ordering was also efficient and effective.

During the inspection, we distributed HIW questionnaires to patients to obtain views on the services provided. A total of eight were completed. Patient comments included the following:

Good practice, I am happy with the care and support

Good practice - no complaints

Very happy with the care received here for 4 years

Online repeat prescription and appointments booking is great

Staff are kind and polite

Reliable and stable service

Staying healthy

We reviewed the content of electronic patient records from all clinicians who worked at the practice. In all 16 patient records were reviewed. Records clearly demonstrated consultations undertaken and included sufficient information identifying investigations and tests that had been requested. Records were sufficiently detailed to enable all practitioners to gain a good level of understanding of the patients' health requirements and on going treatment. Throughout the practice there was a good range of information available in

regards to health promotion and education. Posters and leaflets were freely available. It was identified that there were limited Welsh language resources available for patients.

We found that the practice partners and management staff were fully engaged in the local south Powys GP cluster¹. As a consequence of the positive collaboration between the four practices within the cluster, they set up a Community Interest Company (CIC) Redkite Healthcare solutions. The CIC was officially registered on 26th November 2016 and employs a range of staff including a pharmacist, pharmacy technicians, physiotherapist and management staff. The new CIC had already introduced new innovations such as nurse triage, pharmacy management and patient medication reviews and embraced working with third sectors such as MIND Cymru. They have introduced 'Active monitoring' - a guided self-help programme that can help patients suffering with common mental health problems including stress, anxiety and depression. Its main purpose is to improve patients' wellbeing, self-esteem and confidence and reduce the likelihood of requiring additional GP and specialist mental health services. As previously identified there was also a good range of written material freely available in the waiting room, in relation to health education and promotion.

Dignified care

Patients were able to book in via a reception desk or electronically. The reception desk had two windows, one of which was located to the side and was low level which could be used by people with mobility issues and for private discussions. We observed that staff on the reception desk made an effort to speak as quietly as practicably possible with patients who were 'booking in' for appointments. The reception windows were also viewed to be closed when not being manned which promoted confidentiality of discussions being undertaken behind the reception. Incoming patient telephone calls were received in the room located behind the reception desk which promoted patient confidentiality.

¹ A GP practice 'Cluster' is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. GPs in the Clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients.

The electronic 'booking in' system was only available in English, although we were informed that it had the capability to be in numerous languages if necessary.

During our inspection we observed that all doors to individual consultation and treatment rooms were kept closed when staff were having discussions with patients. However, it was identified that two consultation rooms located in the waiting area did not provide sufficient privacy and confidentiality to patients as it was possible to hear discussions taking place from within the waiting room. This area must be reviewed and actions implemented in order to ensure the privacy and confidentiality of patients consultations taking place in these rooms.

The practice had notices in the waiting area informing patients of the availability of chaperones if patients wished. It was also noted in patients records that some GP's were recording that a chaperone had been offered to patients. It is good practice for all GPs to note formally in patients records that a chaperone was offered and declined or was present for examinations. All nursing and some designated reception staff had undertaken formal chaperone training and in addition refresher training was also provided annually.

Improvement needed

The practice must ensure that the privacy and confidentiality of all patients are maintained when utilising the two consultations rooms located in the waiting room area.

Patient information

The practice had a good and clear website available. The website had the facility of being able to utilise translation software to change to the designated language. The practice had also developed a very informative leaflet outlining the services available and key relevant information about the practice. This leaflet was only available in the English language and not bilingually. It was identified that the leaflet could be produced in a larger font for people with visual impairments and difficulties.

The practice had two designated booking in windows one of which was lowered for people with mobility difficulties and aids. There was also an electronic checking in service available. Presently only the English language was utilised but the software was available for it to be in numerous additional languages

such as Welsh. Notices were visible identifying that a hearing loop system was also in operation if required for people hard of hearing

The practice had numerous patient information boards available in the waiting area. There was a good range of health education and promotion material available, including, drug and alcohol help and support, carers assistance, victim support, leg club, care and repair services, shingles, cancer support services, Parkinson's support and MIND to name but a few. In addition there was a designated mother and child health board available that included information such as, rotavirus, whooping cough, folic acid, and child health issues and contact services. Again there was limited Welsh language information available and improvements in relation to this area are required.

Improvement needed

The practice must ensure that information available in the Welsh language receives the same weight and level of attention as that of the English language.

Communicating effectively

There were robust internal communication systems in place to safeguard that no undue delays in processing referrals, correspondence and test results occurred. Messages between health professionals were undertaken utilising the computer system via tasks or internal messages which enabled an audit trail to be made. Requests for home visits were also recorded electronically for all GPs to access as required.

Out of hours consultations and visits are undertaken by Shropdoc. The practice was notified of any visits undertaken by them. There are also notice boards located strategically in secured staff areas to inform members of staff of any deaths with a view of updating practice records to avoid sending out correspondence that could cause distress to relatives.

Timely care

Patients were able to book appointments to see a GP or practice nurses via telephone or online via My Health Online. Repeat prescriptions could also be requested utilising the two previous methods and in addition via the local pharmacy or the practice's own dispensary.

On Mondays and Fridays predominantly, patients requesting an appointment for the same day, the practice had developed a triage system which enabled the practice to prioritise patients and allocate them to the most appropriate clinician, which could be a GP or practice nurse. During our inspection we observed some patients waiting up to 20 minutes to see their medical practitioner.

The practice also used a text messaging service reminding patients of upcoming appointments and specific attendance at clinics.

The inspection took place on a Monday morning, one of the busiest periods of the week in the practice. There was no method for patients to see if there were any delays in their appointments apart from approaching the reception staff. The practice is advised to evaluate this area of communication management, and consider making the process more effective.

Patients with special requirements were also identified by the practice via information held by social services. This enabled the practice to provide extended appointments as necessary.

Individual care

Planning care to promote independence

Access in to the practice was via electronic doors which were easy to operate especially for people with reduced mobility or who used mobility aids. All patients' consultation rooms were on the ground floor.

There was a small car parking area available outside which included designated disabled parking. It was identified that due to the limited number of car parking spaces available, it was on occasions difficult at busy periods to find a space.

People's rights

Discussions with patients identified that they were able to have family and friends attend consultations at all times. Patients informed the inspection team that they would raise any complaints and concerns directly with the practice staff should the need arise. It was identified during the visit that there was little information available in the waiting areas in regards to how to raise a complaint. There were no posters advising patients of the process to follow in order to raise a complaint. It must be noted however that information in regards to how to raise a complaint was available in the practice leaflet and via their website. In addition, information on the Powys Community Health Council was available,

which could provide additional support for patients wishing to raise any complaints / concerns regarding the practice.

The practice leaflet also included information in relation to people's rights and responsibilities. It identified the importance of the partnership between patients and the primary health care team. It noted that the success of the partnership depends on an understanding of each other's needs and cooperation between both parties. It provided information on the practice's responsibilities to patients such as, a right to confidentiality, a right to see medical records and referral to a specialist when patient and GP agree that it would be necessary. Patients' responsibility to the primary health care team included, only requesting emergency appointments when necessary and appropriate, punctual attendance of appointments and leaving sufficient time for consultants letters to be issued and test results to be received.

Listening and learning from feedback

Discussions with practice staff demonstrated that they tried to adopt an open and positive approach to dealing with complaints, which we considered to be good practice. We did not fully explore how well the complaints policy adheres to the 'Putting Things Right' guidelines on this occasion. It is the responsibility of the practice to ensure they are compliant with this whilst they undertake a full review of all their policies and procedures.

The practice was enthusiastic in developing a learning culture and was very active in the local cluster partnership group. The cluster group meetings were noted to be effective methods of identifying good practice and disseminating this across the cluster practices. A patient focus group met bi-monthly and was well established. Members of the group included rotary club members and Community Health Council members. The agenda of these focus group meetings are all related to health care. At present none of these focus groups minutes were available to the public. Ensuring that information in relation to these meetings is freely available to the public promotes an openness and transparency and enables the public to become fully involved and informed. The management of the practice should ensure that discussions and minutes of these focus task group meetings are made available to the general public.

Improvement needed

Focus Task Group meeting minutes should be made freely available to the public.

Delivery of safe and effective care

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

Overall we were satisfied that the practice provided safe and clinically effective care for patients. This was because patients' records viewed contained good information and provided a clear account of the consultations that had taken place and the outcomes of any tests and investigations requested

The practice had arrangements in place to promote safe and clinically effective patient care. The staff team were committed to providing patient centred care / treatment and dedicated to delivering a high quality service to their patients.

Information was freely available throughout the practice to help patients take responsibility for their own health and well being. A comprehensive practice leaflet was available for patients.

Appropriate arrangements were in place to ensure the safe prescribing of medicines and to learn from any patient safety incidents.

Safe care

Managing risk and promoting health and safety

During our discussions with staff we were informed that any potential risks within the practice would be immediately raised with the practice manager. The practice utilised the services of a private company to undertake specific risk assessments, fire safety management and human resources requirements. The present staffing establishment enables staff to crossover into different role, thus enabling the continued effective delivery of services within the practice should a member of staff be away from the practice for considerable time. Continuity is therefore maintained and the services for patients are not affected. Procedures were also in place whereby GPs would have a buddy, this would become operational if a GP was away from work. The buddy would review all

outstanding test results and ensure patients' on going needs, requirements and treatments would continue in a seamless manner.

Infection prevention and control

Staff discussions confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce the likelihood of cross infection. All clinical treatment areas viewed as part of the inspection were clean neat and tidy. Hand washing and drying facilities were available in clinical areas and toilets. There was also numerous hand sanitizers located around the practice. The practice has an infection control policy and procedure in place which was viewed during the visit. Some of the infection control audits were viewed but these were not routinely undertaken. The practice should revise and improve this area of practice to ensure infection prevention and control practices are at an optimum level.

Medicines management

The health centre was a dispensing practice. The service was only available as per Welsh Government Policy to patients who lived more than a mile from the centre of Crickhowell and who are deemed to be in a rural area. The dispensary opening hours were 09.00 to 17.30 Monday to Friday. Repeat prescriptions were attainable through either submitting a repeat prescription slip via post or the box at the reception desk or through the utilisation of the My Health Online portal service.

Patients were very happy with the service provided by the practice itself in regards to medication dispensing. The dispensary had sufficient numbers of staff in order to provide an effective and efficient service. Recording of fridge temperatures were being monitored daily.

Safeguarding children and adults at risk

During our visit we discussed the child and adult safeguarding practices in operation. A GP room and the practice manager's room viewed held copies of the All Wales Child Protection Policy. It was identified that not all staff were fully aware of its location. The practice must ensure that all staff are fully aware of its location should any concerns arise. The practice had a designated GP responsible for child and adult safeguarding. Patient records identify if a patient is vulnerable or on the at risk register. We were informed that the practice had a good relationship with the Lead Nurse in Powys for safeguarding. GPs had attended Level 3 training in child protection and all additional staff had undertaken either level 1 or 2 dependent on their role.

Improvement needed

The practice must ensure that all staff are fully aware as to where to obtain information in relation to the All Wales Child Protection Policy.

Effective care

Safe and clinically effective care

Significant events are discussed by the practice during GP Partners meetings. Limited information relating to significant events was available during our visit as these records were held by the designated GP in preparation for their appraisals. The practice should ensure that a full and complete list of all significant events is maintained and that full information relating to the investigation and outcomes of these significant events are recorded.

The practice had a notice board available which provided information to staff regarding new guidelines and policy changes. NICE guidelines relevant to primary care were discussed in partner meetings and relevant information disseminated to other members of the team as appropriate.

Record keeping

The note summariser had a clinical health background and had been in post for some considerable years. The allocated individual had undertaken specific training in regards to the correct codes to be utilised when summarising past medical histories. Additional clerical staff had been trained to assist in coding new diagnoses from clinical letters.

All summaries were up to date and we were informed that there were no backlogs reported to the inspection team.

GP records reviewed were of a high standard and made it easy for colleagues to understand next steps and provide continuity of care. Some doctors did not appear to be using the designated consultation type drop down menu, and listed all interactions including administrative tasks as surgery consultations, which could cause confusion if it was not clear whether a patient had been seen face to face.

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.

Overall we found a happy and cohesive staff team who were confident in their roles and responsibilities within the practice. We also found good evidence of strong leadership from the practice manager and team of GPs who led the overall team.

There was good delegation of tasks, with lead staff identified to take responsibility for important areas, whilst still being supported by the practice manager (or other staff member).

We considered that more formal methods of providing feedback to patients on the service provision and of the practice would be beneficial.

Governance, leadership and accountability

During our visit we were informed that the practice has an enthusiastic Focus Task Group in operation which consists of patients and local leaders from the locality. This group looks at issues affecting the practice and local health requirements of people. There were no minutes of these meetings made available to the public. It is important that the group practices in an open and transparent manner and should therefore ensure the publication of any meetings.

The practice had a suggestions box available in the waiting room. We were informed that where patients had included contact information, the practice would provide feedback to patients on any comments / suggestions made. It was identified that there were no other formal methods at present utilised to provide feedback to patients on any service changes or practice development such as an annual report.

Improvement needed

The practice is required to inform HIW on how it intends to provide feedback to patients in a consistent and proactive manner.

Staff and resources

Workforce

Staff spoken to during the inspection were unanimously happy in their work at the practice. A number of the staff had worked at the practice for numerous years.

Staff appraisal records were viewed and it identified that some staff had not received an annual appraisal in a timely manner. This component of staff management and development is an important aspect of ensuring a competent and confident team of staff. The practice must ensure that all staff receive an individualised annual appraisal appropriate to their role within the practice.

Discussions with the practice manager and records viewed identified that all relatively new members of staff had undertaken a Disclosure and Barring Service (DBS) check. However this procedure was not historically utilised. The practice is to ensure that all staff receive a DBS check in order to be as assured of the integrity of all staff employed at the practice.

Improvement needed

The practice must ensure that all staff receive an annual appraisal.

The practice must ensure that all staff receive a DBS check.

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, measureable, 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
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Crickhowell War Memorial Health Centre

Date of inspection: 10 April 2017

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
No immediate assurance issues				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Crickhowell War Memorial Health Centre

Date of inspection: 10 April 2017

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 ensure that the privacy and confidentiality of all patients are maintained when utilising the two consultations rooms located in the waiting room area.	4.1 Dignified Care	<p>Reorganise the consulting rooms so that the consulting area is away from the door.</p> <p>Move the reception radio to the wall between the consulting room</p> <p>We have met with the builder and agreed to upgrade the doors to provide enhanced sound proofing.</p> <p>Review reception floor plan to look at</p>	Practice Manger	<p>Sept 2017 to re-organise rooms.</p> <p>September 2017 for building work</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		seating plan alternatives		
The practice must ensure that information available in the Welsh language receives the same weight and level of attention as that of the English language.	4.2 Patient Information	We will ensure that there are more booklets and leaflets in Welsh, we have programmed the automated booking in system to offer Welsh or English	Office manager	Immediate start date and rolling forward.
Focus Task Group meeting minutes should be made freely available to the public.	6.3 Listening and Learning from feedback	<p>We will add this to the agenda in the next focus group meeting. Possible options include:</p> <p>Sign post the service in the Crickhowell news / reception notice board / prescription scripts.</p> <p>Publish the meeting minutes on practice website and / or hold copies in the reception area.</p> <p>The focus group will can also use its resources to circulate to the public.</p>	Practice manager Dr Paton	July 2017
Delivery of safe and effective care				
The practice must ensure that all staff are fully aware as to where to obtain information in relation to the All Wales Child Protection Policy.	2.7 Safeguarding children and adults at risk	Revise all safeguarding practices and information in the next staff / training session. Next PLT is scheduled for	Practice Manger	June 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>June 28th this will be added to the agenda.</p> <p>We will add the safeguarding pathway to the notice board in the reception area.</p>		
Quality of management and leadership				
<p>The practice is required to inform HIW on how it intends to provide feedback to patients in a consistent and proactive manner.</p>	<p>Governance, Leadership and Accountability</p>	<p>We will create a feedback section on our internet page where we will publish news and updates on common concerns and patient surveys.</p> <p>This can be updated as and when or on a quarterly update.</p>	<p>Data Manager</p>	<p>June 2017</p>
<p>The practice must ensure that all staff receive an annual appraisal.</p>	<p>7.1 Workforce</p>	<p>The practice has always given annual appraisals to all staff. In 2016 our office manager resigned before completing this task and the Practice Manager was not able to cover all the work required. This resulted in some members of staff missing their annual review</p> <p>We now have a full complement of management staff and the annual appraisal policy will be resumed for all</p>	<p>Practice manager office manager</p>	<p>July 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice must ensure that all staff receive a DBS check.</p>		<p>staff.</p> <p>All clinical staff have had a full enhanced DBS.</p> <p>The health board cannot supply any documentation that requires reception and admin staff to be DBS checked</p> <p>The practice policy from March 2016 has been that all new members of staff will undergo a DBS check including reception and administrative staff.</p> <p>We will document a practice policy to ensure reception and admin staff that have not been DBS checked are not called for as chaperones and are not left alone with patients.</p> <p>This will be risk assessed on an annual basis.</p>	<p>Office manager</p>	<p>June 2017</p>

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): Julie Chouhan

Job role: Practice Manager

Date: May 22, 2017