

## **General Practice Inspection (Announced)**

St Thomas' Surgery, Rifleman  
Lane, St Thomas Green,  
Haverfordwest

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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 St Thomas' Surgery at Rifleman Lane, St Thomas Green, Haverfordwest Pembrokeshire SA61 1QX, within Hywel Dda University Health Board on the 10 May 2018.

Our team, for the inspection comprised of a HIW inspection manager (inspection lead), GP, 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 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.

We observed good interactions between staff and patients. Patients were treated with dignity and respect.

Effective leadership and management was clearly visible within the practice. The practice manager had been in post for some time and was supported by an assistant practice manager.

This is what we found the service did well:

- Provided care and treatment in a dignified and courteous manner
- Environment was clean neat and tidy
- Good range of information / literature
- Leadership and support for staff

This is what we recommend the service could improve:

- Concerns / complaints arrangements
- Mandatory training
- Security of emergency equipment and drugs
- Appointments and opening times

## 3. What we found

### Background of the service

St Thomas' Surgery currently provides services to approximately 12,300 patients in Haverfordwest and the surrounding areas. The practice forms part of GP services provided within the area served by Hywel Dda University Health Board.

The practice employs a staff team which includes, eight general practitioners, four practice nurses, two health care assistants, a phlebotomist, a deputy practice manager and practice manager. In addition there are a range of health care professionals visiting the practice at regular times. The local district nursing team are also located within the building.

The practice provides a range of services, including:

- General medical services
- Phlebotomy services
- Travel advise / vaccinations
- Chronic disease management (asthma, diabetes, heart disease, chronic obstructive pulmonary disease)
- Childhood Immunisations / baby clinics
- Minor operations
- Family planning

## 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.*

The practice had a system in place to enable patients to raise concerns/complaints but this was not made aware to patients within the practice in a robust manner. There was little information within the waiting areas on the process for raising a concern / complaint. In addition the practice's concerns information required amending in order to be compliant with 'Putting Things Right', the process for managing concerns in NHS Wales. In addition the practice needs to evaluate the current systems in operation for patients to provide feedback on their experiences of the services.

A common theme identified by patients throughout the inspection was the availability of appointments to see GPs. Patients overwhelmingly suggested that improvements could be made to the appointment system.

Overall the building and the internal environment was maintained to a satisfactory standard, neat and hygienically clean.

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 57 completed questionnaires. The majority of the patients that completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

On the day of the inspection our team also spoke to patients to find out about their experiences at the practice.

Patients were asked to rate the service provided by this GP practice; a third of patients rated the service as excellent, and just under a half of patients rated the service as very good. A couple of patients provided the following positive comments in the questionnaires:



*“As a frequent user of this surgery, caring for my mother, I have always found all the staff here helpful and friendly. I would recommend this surgery to anyone”*

*“Reception staff via phone very pleasant”*

*“Very effectively run surgery, friendly admin staff and very professional”*

## **Staying healthy**

There was a variety of health promotion / education and wellbeing literature on display within the practice. This promoted patients and relatives to look after their own health and wellbeing. The practice also had promoted the utilisation of Welsh language resources.

The practice website provided patients with further detailed information about the appointments system, opening times, staff, repeat prescription ordering and test results to name but a few.

People who have caring responsibilities e.g. for spouses, partners, children or other relatives, are identified by the practice so that additional support can be provided if necessary.

The practice was an active member of the local Cluster<sup>1</sup> 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.

## **Dignified care**

The reception desk was located in the waiting area. We observed that computer screens were not visible to patients or visitors of the practice. The majority of telephone calls / enquiries were taken in the office to the rear of the reception

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<sup>1</sup> 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.

desk. This promoted patients' confidentiality. We were informed that should patients wish to discuss matters in private; a room would be made available. Music was been played in the waiting area to reduce the potential for conversations taking place at the reception desk to be overheard.

There were signs in the patient waiting area which alerted patients to their right to request a chaperone be present during their consultation. All chaperone duties were undertaken by nurses. If for any reason a nurse was not available patients would be given another appointment when this service would be available. In addition there were four males and four female medical practitioners available at the practice which provided patients with a choice if they wished.

Patients told us that staff treated them with dignity and respect. We saw staff greeting people in a polite, professional and friendly manner at the reception desk and during telephone conversations.

During our visit to the practice we observed doors to individual consultation and treatment rooms being kept closed when staff were attending to patients. Screens were also provided around examination couches. This meant that staff were taking appropriate steps to maintain patients' privacy and dignity during consultations.

All but one of the patients that completed a questionnaire felt that they had been treated with respect when visiting the practice. Around two thirds of patients that completed a questionnaire said that they were only sometimes able to get an appointment with the doctor they prefer to see.

### **Patient information**

Information for patients about the practice's services was available in leaflet form and on the practice's website. The practice leaflet was available through the medium of Welsh. This provided useful information, including details of the practice team, opening hours, out of hours contact arrangements, appointment system and the procedure for obtaining repeat prescriptions. Currently the website was only available through the English language. The practice should evaluate the possibility of having the practice website also available through the medium of Welsh.

Electronic boards were used to notify patients that health care professionals were ready to see them. However one of these electronic screens was not working on the day we visited. We were advised that it had been reported for repair. An electronic check in system was also available. The electronic check in facility was available bilingually.

The majority of patients that completed a questionnaire told us that they would know how to access the out of hours GP service.

#### Improvement needed

The practice should evaluate the possibility of making their website bilingual.

#### Communicating effectively

The majority of patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

All but one of the patients that completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand. Patients also told us that they are involved as much as they wanted to be in decisions made about their care.

We were informed that the practice had a hearing aid loop system available for patients with hearing difficulties but this service was not promoted within the waiting area. There were no hearing aid stickers informing patients that a hearing aid loop system was available.

We were notified that certain administrative staff and a GP were able to provide a Welsh language service should this be needed.

Internal communication systems at the practice work effectively within the practice. Processes were in operation for patients / parents / guardians to receive test results. We were also told that when a GP was on holiday, test results were reviewed by the duty GP.

A patient participation group was also in operation at the practice. This enabled a group of patients to meet regularly and discuss with practice staff any concerns / changes in service provision. In addition the practice had set up a Twitter account for the practice.

#### Improvement needed

The practice must ensure that patients are made fully aware that a hearing aid loop system is promoted within the practice.

## Timely care

All of the patients that completed the questionnaire told us that they were satisfied with the hours that the practice was open. However, over a half of patients that completed a questionnaire told us that they did not find it easy to get an appointment when they needed one. For urgent medical problems there is a same day appointment service available every morning and afternoon Monday to Friday.

When asked to describe their overall experience of making an appointment, more than a third of the patients described their experience as either 'poor' or 'very poor'.

Patients were asked in the questionnaires how the GP practice could improve the service it provides. A number of patients raised some common issues with us, notably around the difficulty in making an appointment. Patient comments included:

*"My concern is only about the appointments. I can't get an appointment if I telephone at 8:45am as they have all gone. 8:30am the telephone is always engaged; come in at 12 noon, no one in waiting room"*

*"To assure you get an appointment in the morning you have to queue outside until the surgery opens, which can be quite difficult when you are an old aged pensioner"*

*"Would be lovely if patients were able to see their own doctor and didn't have to wait so long for a routine appointment. I think emergency appointments are often taken up by those first needing a routine appointment but can't get one"*

Patients were able to make appointments either face to face by visiting the practice or over the telephone. In addition, the practice had also allocated some appointments to be made available electronically via the 'My Health Online' portal. The practice had commenced a new initiative whereby patients (if they had signed up) would receive text messages reminding them of their appointment dates and times.

We identified that although the practice is open from 08:00 the actual doors only opened from 08:30. The practice would also close its doors from 13:00 to 13:30. Finally the practice closed its doors at 18:00, however we identified they were open until 18:30. This issue was discussed with the practice manager. These operating practices were unusual and therefore we require the practice

to provide written confirmation that the local health board are in agreement with these opening time arrangements.

It was identified via a poster located behind the reception desk that should a patient be waiting more than 30 minutes for their appointment with the health professional that they should let a member of the reception team know in order to highlight the issue. This aimed to reduce avoidable delays in patients being seen.

#### Improvement needed

The practice must review the current appointment systems in operation and evaluate its effectiveness for patients.

The practice must provide written assurance that the local health board are in agreement with the current door opening times in operation at the practice.

### Individual care

#### Planning care to promote independence

The practice premises were accessed directly from the car park. All consultation rooms were on the ground floor. The entrance to the surgery had two sets of doors. The exterior doors were electronic, however the second set were not. This made it difficult for certain patients to access the building without assistance. For example patients in wheelchairs and parents using prams were observed having difficulty navigating the doors.

The practice provided enhanced services to local residential / nursing homes, which usually involved attending their premises at least once or twice a week. In addition the practice provided cognitive behavioural therapy / counselling service. Home visits were undertaken for those patients who were unable to attend the practice to see a GP.

GPs at the practice undertook frailty risks of patients and attached flags to patients records if at risk. The practice also undertook polypharmacy reviews of patient taking multiple medications. These were undertaken by a cluster pharmacist who works 1.5 days per week and a local health board pharmacist who works 0.5 days a week at the practice. Allied health professionals such as dieticians and health visitors also regularly attend the practice.

## People's rights

The practice had relevant policies and procedures in operation in relation to confidentiality and handling of patient information. Confidentiality components were also included in the employees' handbook for reference if necessary.

The practice had Freedom of Information and Data Protection policies and procedures in operation.

## Listening and learning from feedback

During our visit we were informed that the practice has an active patient participation group (PPG) in operation. This enables patients to raise and discuss any issues / concerns in relation to the service provision provided. We viewed the practice website and identified that some patient satisfaction surveys had been undertaken some years previously. The practice may wish to reevaluate the patient satisfaction survey in the future in order to ensure that patients are enabled via additional routes to the PPG of providing feedback of the services provided at the practice.

Additionally we identified that there was no suggestions / feedback box available at the practice for patients' to provide an opinion / feedback on the service. We were informed that previously this was available but inappropriate items had been placed in the box. The practice should review this area of patients' feedback provision and obtain a more appropriate feedback box which can only take pieces of paper and ensure that it is advertised accordingly.

We evaluated the methods for patients to raise a concern / complaint. The practice leaflet provided information on the process of raising a concerns and complaint. The practice website also had the facility of providing feedback.

We noted that there was one leaflet in the lobby area on how to raise a concern / complaint required amending. The timescales for acknowledging and undertaking an investigation of the concern were incorrect. Also the locations of the leaflets were not conspicuous. The concerns leaflet also lacked information in relation to the address / telephone numbers of the local health board or the Community Health Council. There were no Putting Things Right posters located within the practice.

We were informed that the practice investigates all complaints in a timely and comprehensive manner. The practice manager and GP lead would undertake investigations accordingly, and respond to these complaints after a full evaluation.

### Improvement needed

The practice must evaluate the current systems in operation to enable patients to provide feedback on the services provided at the practice and that this feedback is made available for all patients to review.

The practice must ensure that information about raising concerns / complaints are displayed in conspicuous locations around the practice.

The practice must ensure that the concerns / complaints policies and procedures are in adherence with Putting Things Right.

## Delivery of safe and effective care

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

We viewed a sample of patients' records and identified that overall the standard of documentation was good. We identified that records were sufficiently detailed in order to provide clinicians with a rounded picture of the patient's past medical history and ongoing needs.

There were sufficient internal communication systems in operation to ensure that no unnecessary delays were experienced in processing test results, correspondence and specialist referrals.

Safeguarding of children and vulnerable adults policies and procedures were in operation and staff demonstrated a comprehensive knowledge of the correct processes to follow in the event of any concerns.

## Safe care

### Managing risk and promoting health and safety

All but one of the patients that completed a questionnaire felt that it was easy to get into the building that the GP practice is in. The practice environment was uncluttered and provided a comfortable environment for patients to wait in the waiting area and in individual consulting rooms. As previously identified the second set of doors entering the building were difficult to navigate, however accesses around the internal environment were sufficiently wide to enable wheel chair access.

The internal environment was sufficiently signposted with individual consulting rooms numbered accordingly. Some utilisation of pictorial signage was also in operation. For example a patient's toilet located at the entrance lobby had pictorial signage. However a further patient toilet located in a corridor within the practice did not have this signage. We recommend that the practice review the



current signage in order to ensure that some patients with cognitive difficulties / impairment are enabled to navigate the building in a more user friendly manner.

Staff were made aware of any health and safety issues / changes via meetings and discussions with the management team. Staff were then enabled to sign a sheet identifying that they had read and understood any new health and safety changes / amendments.

Sharps bins viewed in consulting rooms were not attached to walls. At present they were left on top of cabinets and trolleys. Potentially, this could be a risk if someone such as a child was to pull at one of these containers. It is advisable to securely attach all sharps containers to walls in order to reduce the possibility of them being dislodged.

#### Improvement needed

The practice must evaluate all the signage used within the building to make it more service user friendly especially for patients with a cognitive impairment.

The practice must ensure that all sharps containers are attached securely to walls in order to prevent possible accidents.

#### Infection prevention and control

There were no concerns given by patients over the cleanliness of the GP practice; all of the patients that completed a questionnaire felt that, in their opinion, the GP practice was clean. During our inspection of the premises we identified that staff had sufficient access to personal protective equipment such as gloves and disposable plastic aprons to reduce the potential of cross infection. The clinical treatment areas viewed were visibly clean.

We did however identify that some bins in consultation rooms and in patients toilets were hand operated. Having foot operated bins reduces the potential of cross infection. We recommend that the practice reviews all clinical rooms in use and ensure that only foot operated bins are used.

Clinical and non clinical waste was segregated appropriately and stored in a safe and secure location. The practice manager kept a record of the Hepatitis status of all clinical staff. All clinical staff had received the appropriate hepatitis B vaccination.

We identified that in public locations around the practice they did not promote the usage of hand sanitizers. We were informed by the practice manager that this was due to the fact that medical practitioners had identified that there were

no comprehensive research evidence available to confirm the effectiveness of such sanitizers. Hand washing is regarded as the most effective method of decontaminating hands, but hand sanitizers can also have a significant easy to access role to play in decontaminating hands in public areas. We recommend the practice review this area of practice and promote good hand hygiene principles.

#### Improvement needed

The practice must ensure that foot operated bins are utilised in clinical areas and toilet facilities.

The practice must evaluate the current principles in operation to promote hand hygiene decontamination.

#### Medicines management

The practice had emergency / resuscitation equipment and drugs available for use in the event of a patient collapse. We identified that daily checks were undertaken and this was documented accordingly. The resuscitation equipment / drugs available were comprehensive and appropriate for use in an emergency situation. We did however identify that the emergency drugs were stored in a cupboard which was not locked and the door to the room was also not locked. It was understood that access to emergency drugs needs to be easily accessible but the practice must ensure that potential unauthorised access to these drugs is managed in a safe manner.

Fridges were available in some clinical rooms to store certain medication. It was identified that daily monitoring and recording of the fridge temperatures were being undertaken and recorded accordingly. We did identify that fridges were not always being locked and as such posed a potential risk of unauthorised people accessing the contents of the fridges. We recommend that fridges be locked by staff after medication has been removed for use.

The practice benefits from having pharmacists on site two days a week to provide support and guidance for staff and patients and also undertake medication reviews.

#### Improvement needed

The practice must evaluate the current location and storage of the emergency drugs in order to ensure that they are kept safe and secure.

The practice must ensure that fridges are locked when not being used by staff.

## Safeguarding children and adults at risk

The practice had valid child safeguarding and vulnerable adults' policies and procedures in operation. During our discussions with some staff members, they demonstrated a good clear understanding of child and adult safeguarding principles. Staff were aware of the processes to follow if they had any concerns regarding a child or vulnerable adult. During our evaluation of staff training we did identify that some administrative staff had not received child protection training / updates for some time.

The practice had a designated GP lead to oversee child safeguarding / vulnerable adults, and staff were able to approach this designated individual if they had any concerns regarding the welfare of a patient for additional advice / guidance.

### Improvement needed

The practice must ensure that all staff receive child protection training in a timely manner.

## Effective care

### Safe and clinically effective care

Adverse incident and near misses were recorded utilising the Datix<sup>2</sup> system. Clinical meetings were held regularly where these incidents could be widely discussed if appropriate with the clinical team. Safety alerts were circulated via email to the team and staff confirmed that relevant safety alerts were circulated to the practice team as necessary. Learning from patient safety incidents were shared and discussed every Monday during staff meetings. The weekly practice

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<sup>2</sup> Datix databases are used to report and manage all incidents, concerns and risks. This is, with the aim of preventing, reducing and controlling risks in order to protect individuals and organisations from unintended harm, damage or loss.

meetings were also used to circulate any new National Institute for Health and Care Excellence (NICE) guidance.

### Quality improvement, research and innovation

We were informed that individual clinicians took account of national guidelines such as those produced by the National Institute of Health and Care Excellence (NICE). In addition GPs were provided with protected learning time on a quarterly basis to review new and amended local / national and professional updates. Weekly teaching sessions were delivered by GPs every week.

### Information governance and communications technology

The practice utilised a mixture of paper and electronic records. Access to sensitive electronic information was password protected to prevent unauthorised access. Systems for the safe and secure management of information relevant to the day to day operation of the practice were described and observed in operation during our visit.

### Record keeping

During our visit we sampled a range of patients' records and considered the quality of record keeping. Overall we identified that the record were completed to a satisfactory standard, but could be improved upon. We identified that some clinicians recorded more detail in some of their consultations than others. Some of the records viewed were brief and did not have a clear history, examination ,treatment diagnosis and follow up plan, which is desirable for continuity of care. Additionally some records were lacking in "safety netting" advice which is essential for patient safety and medico-legal purposes. Additionally, some records failed to provide evidence of the offer of a chaperone for intimate patient examinations.

Some auditing of records was undertaken, but this was done in a non formal manner.

#### Improvement needed

The practice must Introduce a formal approach to regularly undertake audits of patients' records to identify any common trends, promote learning and ensure records are completed to a comprehensive standard.

## 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 the practice was well managed and provided clear leadership for staff. Staff demonstrated a clear understanding of their roles and responsibilities.

Staff felt enabled to raise any concerns / issues with the management team and that their concerns would be acted upon in a constructive and meaningful manner.

## Governance, leadership and accountability

During our inspection visit, we talked to a number of clinical and non clinical staff working in different roles within the practice. All staff spoke positively about the leadership provided by the practice management. There were clear lines of accountability and staff were fully aware of their roles and responsibilities.

The practice provided a range of different meetings for staff on regular intervals. Essential up dates and practice developments were discussed during these meetings in order to provide staff with the most up to date information.

The practice had a range of policies and procedures in operation to ensure that staff were well informed and promoted the smooth running of the practice.

## Staff and resources

### Workforce

Overall staff were happy and content with the manner in which the practice was managed and the leadership provided. Staff were able to access a range of training which was bespoke to their roles and responsibility.

On their commencement at the practice, staff were provided with a handbook. This employee handbook contained an extensive range of information. It

contained information in regards to induction, salaries, holiday entitlement, whistle blowing, equal opportunities and disciplinary to name but a few.

Staff had received a comprehensive annual appraisal utilising the 360 degree model approach.

A number of the staff had worked at the practice for several years, which provided patients with continuity. Staff were able to describe their roles and responsibilities and identified that they enjoyed working at the practice.

The recruitment processes were discussed with management. Discussions demonstrated that pre employment checks were obtained prior to staff taking up their posts. These included references and Disclosure and Barring Service (DBS) checks to help show that potential staff were suitable to work at the practice.

## 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:** St Thomas Practice

**Date of inspection:** 10 May 2018

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 were identified during this inspection				

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:** St Thomas Practice

**Date of inspection:** 10 May 2018

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
<b>Quality of the patient experience</b>				
The practice should evaluate the possibility of making their website bilingual.	4.2 Patient Information	The practice will review the possibility of making the website bilingual. (Accessible for Welsh speakers).	PM	1st August
The practice must ensure that patients are made fully aware that a hearing aid loop system is promoted within the practice.	3.2 Communicating effectively	A large sign is available on front desk and additional signage will be displayed across the surgery.	PM	1st August
The practice must review the current appointment systems in operation and evaluate its effectiveness for patients.	5.1 Timely access	The Practice will continue to review access weekly and amends made where possible to improve provision and effectiveness for patients	GPs, Nurses, Practice Management	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice must provide written assurance that the local health board are in agreement with the current door opening times in operation at the practice.</p>		<p>GMS Regulations requires practices to provide services at times that are appropriate to meet the needs of patients and; ensure arrangements are in place for patients to access services throughout core hours in case of emergency (this allows practices to close for example to undertake training, staff reviews etc)</p> <p>GMS Regulations do not require practices to: be open at all times during core hours or deliver all services at all times when they are open. The LHB does not therefore provide defined times but is aware of our opening times and we will ask if comment can be provided in writing.</p>	PM	2018
<p>The practice must evaluate the current systems in operation to enable patients to provide feedback on the services provided at the practice and that this feedback is made available for all patients to review.</p>	6.3 Listening and Learning from feedback	The Practice will review and evaluate current systems.	PM	September 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice must ensure that information about raising concerns / complaints are displayed in conspicuous locations around the practice.</p> <p>The practice must ensure that the concerns / complaints policies and procedures are in adherence with Putting Things Right.</p>		<p>The Practice will review the accessibility of the complaints procedures in order to increase patient awareness. Information has already been checked to ensure adherence with Putting Things Right.</p>	PM	1 August 2018
<b>Delivery of safe and effective care</b>				
<p>The practice must evaluate all the signage used within the building to make it more service user friendly especially for patients with a cognitive impairment.</p> <p>The practice must ensure that all sharps containers are attached securely to walls in order to prevent possible accidents.</p>	2.1 Managing risk and promoting health and safety	<p>Signage will be evaluated and new signage used where necessary.</p> <p>The Practice is reviewing options for wall brackets and will have these in place as soon as possible.</p>	PM	1 August 2018  3 September 2018
<p>The practice must ensure that foot operated bins are utilised in clinical areas and toilet facilities.</p> <p>The practice must evaluate the current principles in operation to promote hand hygiene</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Foot operated bins are being purchased.</p> <p>The Practice will evaluate current</p>	PM	In situ by 31st July.  3rd

Improvement needed	Standard	Service action	Responsible officer	Timescale
decontamination.		principles.		September
The practice must evaluate the current location and storage of the emergency drugs in order to ensure that they are kept safe and secure.  The practice must ensure that fridges are locked when not being used by staff.	2.6 Medicines Management	The Practice has evaluated the location of the emergency drugs and has now moved it to a keypad entry location to ensure improved safety.  The Practice will ensure fridges are locked.	PM, Nurses, GPs	Undertaken  Ongoing
The practice must ensure that all staff received child protection training in a timely manner.	2.7 Safeguarding children and adults at risk	The Practice has reviewed staff training and staff are currently undertaking necessary training where required. Records will continue to be kept and reviewed on a regular basis.	PM	Underway
The practice must Introduce a formal approach to regularly undertake audits of patients' records to identify any common trends, promote learning and ensure records are completed to a comprehensive standard.	3.5 Record keeping	The Practice has introduced a regular formal audit of records.	PM	Undertaken / ongoing

## Quality of management and leadership

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): Jane Stewart-Daters**

**Job role: Practice Manager**

**Date: 26/06/2018**