

General Practice Inspection (Announced)

Brecon Medical Group Practice,
Ty Henry Vaughan, Bridge Street,
Llanfaes, Brecon, Powys,
LD3 8AH,

Powys Teaching Health Board

Inspection date: 20 April 2017

Publication date: 21 July 2017

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.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	17
	Quality of management and leadership	22
4.	What next?	24
5.	How we inspect GP practices.....	25
	Appendix A – Summary of concerns resolved during the inspection	26
	Appendix B – Immediate improvement plan	27
	Appendix C – Improvement plan	28

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 Brecon Medical Group Practice, Ty Henry Vaughan, Bridge Street, Llanfaes, Brecon, Powys, LD3 8AH, within Powys Teaching Health Board on the 20 April 2017.

Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and a lay reviewer.

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

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

2. Summary of our inspection

Overall, the Brecon Medical Group Practice based at Ty Henry Vaughan placed considerable emphasis on ensuring quality and safety across services provided to patients in accordance with the Health and Care Standards. We observed courteous and professional staff speaking in a dignified manner with patients on a face to face basis and via the telephone.

Patients can be assured that the practice is well run. Staff were clear about their roles and day to day responsibilities. There was also a clear leadership structure in place and staff felt well supported by senior members of the team.

This is what we found the service did well:

- The practice provided a nice comfortable environment for patients to be seen by health care professionals
- Patients spoke highly of the kind, courteous and caring staff
- The practice provided a good range of health and education resources in the waiting area.
- Staff were proactive and enthusiastic in providing health and care services to patients.
- The practice provided a good range of health services to the local population

This is what we recommend the service could improve:

- Patients should be enabled to have private discussions away from the reception / waiting area should they wish
- The practice should ensure that all reception and clinical staff are competent in the use of the hearing aid loop system
- Improvements were identified in relation to the utilisation of Welsh language resources / provisions

- Temperature recording of the medication dispensary room must be undertaken daily
- Documentation of patients consultations undertaken by GPs needed to be improved
- Lunchtime telephone call management required careful evaluation and improvement

3. What we found

Background of the service

Brecon Medical Practice provided services to approximately 15,000 patients in the Brecon and surrounding rural area. The practice forms part of GP services provided within the area served by Powys Teaching Health Board.

The practice employed a large staff team which included 13 GPs (3 of which were salaried), 8 Practice Nurse Sisters, 2 Health Care Assistants, 1 Phlebotomist, 5 Dispensers, 3 Secretaries, 15 Medical records staff, 3 Administrative staff and 2 Managers.

The practice provided a range of services, including:

- Smoking Cessation
- Mental Health Counselling
- Health Visitors Services
- Chronic disease management including respiratory, cardiovascular and diabetes
- Wound care
- Travel Advise and Vaccinations
- Women's Health
- Anticoagulation
- Phlebotomy
- Minor Surgery
- Direct access to a physiotherapist

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.

Overall, patients were happy with the quality of services provided at the practice. Patients praised the care and treatment provided by the staff. We were informed that patients felt they were treated with dignity and respect by staff who were courteous and friendly.

The practice environment was of a good standard, with ample seating and space available for patients with mobility issues. The practice website was of a good standard. For example, invaluable information was freely available such as the services provided at the practice, methods of contacting the practice and out of hours contact details, appointment booking, the Patients Charter and repeat prescription ordering, to name but a few.

The practice had systems in place to enable patients to raise concerns/complaints and to provide feedback on the services provided.

As part of the inspection activity, HIW questionnaires were made available to patients to obtain their views on the services provided. A total of 12 questionnaires were completed on the day of the inspection. Patient comments included the following:

Everything about the Brecon GP is good

Getting an appointment here always seems relatively easy

Staff are always pleasant and helpful

Staying healthy

The practice had a good range of health promotion and educational resources freely available in the waiting area. Information relating to topics such as smoking cessation and healthy eating were promoted.

The practice operated a weekly virtual ward round¹. Formal systems were in place to support multi-disciplinary working with other health and social care professionals in the locality. The virtual ward concept was utilised as a driver for reducing patients' admission to hospital if their medical and care needs could be managed safely in the community. It also highlighted patients at risk of requiring admission to hospital and enabled the introduction of increased services and care provisions to be delivered at their home.

The practice was an active member of the south Powys Cluster² group. This group enabled practices to have regular discussions about the services provided and promote best practice. These meetings also enabled members to plan for the future and develop new and innovative services to meet the needs of patients within the South Powys locality.

The practice also held a range of internal staff meetings which enabled the practice to evaluate their present service provision and plan future service requirements.

Dignified care

The practice had a large reception area which was located in the waiting room. Patients 'booking in' at the reception desk were advised to queue from a specific point in order to promote the confidentiality of patients talking with reception staff. A low level desk was also available for patients with reduced mobility. We were informed that should patients wish to discuss matters in private; a room would be made available. This information was not available at the reception area in written format and as such, patients would not be aware of the provision. The practice was therefore advised of the need to inform patients of this provision. Consultation and treatment room doors were kept closed when staff were attending to patients. This ensured staff were taking appropriate

¹ Virtual wards use the systems and staffing of a hospital ward, but without the physical building. Their aim is to reduce hospitalisation through multidisciplinary case management for patients at home.

² A GP Practice 'Cluster' is a group of GPs and Practices locally determined by an individual 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.

steps to maintain patients' dignity and confidentiality during consultations. A treatment room within the practice had two couches in the same room and these were separated by a curtain. This raised concerns regarding the privacy and dignity of patients if both couches were in use at the same time. We were informed that this was put in place some years earlier as there was a possibility of the local minor injuries unit closing and there was a real belief that patient numbers attending the practice would increase. The practice must however evaluate this area of service provision/delivery in order to maintain the privacy and dignity of all patients, at all times.

Consultation rooms viewed as part of the inspection had a copy of the chaperone policy available. Patients were also able to request to see a male or female doctor, although this was dependent on the GPs availability on the day of their appointment. Where the gender of the GP was not as requested, a chaperone would be provided. All qualified nurses, health care support staff and some administrative staff who had been suitably trained, provided the chaperone service.

During the morning and afternoon surgery periods, in-coming telephone calls were taken in the staff office, which was located on the first floor. The room maintained patient confidentiality as no patients were able to access the area. During the lunch time period however, it was identified that all telephone enquires were transferred to the main reception desk, which was located within the waiting room. Throughout the lunch time period, the reception area received a constant flow of patients, physically presenting at the practice with queries. Some patients presenting at the reception desk had to wait some time in order for the reception staff to conclude their telephone enquiries. This area of communication management did not provide sufficient privacy and confidentiality to patients, because telephone conversations were easily overheard. The practice must therefore review this area of its communication management in order to safeguard patient privacy and improve confidentiality.

Improvement needed

Patients must be made aware that they can have confidential discussions with reception staff in a room away from the reception area in accordance with their wishes.

The practice must inform HIW how it intends to ensure the privacy and dignity of patients utilising the treatment room.

The practice must evaluate the current lunch time procedure, whereby all incoming telephone calls are received at the main reception desk.

Patient information

Overall, there was a good range of information available in the waiting area to advise and support patients to look after their own health and wellbeing. Information was also available in relation to local and national third sector (voluntary) organisations and self help groups available to provide support. Some of the leaflets available included information about dementia care, the eye care liaison service, get well without antibiotics, food wise, domestic abuse, heart care, Parkinson's and Powys Community Health Council. In addition there was a dedicated carer's board, which highlighted support organisations available for carers. Some posters in the waiting area were displayed in large print, to assist patients with reduced or impaired vision.

The practice had an electronic notice board which alerted patients to attend their appointment with the clinician and included additional rolling information regarding the practice and health promotion / education material.

The practice had developed an informative and easy to use [website](#), which provided information and resources to patients such as opening times, staffing, repeat prescriptions and how to make a complaint, to name but a few.

We were informed during the inspection that interpreters could be requested if required by patients and or the clinician.

Communicating effectively

The practice had visible notices located in the waiting area promoting the hearing aid loop system which was available. Unfortunately reception staff were unaware of how to use the system which meant that patients with hearing difficulties would not have been able to utilise this important resource.

The practice had an electronic self check-in machine. The languages in use were Welsh, English and Nepalese. Nepalese was used as there was a number Gurkha's based in Brecon.

The practice had a range of methods to promote effective communication between staff. This included slot notes/instant messages for urgent matters, and non urgent matters were allocated via the electronic task system.

We were informed that in the region of eight home visits were undertaken each day. Incoming clinical letters were work flowed to the duty doctors and divided equally between them. The practice also operated an informal buddy system for GPs which means that should a GP be away from work, the buddy would review any information such as test results.

Improvement needed

All clinical and reception staff must be proficient in the use of the hearing aid loop system.

Timely care

Information was freely available and in several locations relating to the opening times of the practice. The practice opened at 8.15am - 6.30pm Monday to Friday. Patients were able to book appointments via the telephone, online through the [My Health Online](#) portal, or in person at reception. The practice attempted to arrange appointments for patients with the GP of their choice if at all possible. An emergency surgery was held in the practice every morning between 09:00 and 10:00am. Patients with a medical need would be seen on the day if required. The practice saw on average 40 emergency patients daily. Pre bookable appointments were able to be made four weeks in advance.

Contact information relating to the out of hours service provision was clearly displayed within the practice, on their practice leaflet and on their website. 'Shropdoc' provided the entire out of hour's service provision for the practice.

Repeat prescriptions could be ordered using one of the following methods: online, in person at the dispensary, by post or via fax. Telephone requests for repeat prescriptions were not accepted. Patients were informed that at least 48 hours notice was required before collecting their repeat prescriptions. It was also the practice policy not to issue more than one month's medication at a time.

Individual care

Planning care to promote independence

Access to the practice was via electronic doors, which was particularly beneficial for patients with reduced or impaired mobility. Consultation and treatment rooms were all located on the ground floor. Parking facilities were

available to the front and to the side of the practice. Some disabled parking spaces were also available.

The practice undertook annual reviews of patients who were identified as being vulnerable such as learning difficulties. The practice also provided an enhanced service to local care homes, which involved a GP visiting care homes to review patients' needs and answer any queries regarding their health and wellbeing on a weekly basis.

People's rights

We were informed by patients that family and or friends were able to attend the consultation with them if they wished. We were informed that two GPs were fluent Welsh speakers. However, limited Welsh language resources were observed available in the waiting area. The practice must improve its Welsh language provision and ensure that Welsh language information is freely available within the practice.

The practice had developed its own Patients Charter which outlined what patients could expect of the service provided, and what the practice expected of patients. It included: absolute confidentiality at all times, any abuse of staff or property would be taken very seriously, patients could be asked to leave the practice if the patient/doctor relationship broken down or if the patient moved out of the practice area. Patients could expect prompt and courteous treatment at their appointment time, unless delays were caused by medical emergencies. Patients could have access to their medical records within the limits of the law; the practice would provide sympathetic and impartial investigation of legitimate concerns /complaints.

Information was also included in relation to what the practice expected of patients, it included notifying the practice if patients were unable to attend their allotted appointment with the doctor or specialist nurse. The Patients Charter also noted that patients should not be asking GPs to see more than one person during their appointment.

Staff were informed during their induction of the confidentiality policy in operation at the practice. The policy also included information in relation to social media and its acceptable usage by staff.

.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.

Listening and learning from feedback

We noted there was a suggestion and comments box available within the reception/waiting area at the practice. It was identified that the practice reviewed all feedback and acted upon it in a proactive manner when appropriate. It was recommended that the practice provided formal feedback to all patients on the comments and feedback received, and what actions implemented if appropriate, in a formal and constructive manner. The practice leaflet and website provided information to patients on the methods of providing feedback to the practice on the services provided. Information was also available in relation to the process to follow in order to raise a concern / complaint. Timescales were also included to inform patients as to the expected date, the practice would respond to their complaint.

In addition, 'Putting Things Right' leaflets were available in the waiting area and information pertaining to Powys Community Health Council and the Public Ombudsman for Wales. Both of these organisations could also be contacted to discuss any concerns/complaints. A log of all complaints held at the practice was viewed and found to contain comprehensive information and outcomes of complaints received. It was identified that the practice attempts to respond to all complaints / concerns as soon as is practically possible. It was noted that the practice could issue a standard acknowledgement/holding letter to all complainants and include a copy of the complaints policy with the letter in order to ensure transparency, and enable complainants to be fully informed of the process that would be followed by the practice.

The practice also had a 'Whistleblowing' policy. The policy included valuable information which informed the whistle-blower as to how the information disclosed would be dealt with, and what to expect. Information was also included in the policy relating to safeguarding and contact details of Powys Teaching Health Board and details of the charity 'Public Concerns at Work'.

An additional resource that the practice utilised to gain feedback from patients was through its Patient Participation Group (PPG). The PPG met annually to discuss issues affecting patients registered with the practice. Any issues could be forwarded to the Chairman of the PPG for consideration.

Improvement needed

The practice must develop a system of providing formal feedback to all patients of the practice in relation to comments/suggestions received and actions delivered as a consequence of the feedback received

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 found the practice had arrangements in place to promote safe and effective patient care in accordance with the Health and Care Standards. There were good systems for communication between staff, which ensured that information about patients was shared quickly with those who needed to know.

There were arrangements in place for regular health and safety checks of the building in order to ensure it was maintained to a good standard for the benefit of patients and staff

We identified the need for improved documentation in patients records.

Safe care

Managing risk and promoting health and safety

The practice had systems in place which could be implemented should any risk be identified, i.e. fault reporting and building issues. The practice had a continuation plan in place which identified business partnership risks, and included information such as contingencies for long term staff absences.

As previously identified, the practice was pro-active within the local south Powys Cluster. As a consequence of this collaborative working with other local practices, new services had been implemented such as direct access to a physiotherapist. This new innovation enabled patients to be seen directly by a physiotherapist without the need for a referral from a health professional.

All new staff employed by the practice received a comprehensive induction period and included a formal induction programme. The written induction programme was viewed and seen to contain relevant and informative information for new members of staff, which would assist with their integration into their new role.

Infection prevention and control

All patient areas were on one level and easily accessible throughout. Toilets, including disabled toilets, and baby changing facilities were available at the practice. All patient toilets viewed were clean and hygienic. The practice also undertook regular toilet cleanliness audits. The entire waiting area and consultation rooms were also very clean and no infection control issues were identified. All consultation and treatment rooms had hand wash basins, personal protective equipment such as gloves and all sharps boxes were stored appropriately. The practice had an infection control policy in place and the staff spoken with during the inspection were aware of where to find it. Qualified nurses undertook regular infection control audits within the practice and they were responsible for the cleaning of trolleys pre and post clinical procedures.

Staff training records did identify that some staff had not received infection control training at regular intervals. The practice must ensure that all nurses/health care support staff receive infection prevention and control training in a timely manner.

Improvement needed

The practice must ensure that all appropriate staff receive infection prevention and control training in a timely manner.

Medicines management

The practice was a dispensing practice. Formal criteria were in operation identifying who would be eligible to utilise the services of the dispensary. The service was available for all patients, who lived more than a mile from the centre of Brecon and who were deemed (by the Welsh Government) to be residing in a rural area.

During the inspection, we viewed the dispensary and noted it was well organised and stocked adequately. Daily checks were undertaken in relation to fridge temperatures, but it was identified that room temperatures were not recorded. It was identified on the day of the inspection that the room was warm. Certain medication must be stored below 25 Centigrade because of the risk of perishing, if the temperature was exceeded. The practice must therefore monitor the temperature of the room daily.

Improvement needed

The practice must ensure that rooms used to store medication are checked daily in order to ensure that the temperature does not exceed 25C.

Safeguarding children and adults at risk

The practice had a designated GP who was the Child Protection lead. The practice had policies and procedures in place in relation to safeguarding children and adults at risk. The software package utilised by the practice enabled 'electronic flags' to be attached to children's record who were on the 'at risk register'. The system also enabled children who were looked after, to be clearly identifiable. All clinical staff had received level 3 child protection training. Staff who were not in direct contact with children as part of their working duties had received level 1 child protection training. There were flowcharts available in the practice in relation to processes to follow if any welfare concerns were identified in relation to a child or adult..

Effective care

Safe and clinically effective care

We saw that practice policies and procedures were stored electronically and in paper format. We were informed by staff that they had access to relevant areas of the computer system to view these policies and procedures. It was identified that some policies were overdue a revision. The practice should systematically review all policies and procedures and undertake a revision as identified on the document, in a timely manner.

The practice ensured relevant patient safety alerts were circulated to members of the staff team in a timely manner by emailing relevant staff and discussions during practice meetings. All significant events were analysed and discussed during the regular clinicians' monthly meeting. All serious events were recorded fully and stored securely on the computer system. Specific nursing team meetings were also held regularly at the practice. We were informed of some of the issues that were discussed at these meetings. The meetings allowed information to be disseminated to all nursing/health care support staff relating to their current and future practice. It was recommended that formal minutes of those meetings be recorded in order to enable a clear audit trail and to promote transparency. All members of the nursing and health care team should then be provided with a copy of the minutes.

Staff at the practice kept up to date with best practice by attending cluster meetings, attending protected learning/training sessions, networking and reading professional journals. Best practice and new clinical guidelines would be circulated to relevant members of staff via memos, the staff notice board and by email.

Improvement needed

The practice must ensure that all policies and procedures are reviewed in accordance within the designated timescales identified on each specific document.

Quality improvement, research and innovation

The practice promoted a culture of learning and development. Staff were encouraged to attend training which would benefit their professional development and improve the services delivered to patients. The practice was active within the local cluster group of South Powys and during regular meetings best practice and new innovations were discussed. The practice were developing a new telephone text service which provided reminders for patients in relation to appointments and other health related issues.

Record keeping

During the course of the inspection, the content of a randomly selected sample of twenty one patient records was reviewed. It was noted that generally, record keeping was adequate, but improvements were identified. Specifically six patients records viewed did not have a comprehensive documented diagnosis; seven did not include a documented plan. The practice was informed that insufficient documentation of consultations could have a negative impact on patients, especially if a new clinician undertook a consultation with a patient without having all relevant and historical information available. In addition it was identified that improvements were required in relation to the documenting of read³ code problems. Ten patient records viewed did not include a diagnosis read code.

³ Read codes provide standard vocabulary by which clinicians can record patient findings and procedures on software systems.

Improvement needed

The service must ensure that GPs consultations with patients are documented in patient's records in a comprehensive and robust manner.

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 evidence of good leadership from the practice management and GP's, overseeing a happy and cohesive staff team. The staff team were well established and confident about their roles and responsibilities within the organisation. Staff demonstrated a clear commitment to providing the best possible care and treatment for their patients.

Governance, leadership and accountability

During our inspection visit, we talked to a number of staff working in different roles within the practice and all staff spoke with respect about the leadership provided by the practice management and GPs. Staff felt well supported in their roles and felt enabled to discuss any areas of concern with management.

The practice had a human resources manager in place which provided a comprehensive range of HR services to the practice. We observed that staff records were maintained to a good standard. The process of recruiting staff was discussed and this included Disclosure and Barring Service (DBS) checks where necessary, to ascertain a person's suitability to work with patients.

Staff and resources

Workforce

We found evidence of a happy, cohesive staff team, many of whom had worked at the practice for a number of years. We identified that staff knew exactly what was expected of them and were confident in the range of responsibilities and tasks that they were required to complete.

It was acknowledged that staff were supported to attend relevant courses appropriate to their roles and responsibilities. All nursing staff had received an annual appraisal. It was identified that some staff employed at the practice had

not received a Display Screen Equipment (DSE) risk assessment. The practice must ensure that all staff that utilise a computer regularly adhere to relevant health and safety regulations.

We spoke with three of the practice nursing sisters about the arrangements to complete the required Nursing and Midwifery Council revalidation⁴ process, and we were satisfied that they were in receipt of sufficient support in this regard.

Improvement needed

The practice is required to describe the action to be taken in order to address the absence of staff (DSE) health and safety risk assessments.

⁴ Revalidation is the process that all nurses and midwives need to go through in order to renew their registration with the Nursing and Midwifery Council.

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: Brecon Medical Group Practice, Ty Henry Vaughan, Bridge Street, Llanfaes, Brecon, Powys.

Date of inspection: 20 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
There were no immediate assurance issues identified				

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: Brecon Medical Group Practice, Ty Henry Vaughan, Bridge Street, Llanfaes, Brecon, Powys.

Date of inspection: 20 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				
Patients must be made aware that they can have confidential discussions with reception staff in a room away from the reception area in accordance with their wishes.	4.1 Dignified Care	Information will be made available to the practice population to indicate that if a patient wishes to speak to someone regarding a confidential matter measures will be undertaken to do so in a quiet area. Staff training will be made available regarding this and included in the induction procedures. This will be publicised via our: Webmedia screens, Website/practice	Management Team	July 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice must inform HIW how it intends to ensure the privacy and dignity of patients utilising the treatment room.</p> <p>The practice must evaluate the current lunch time procedure, whereby all in-coming telephone calls were received at the main reception desk.</p>		<p>leaflet</p> <p>The practice will look to review the access to the clinical area. An option of review is the current appointment system and clinical space is an issue and is causing difficulty to provide segregated care.</p> <p>The practice has recently installed a “telephone recording system”. This gives the practice the ability to review the number and nature of the calls during the lunchtime period. This will enable us to adopt an appropriate solution, which may include, additional resourcing to enable calls to be handled elsewhere or further training to ensure confidentiality in that area.</p>	<p>Senior Partner</p> <p>Management Team</p>	<p>On going</p> <p>September 2017</p>
<p>All clinical and reception staff must be proficient in the use of the hearing aid loop system.</p>	<p>3.2 Communicating</p>	<p>Update training awareness sessions will be scheduled for in-house training annually for all administration team</p>	<p>Management Team</p>	<p>In-house Protected Learning –</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
	effectively	members, which will include proficiency in use of equipment to assist patient services.		June 2017 Annually thereafter
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	6.2 Peoples rights	The practice will endeavour to seek information in alternative languages to assist signposting services	Practice Team	On going
The practice must develop a system of providing formal feedback to all patients of the practice in relation to comments/suggestions received and actions delivered as a consequence of the feedback received.	6.3 Listening and Learning from feedback	Currently responses are provided to individuals directly as deemed appropriate. The practice will develop such responses so that they are routinely provided to individuals and collectively where appropriate using the recently installed media screens in the practice waiting areas, practice web site and via the Patient Participation Group.	Management Team	On going
Delivery of safe and effective care				
The practice must ensure that all appropriate staff receive infection prevention and control	2.4 Infection Prevention and	All health care professional and staff providing clinical care must undertake	Management Team	On going

Improvement needed	Standard	Service action	Responsible officer	Timescale
training in a timely manner.	Control (IPC) and Decontamination	<p>Level II infection prevention training via e learning each year. All non clinical staff must undertake Level I infection prevention training via e learning annually. The practice will also participate in training arranged for primary care through the local health board.</p> <p>A schedule of training is maintained, will be monitored and action will be taken to ensure that minimum training is up to date at all times.</p>		
The practice must ensure that rooms used to store medication are checked daily in order to ensure that the temperature does not exceed 25C.	2.6 Medicines Management	Room temperature gauge placed in the room and Standard Operating Procedure to be written by the team to enable monitoring and auditing.	Operational manager	July 2017
The practice must ensure that all policies and procedures are reviewed in accordance within the designated timescales identified on each specific document.	3.1 Safe and Clinically Effective care	<p>A schedule for reviews has been agreed with Management Team & Lead GPs.</p> <p>Complete portfolio of policies and procedures to be accessible centrally and reviewed in accordance with the designated timescale.</p>	GP Partners, Practice Management & Team Leaders	

Improvement needed	Standard	Service action	Responsible officer	Timescale
The service must ensure that GPs consultations with patients are documented in patient's records in a comprehensive and robust manner.	3.5 Record keeping	The practice is moving towards a more uniform clinical template driven approach to record keeping.	GPs	Annually
Quality of management and leadership				
The practice is required to describe the action to be taken in order to address the absence of staff (DSE) health and safety risk assessments.	7.1 Workforce	All new employees are required to undertake an assessment as part of their induction. All current employees will have valid assessments by the 16th June. A schedule of assessments will be maintained and updated regularly to ensure compliance with H&S regulation	Management Team & Team Leaders	June 2017 and annually thereafter

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): Denise McNamara

Job role: Practice Management

Date: 16th June 2017