

General Practice Inspection (Announced)

Rosedale Medical Practice /
Abertawe Bro Morgannwg
University Health Board

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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 Rosedale Medical Practice at Port Talbot Resource Centre, Moor Road, Baglan, SA12 7BJ within Abertawe Bro Morgannwg University Health Board on the 16 May 2017.

Our team, for the inspection comprised of a 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, we found evidence that the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Overall, patients told us they were happy with the service they had received
- There were arrangements in place to promote safe and effective care
- Medicines were managed safely
- Positive engagement with the local GP cluster group was described
- A management structure with clear lines of reporting was in place.

This is what we recommend the service could improve:

- Review and update the information available online so that it is consistent and up to date
- Display clear information on the availability of chaperones
- Implement a system to check emergency equipment and medication
- Record more details within patient medical records, taking into account professional standards for record keeping
- Review the system for recording staff training so that it can be accessed and reviewed more easily.

3. What we found

Background of the service

Rosedale Medical Practice currently provides services to approximately 5000 patients in the Port Talbot area. The practice forms part of GP services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice employs a staff team which includes; five GPs, a practice nurse, a healthcare assistant, a practice manager, a team leader and reception/administrative staff.

The practice provides a range of services, including:

- New patient health checks
- Monitoring
- Asthma checks
- Antenatal checks
- Blood pressure and tests
- Baby clinic
- Diabetic checks
- Ear syringing
- Chronic disease clinics
- Cervical cytology
- Joint injections
- Contraception advice
- ECGs (a test which records the rhythm and electrical activity of the heart)

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 told us they were happy with the service they had received from the practice.

We saw staff treating patients with respect and kindness and arrangements were in place to promote their privacy and dignity. Information was available to help patients look after their own health and wellbeing. Information available to patients online could be improved, together with information for carers.

The practice made efforts to provide patients with timely care.

Patients could provide feedback on their experiences and arrangements were in place for patients to raise concerns or complaints about their care.

During our inspection, we invited patients to complete a HIW questionnaire to obtain their views on the services provided. A total of seven questionnaires were completed. Most patients who returned a completed questionnaire had been a patient at the practice for more than two years.

Staying healthy

There was information available to patients to help them take responsibility for their own health and wellbeing.

Health promotion material was displayed within the waiting area together with information on support groups and local services where patients could obtain help and advice on health related issues. Healthcare staff told us that they spoke to patients about health conditions and provided information leaflets during consultations.

Whilst health promotion information was available, the practice should consider displaying more information specifically for carers. This should aim to identify local groups and support agencies that are able to offer specific advice to carers on their day to day caring responsibilities.

Improvement needed

The practice should display more information on the help and support available specifically for carers.

Dignified care

People visiting the practice were treated with respect, courtesy and politeness. Arrangements were in place to promote patients' dignity and protect their privacy.

We saw staff greeting patients in a welcoming manner and treating them with respect. Every patient who returned a completed questionnaire and those patients we spoke to felt they had been treated with respect.

Seats within the waiting area were situated away from the reception desk. This arrangement, together with the level of background noise within the building, provided a degree of privacy for patients when speaking to reception staff. Consulting and treatment rooms were also located away from the main waiting area. We saw the doors to these rooms were closed at all times when practice staff were seeing patients. This meant staff were taking appropriate steps to maintain patients' privacy and dignity.

The practice had a written policy on the use of chaperones and senior staff confirmed that staff had attended relevant training. The use of chaperones aims to protect patients and healthcare staff when intimate examinations of patients are performed. There was, however, no information displayed advising patients that they could request a chaperone to be present. The practice should make arrangements to make patients aware that a chaperone is available upon request.

Improvement needed

The practice should display clear information for patients advising them that they may have a chaperone present.

Patient information

Information for patients was available. Improvement was needed around the recording of patient consent to care and treatment and the advice given during consultations.

The practice had produced an information leaflet for patients. This included useful information, including the contact details, the opening times, the services offered by the practice and how to make an appointment. Written information for patients was also made available within the waiting area, through leaflets, posters and on a television monitor.

Whilst information was available online, patients were able to access more than one website for the practice, with different information available. This had the potential to cause confusion for patients looking for information about the practice. Senior staff explained that a new website was being constructed. In the meantime, the practice should make arrangements to ensure that the information available online is consistent and up to date.

A television monitor in the waiting room was being used to inform patients when the GP, nurse or other healthcare professional was ready to see them. This displayed the name of the healthcare professional, patient's name and the room they needed to go to. Reception staff confirmed that they would inform patients of any delay in being seen on the day of their appointment.

Whilst arrangements were described for obtaining patient consent, we found that improvement was needed around recording this in patient records. This was to demonstrate that valid consent had been obtained. Some of the notes within patient records would also benefit from containing more detail about the written advice/information given to patients during consultations about their healthcare conditions (see section 'Safe and Effective Care').

Improvement needed

The practice should make arrangements to ensure that information available online is consistent and up to date.

Communicating effectively

The practice gave consideration to the communication needs of patients.

Staff confirmed that they could use a translation service if this was required and that a longer appointment time would be offered to take account of this.

Comments from patients confirmed that they were able to speak to practice staff in their preferred language.

We saw that bi-lingual (Welsh and English) signage was displayed to help direct Welsh speaking patients to, and around, the practice. Some patient information leaflets were routinely available in both Welsh and English. One of the practice staff was a Welsh speaker. This meant that patients could communicate in Welsh if they expressed a wish to do so. Staff told us that not many of their patients requested to communicate in Welsh and this was reflected in the patient questionnaires that were returned. Given that the practice operates in Wales, the practice should consider providing more written information for patients in both Welsh and English.

A hearing loop was available at the reception to help those patients who use hearing aids to hear staff more clearly. Reception staff confirmed that patients who are blind or visually impaired would be helped to find a chair and that staff would help them to the consulting or treatment room when called for their appointment.

The practice had systems in place for the management of external and internal communications. These included arrangements for the recording of clinical information received at the practice onto patients' notes before sharing with a GP. We reviewed a sample of five discharge summaries received at the practice from local hospitals. These contained satisfactory information and had been received in a timely manner.

Timely care

The practice made efforts to provide patients with timely care.

The practice operated a telephone triage appointment system. This meant that patients contacted the practice with details of their health problem and would be called back following a triage assessment by a GP. We saw that staff were directed to record detailed information to assist the triage process. Prompt cards were readily available to staff to remind them of the information that had to be obtained. Patients would then be offered advice over the telephone or offered a face to face appointment with a GP or other member of the practice multidisciplinary team as deemed necessary. Senior staff had conducted an audit of the triage system to monitor its effectiveness. We identified this as noteworthy practice.

Patients who returned completed questionnaires confirmed that they had been asked questions about their medical problem and the majority knew why such questions were being asked.

The majority of patients who returned a completed questionnaire felt it was 'very easy' or 'fairly easy' to get an appointment when they need it, whilst some felt it was 'not very easy' or 'not at all easy'. All patients who returned a completed questionnaire were satisfied with the opening times of the practice.

Our observations during the inspection indicated that patients were seen shortly after arriving at the practice.

A number of clinics were available to patients with long term health conditions. These were organised and run by nurses who could monitor and offer advice on the management of such conditions to patients. A clinical pharmacist was available to offer advice on minor illnesses and medication related queries. Other clinics were also offered that were run by midwives and health visitors attached to the practice. These arrangements meant that, where appropriate, patients did not have to wait to be seen by a doctor.

We found that referrals to other hospital and community based healthcare professionals were managed appropriately and in a timely manner. A system was in place to check that referrals made by GPs had been received and acted upon. Senior staff explained that the practice was devising a formal monitoring and reporting system for this, to include referrals made by locum GPs.

The practice formed part of community based healthcare services provided at a modern, purpose built facility. Close working relationships were described with other services located within the same facility, for example, physiotherapy and podiatry.

Individual care

Planning care to promote independence

There was level access to the main building and a passenger lift serviced all floors. This meant that people with mobility difficulties (and those who use wheelchairs) could enter the building and access the practice safely.

Senior staff described that regular health checks were conducted for those patients who needed them, for example, those patients with learning disabilities. We were told that these were used to review how effective the practice was in identifying and meeting the health needs of patients. The outcome of these reviews was used to develop individualised patient treatment plans.

Senior staff explained that patients' records could include a flag to identify those patients with additional needs. This information would then alert practice staff

so that suitable arrangements could be made as appropriate, for example, when arranging appointments.

People's rights

Our findings that are described throughout this section, 'Quality of Patient Experience', indicate that the practice was aware of its responsibilities around people's rights. For example, we saw that patients were treated with respect and their privacy was protected. We saw that the practice environment was accessible and that efforts were made to provide services to patients, taking into account their individual needs.

Listening and learning from feedback

We saw that a suggestion box was available at the reception desk. This provided an opportunity for patients to provide feedback about their experiences of using the practice. In addition to this, the practice may wish to consider other ways to empower patients to provide feedback on a regular basis. This is with a view to assessing the services provided and to make improvements as appropriate.

Senior staff explained that a previous attempt to establish a Patient Participation Group had been unsuccessful. The practice should look again at trying to establish such a group as this would provide a forum through which patients could provide feedback.

The practice had a procedure in place for patients and their carers to raise concerns or complaints about the services they receive. Information on this was displayed in the waiting area. The practice procedure was in keeping with the current arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales, also known as 'Putting Things Right'¹. Whilst over half of patients who completed a questionnaire were aware of how to raise a concern or complaint, almost half of patients who responded did not know. The practice may wish to consider how awareness of the procedure can be increased.

¹ Putting Things Right are the arrangements for dealing with concerns (complaints) about NHS care in Wales.

We saw that records had been maintained of complaints received by the practice. The records demonstrated that the practice had dealt with the complaints in a timely manner.

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 that the practice had arrangements to provide patients with safe and effective care.

We found that medicines were managed safely and arrangements were in place to reduce cross infection. We identified improvement was needed around checks of emergency equipment.

Effective multidisciplinary working was described and demonstrated in relation to safeguarding. It was not clear whether all staff had attended safeguarding training.

Overall, we saw a good standard of record keeping. We identified that some notes could be more detailed.

Safe care

Managing risk and promoting health and safety

We found arrangements were in place to protect the safety of patients and staff working at the practice.

We saw that all areas occupied by patients and staff appeared clean, were tidy and uncluttered. This would help to reduce the risk of trips and falls. The building where the practice was located appeared to be maintained to a satisfactory standard both internally and externally. Security measures were in place to prevent unauthorised access into and within the building.

The practice was located in a shared building. Senior staff confirmed that a building manager was based on site and responsible for health and safety matters and premises maintenance.

Written policies relevant to the safety of staff and patients were available.

The practice had medication and equipment to respond to a patient emergency (collapse) within the practice. On checking the equipment, the inspection team found that some patient airway tubes had passed their expiry dates and some

were not in sealed packaging. We could not, therefore, be assured that these were suitable to be used. We informed senior staff of our findings and immediate action was taken to check that the remaining equipment and medication was in date. Whilst, we saw that records had been maintained to show that the oxygen cylinder had been checked regularly, there were no similar records for other emergency equipment and medication.

Improvement needed

The practice must make arrangements to ensure that suitable medication and equipment is available to use in the event of a patient emergency (collapse).

A system must be put in place for these to be checked regularly with a view to making sure they are safe to use.

Infection prevention and control

Measures were in place to protect people from preventable healthcare associated infections.

The clinical treatment areas we saw appeared visibly clean. Hand washing and drying facilities were provided in clinical areas and toilet facilities. We also saw that waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. All patients who completed a questionnaire felt that, in their opinion, the practice was very clean.

We saw that personal protective equipment (PPE) such as gloves and disposable aprons were available to clinical staff to reduce cross infection. Nursing staff confirmed that PPE was always readily available. Nursing staff also confirmed that instruments used during the course of procedures were purchased as sterile, single use packs. This avoided the need for the use of sterilisation/decontamination equipment and helped to reduce cross infection. We saw that policies were available in relation to infection prevention and control. Nursing staff knew how to access these.

Whilst senior staff confirmed that all clinical staff had Hepatitis B immunisations, a central record was not readily available at the time of our inspection to demonstrate this.

Improvement needed

The practice should make arrangements to maintain a central record of the Hepatitis B status of all relevant clinicians.

Medicines management

We found systems were in place for the safe management of medicines.

Arrangements were described for the safe prescribing and review of patients' medicines. Within the sample of patient records we looked at, we also saw that reasons for prescribing and discontinuing medication were recorded. The practice had adopted the local health board's formulary and we were told this was updated regularly to take account of local and national guidance. The practice had access to a pharmacist who could provide advice and help on medication prescribing matters.

We were told that the practice used the Yellow Card Scheme² to report concerns about adverse reactions to medication. This helped to monitor the safety and use of prescribed medicines. The practice also had a system for reviewing significant patient safety events, which included medication related incidents.

There were a number of ways for patients to obtain repeat prescriptions and these were described in the practice information leaflet.

Safeguarding children and adults at risk

Written procedures in relation to safeguarding children and adults at risk were available. These, together with other written policies, required reviewing to confirm that they were up to date (see section 'Leadership and Management'). Whilst contact details for local safeguarding teams were also available, these indicated that they had not been updated since 2011.

² The Yellow Card Scheme helps monitor the safety of all healthcare products in the UK to ensure they are acceptably safe for patients and those that use them.

Arrangements were described and demonstrated for recording and updating relevant child protection information on the electronic patient record system. Senior staff confirmed that an identified GP at the practice acted as a child protection lead. This meant that staff had a local contact person to report and discuss concerns in relation to safeguarding issues. Staff we spoke to confirmed that should they have any concerns around a patient's welfare, they would report this to senior practice staff.

We saw that effective multidisciplinary working took place around child and adult safeguarding concerns.

Senior staff confirmed that clinical and administrative staff had attended safeguarding training provided by the local health board. Not all staff we spoke to, however, could recall having attended training on adult safeguarding procedures.

Improvement needed

The practice should make arrangements to check that the contact details of local safeguarding teams are up to date and make these available to relevant staff.

The practice should make arrangements to check that all staff have attended relevant safeguarding training at an appropriate level. Where it is identified that staff have not attended training, arrangements should be made to address this.

Effective care

Safe and clinically effective care

The practice had a system in place to report and learn from patient safety incidents and significant events. Arrangements were also described for the practice team to keep up to date with relevant guidance and best practice.

Senior staff described and demonstrated the system for reporting patient safety incidents and significant events. This involved reporting via an electronic reporting system and to the local health board. We were told that incidents are discussed at regular clinical meetings and any learning that is identified is shared with other relevant members of the practice team. Senior staff confirmed that relevant safety alerts are circulated to the practice team as necessary. Staff we spoke to confirmed the systems in place to share relevant information.

Senior staff described that staff attendance at training events and conferences provided a means for the practice team to keep up to date with relevant guidance and best practice.

Information governance and communications technology

Systems for the safe and secure management of information relevant to the operation of the practice were described and demonstrated.

Record keeping

Overall, we found a good standard of record keeping. We identified that improvement was needed around the amount of detail that had been recorded in some of the records.

We looked at a random sample of electronic patient medical records. Patient records were stored electronically and easy to navigate. All the records we saw showed that they had been completed in a timely way. We saw that all the records were up to date and included key information, such as the identity of the clinician recording the notes, the date of and outcome of the consultation.

Whilst some notes that had been made were detailed, others were lacking in this regard. We found inconsistencies around the level of detail recorded in relation to medical history, examination findings and written information/advice given. We also found that the records did not always show whether patient consent to treatment had been obtained, whether a patient had been offered a chaperone and whether this offer had been accepted or refused.

We saw that where investigations had been ordered, these had been recorded.

We found good practice in relation to the use of Read³ codes being used. Where patients suffered from significant and long term conditions we found that records included full summaries of these conditions to aid future care planning.

³ Read codes are a set of clinical computer generated codes designed for use in Primary Care to record the every day care of a patient. The codes also facilitate audit activity and reporting within primary care.

Improvement needed

The practice should make arrangements to ensure that patient medical records are sufficiently detailed, taking into account professional standards for record keeping.

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.

A management structure was in place with clear lines of reporting and delegation.

There were systems in place for the effective leadership and management of the practice. Written policies were being reviewed with the aim of making improvements.

We found a patient focussed practice team who confirmed that they felt supported by senior staff. The recording of staff training could be improved to make this information easier to access and review.

Governance, leadership and accountability

A practice manager was in post and at the time of the inspection was responsible for the management of a total of four services within the same practice group. The day to day operation of each was delegated to team leaders who were supported by the GP partners, practice manager and local staff teams.

Arrangements for regular clinical, management and team meetings were described. These aimed to facilitate communication between the practice team and share relevant learning.

Positive engagement with the local GP cluster⁴ group was described. We were told that the practice team leader was encouraged to attend cluster meetings and the practice manager and GPs attended on a rotational basis. This helped promote local involvement in the cluster whilst allowing senior staff to maintain an overview of cluster working and engagement.

A range of written policies and procedures were available to guide staff in their day to day jobs. Some of these needed to be updated and have local details added to make them specific to the practice. Senior staff confirmed that the written policies and procedures were in the process of being updated.

The practice had an up to date Practice Development Plan. This identified aims and objectives, together with actions and timescales for completion.

Improvement needed

The practice should progress with updating written policies and procedures to ensure they are up to date and relevant to local working arrangements within the practice.

Staff and resources

Workforce

Staff demonstrated that they had the right skills and knowledge to fulfil their identified roles within the practice.

Staff we spoke with were able to describe their particular roles and responsibilities, which contributed to the overall operation of the practice. All staff we spoke with confirmed they felt supported by the practice manager and other senior staff. Staff also told us that they had opportunities to attend training to support them in carrying out their roles. Paper based and electronic systems had been used had been used to record staff training. Senior staff confirmed that training provided by the local health board was not always recorded at the

⁴ 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.

practice. This made it difficult for the inspection team to establish the training staff had attended and where staff required updates. Senior staff were receptive to developing a training matrix to show, at a glance, staff training information.

Staff we spoke to confirmed that they had received annual appraisals of their work and we saw documentation demonstrating this process.

Conversations with staff and senior staff confirmed that many of the staff had worked at the practice for a long time. Senior staff confirmed that staff files were held centrally at another site within the practice group. Whilst we saw an example of a Disclosure and Barring Service (DBS) check for one member of staff, documentation to support other pre employment checks being conducted was not readily available at the time of the inspection.

Improvement needed

The practice should develop a system so that training information can be accessed and reviewed easily. Where it is identified that staff have not attended training, arrangements should be made to address this.

Documentation in relation to staff recruitment to be readily available for inspection by HIW on request.

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
<p>We identified that some patient airway tubes for use in an emergency had passed their expiry date or were not in sealed packaging.</p>	<p>This meant we could not be assured that the identified equipment was suitable to use.</p> <p>(Standard 2.1 Managing risk and promoting health and safety)</p>	<p>We informed senior staff of our findings at the time of the inspection</p>	<p>Senior staff conducted a check of the medication and equipment to confirm that it was suitable to use and were making arrangements to obtain replacement airway equipment before the end of the inspection.</p>

Appendix B – Immediate improvement plan

Service: Rosedale Medical Practice

Date of inspection: 16 May 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 improvement plan required				

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: Rosedale Medical Practice

Date of inspection: 16 May 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 should display more information on the help and support available specifically for carers.	1.1 Health promotion, protection and improvement	Information to be requested from relevant organisations to display in reception area.	Jan Tobin (TEAM LEADER)	On going
The practice should display clear information for patients advising them that they may have a chaperone present.	4.1 Dignified Care	Information to be printed clearly and displayed in Reception	Jan Tobin	Immediate
The practice should make arrangements to ensure that information available online is consistent and up to date.	4.2 Patient Information	To check information routinely with partners and organisations	Roisin Jones	On going

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
<p>The practice must make arrangements to ensure that suitable medication and equipment is available to use in the event of a patient emergency (collapse).</p> <p>A system must be put in place for these to be checked regularly with a view to making sure they are safe to use.</p>	2.1 Managing risk and promoting health and safety	Monitored checks / Checklist to be completed weekly	PN - HCSW	On going / immediately
<p>The practice should make arrangements to maintain a central record of the Hepatitis B status of all relevant clinicians.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	To create robust system to monitor HepB of staff	Roisin Jones	Immediate/ On going
<p>The practice should make arrangements to check that the contact details of local safeguarding teams are up to date and make these available to relevant staff.</p> <p>The practice should make arrangements to check that all staff have attended relevant safeguarding training at an appropriate level. Where it is identified that staff have not attended training, arrangements should be made to</p>	2.7 Safeguarding children and adults at risk	To arrange in house formal training for staff – through highspeedtraining.co.uk to be conducted on September 12 th during PT4I with annual updates to be conducted going forward.	Roisin Jones	6 months – then ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
address this.				
The practice should make arrangements to ensure that patient medical records are sufficiently detailed, taking into account professional standards for record keeping.	3.5 Record keeping	Drs to discuss expectation and appropriate note taking in clinical meeting	Dr Huw Perry	06/07/2017
Quality of management and leadership				
The practice should progress with updating written policies and procedures to ensure they are up to date and relevant to local working arrangements within the practice.	Governance, Leadership and Accountability	To ensure all policies are up to date and appropriate	Roisin Jones	July '17 on going
<p>The practice should develop a system so that training information can be accessed and reviewed easily. Where it is identified that staff have not attended training, arrangements should be made to address this.</p> <p>Documentation in relation to staff recruitment to be readily available for inspection by HIW on request.</p>	7.1 Workforce	<p>To duplicate copies over all sites both digitally and with paper copies in employee specific folders. Inclusive of training supplied by LHB. And we make sure that we cascade and snowball all of the information gleaned at the senior level down to those at the shop floor.</p> <p>Training for the next 5 PT4L dates has been confirmed inclusive of Safeguarding, chaperoning, etc. It is our belief that we have up skilled HCSW</p>	Roisin Jones	Completed.

Improvement needed	Standard	Service action	Responsible officer	Timescale
		workers probably to an extent where other practices have not even contemplated. We actively encourage pharmacists who we employ to undergo their independent prescribing the Drs fully mentor and support these individuals. On the subject of training we actually encourage medical students from Swansea university and Physicians associates from Worcester university to train here in practice. It is our belief that good training is the foundation for a workforce to deliver the highest quality healthcare which we can possibly provide.		

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): Roisin Jones

Job role: Group Manager

Date: 1/07/2017