



General Practice Inspection (Announced)

The Stables Medical Centre,
Hawarden, Betsi Cadwaladr
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 The Stables Medical Centre at 27 Glynne Way, Hawarden, Flintshire CH5 3PA, within Betsi Cadwaladr University Health Board on the 3 July 2018.

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

This was a follow up inspection and focused on the areas for improvement highlighted during the previous inspection of the practice which was undertaken on 6 June 2017.

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

This was a follow up inspection and focused on the areas for improvement highlighted during the previous inspection of the practice which was undertaken on 6 June 2017.

Although some progress had been made in relation to the areas for improvement identified at the previous inspection, we found that many issues highlighted remained in need of addressing. We also identified further areas in need of improvement during this inspection.

This is what we found the service did well:

- Welcoming environment
- Professional and welcoming staff
- Internal messaging and communication
- Accessible managers
- Informal day to day staff support and supervision.

This is what we recommend the service could improve:

- Appointments system
- Peer reviews and clinical meetings
- Learning from significant events
- Record offer of chaperone and training for staff
- Formalise management roles and responsibilities
- Complaints recording
- Audits and data security
- Review and update the Partnership Agreement
- Recruitment of clinical staff.

3. What we found

Background of the service

The Stables Medical Centre, Hawarden, provides services to approximately 10,400 patients. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board. The practice has two branch surgeries located at The Surgery, Saltney and Clwyd House Medical Practice, Buckley.

The practice employs a staff team which includes two GP partners, one salaried GP (who tended in their resignation on the day of the inspection), three practice nurses, five administrative staff and eleven reception staff. The practice makes regular use of locum GPs to support the GP partners.

The practice provides a range of services, including:

- Chronic Disease Management
- Smoking cessation
- Women's Health
- Minor operations
- Child Health Clinics
- Flu and Pneumonia immunisations.

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, we found evidence that the service provided generally 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

Prior to the 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 21 completed questionnaires. The majority of the patients who completed a questionnaire were long term patients at the practice (those who had been a patient for more than two years).

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

Patients were asked in the questionnaire to rate the service provided by this GP practice. Views were mixed; just over two thirds of patients rated the service as either 'excellent' or 'very good', but other patients rated the service as either 'fair' or '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 at the practice. Patient comments included:

"It is very difficult to make an appointment initially, plus repeat appointments with the diary not being available or having to wait until more appointments are put on the system"

"Booking appointments - you can book on the day if you can get one, but you have to ring about 40 times on redial"

Staying healthy

During our visit we observed staff greeting patients, in person and over the telephone, in a courteous and polite manner.

During the previous inspection it was identified that there was no information available in the waiting area to highlight that private discussions with reception staff could be made away from the reception area. During this inspection, we found that a poster was displayed in the waiting area advising patients of this option.

During the previous inspection it was identified that the reception desk was on one fixed level height and that this posed some difficulty for patients confined to wheelchairs. The practice was advised that a lowered desk area should be provided in the future should any reconfiguration / refurbishment work be undertaken to reception / waiting room area. This was not highlighted as a formal area for improvement in the last inspection report. However, it was noted during this inspection that the work remains outstanding.

Dignified care

The majority of patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice. One patient commented:

“Receptionists have been much nicer in the last few months”

Patients who completed a questionnaire told us that they often struggled to get to see their preferred doctor; nearly two thirds of patients said they could only sometimes see the doctor they prefer to see, and a quarter of patients told us that they could never see their preferred doctor. Patient comments on this issue included:

“See a lot of locums so same problem different opinions - would like to see my doctor all the time for continued care”

“Frustrating trying to see one's specialist doctor, e.g. diabetic or cardiac”

Staff were observed greeting patients in a calm and courteous manner and took their time, listening to the needs and requirements of patients and their friends or relatives.

During the inspection all consultations were held in private with consultation room doors closed. Responses from patients confirmed that they felt they were treated with respect and dignity, and their confidentiality was protected. We were informed (and viewed during the inspection) that when patients were not booking in at the reception desk, the reception windows were closed. This

promoted confidentiality when reception staff were receiving or making telephone calls.

During the previous inspection, it was noted that information was available in the waiting area identifying that patients could request a chaperone during their consultation. It was advised that these posters should also be available in consultation rooms. During this latest inspection, we found that these additional posters had been provided. However, we identified the need for the offer of a chaperone to be documented in patients' care notes.

During the previous inspection, it was recommended that all staff undertaking chaperone duties be appropriately trained. During this latest inspection we found that not all staff had received this training as advised.

Improvement needed

The offer of a chaperone should be recorded within patients' notes.

Chaperone training should be provided for all staff expected to undertake these duties.

Patient information

Just over three quarters of patients who completed a questionnaire told us that they would know how to access the out of hours GP service.

The practice did not have a designated website, but very basic information was available via the [NHS Wales website](#). Although not highlighted as a formal area for improvement during the previous inspection, we recommend that the website be updated and made more practice specific.

As was the case during the previous inspection, patients were able to book appointments by telephone or in person at the practice. Patients continued to experience difficulties, at times, to secure appointments with doctors, due to telephone lines being constantly busy. Patients remain unable to book

appointments on line using the My Health Online¹ portal. Again, we suggest that the practice should consider this area of service provision as it could potentially reduce the pressure on telephone lines during peak periods.

Patients were able to book appointments on the day or at best two weeks in advance. Patients could request to see a particular GP. Where possible staff would attempt to accommodate the request of the patients. However, this was not always possible and an alternative GP appointment would be booked.

We were informed that one member of staff could speak Welsh. It was identified that the majority of information available within the practice was in English, although some information distributed by the health board was available bilingually. We recommended that more could be done to ensure that equal emphasis is placed on the availability of leaflets etc in Welsh.

The practice website should be updated and made more practice specific.

The practice should consider making use of the My Health Online service to reduce the pressure on telephone lines during peak periods.

The practice must ensure that equal emphasis is placed on the availability of leaflets etc in Welsh.

Communicating effectively

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

All patients who 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.

¹ My Health Online enables patients to book appointments, order repeat prescriptions and update personal information if supported by the practice.

A hearing aid loop system was available at the practice for patients with hearing difficulties. However, there were no signs within the waiting area advising patients of the availability of this facility.

During the previous inspection we found that the Welsh language option was not available on the self check in machine. During this inspection we found that this option was available, so too were a number of other language options.

Improvement needed

The practice should inform patients of the availability of a hearing loop, for example, by displaying posters in a prominent position within the waiting area.

Timely care

While most patients who completed the questionnaire told us that they were satisfied with the hours that the practice was open, more than a half of patients said that it was 'not very easy', or 'not at all easy', to get an appointment when they needed one.

When asked to describe their overall experience of making an appointment, almost a half of patients who completed a questionnaire described their experience as 'poor' or 'very poor'. Patients were asked in the questionnaires how the GP practice could improve the service it provides, and a number of patients wanted an easier way to book an appointment:

"More hours for appointments - internet booking - always difficult to get through ringing 30-40 times"

"Make it easier to make pre-booked appointments"

"Appointments bookable online"

One patient, in response to the questionnaire told us that:

Doctors are often off and there are no appointments. If you can't get an appointment they say ring A&E; which sometimes isn't the right option. Several times you have to literally beg or not be seen"

During the previous inspection it was noted that some key staff were on long term leave and the practice was advised to look at new models of service delivery which takes into account new roles and responsibilities. During this

latest inspection we found that some progress had been made in this respect with measures set in place to appoint an Advanced Nurse Practitioner and a Prescribing Pharmacist. It is envisaged that these appointments will ease the burden on the GPs, address GP recruitment issues and will hopefully have a positive effect on patient care.

During the previous inspection, it was identified that improvements were required in relation to ensuring that patients referred from primary care to hospitals (secondary care) had received their required appointments / investigations. At the time, there was an expectation that patients were expected to return to the practice if they had not heard anything from the secondary care service so that the matter could be followed up. During this latest inspection, we were informed that the practice now keeps a check on appointments and follow these up if there are any issues.

Improvement needed

The practice must continue to monitor the appointment system to ensure that patients receive timely, effective and appropriate care. Staff should avoid referring patients to the Accident and Emergency department unless there is a formally assessed clinical need to do so.

Individual care

Planning care to promote independence

The practice team knew patients well and made adjustments according to people's individual needs based on this knowledge.

There was adequate disabled access to the building with a number of parking spaces provided within the adjoining car park.

All but one of the consulting rooms were located on the ground floor. The consulting rooms were spacious and well equipped. We recommended that height adjustable examination couches be provided in all consulting rooms during any future refurbishment of the practice.

Improvement needed

Consideration should be given to providing height adjustable examination couches in all consulting rooms during any future refurbishment of the practice.

People's rights

The practice had made arrangements to make services accessible to patients with different needs and language requirements, as described previously.

Listening and learning from feedback

During the previous inspection it was recommended that the practice set up a patient participation group. During this latest inspection we found that no progress had been made in this regard.

During the previous inspection, it was recommended that the practice carefully consider and act upon information received via the comments / suggestions box and produce an annual report, which is made available for all patients of the practice. During this latest inspection, we found that no progress had been made in relation to this.

There was a formal, internal complaints procedure in place and information about how to make a complaint was posted in the waiting area and on the practice website. Emphasis was placed on dealing with complaints at source in order for matters to be resolved as quickly as possible and to avoid any need for escalation. All complaints were brought to the attention of the practice manager. However, we recommended that formal records be maintained of any complaints received and the action taken by the practice in response.

Improvement needed

Consideration should be given to setting up a patient participation group.

The practice should consider and act upon information received via the comments / suggestions box and produce an annual report, which is made available to all patients of the practice.

Formal records should be maintained of any complaints received and the action to taken by the practice in response.

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 found a staff team who were patient centred and strived to deliver a high quality service to their patients.

Information was available to patients to help them take responsibility for their own health and well-being.

Suitable arrangements were in place to ensure the safe prescribing of medicines and to learn from any patient safety incidents. The sample of patient records we reviewed were generally of a good standard.

There was an effective internal communication system in place.

We did not see any documented evidence to show that risk assessments were being undertaken on a regular basis and that any areas identified as requiring attention were being actioned.

Safe care

Managing risk and promoting health and safety

All but one of the patients who completed a questionnaire felt that it was easy to get into the building that the GP practice is in.

During the previous inspection it was recommended that the practice should evaluate the provision of different height seating in the waiting area as all seating provided was of the same height. None of the chairs available had arm rests to assist patients requiring additional support to enable them to sit or rise up from their seats. During this latest inspection, we found that the situation was unchanged.

During the previous inspection, it was noted that the room which contained full sharps boxes was not lockable and that this therefore presented a risk. During

this latest inspection, we found that a suitable lock had been fitted to the door leading into this storage room.

During the previous inspection, we identified that staff utilising display screen equipment had not received an appropriate risk assessment as recommended by the Health and Safety Executive. During this inspection we found that this area for improvement had not been addressed.

We found a number of plastic urine sample collection containers stored on an open shelf in the kitchen area on the ground floor. These containers contained a chemical preservative. This was brought to the attention of the practice manager who immediately removed the items and placed them in a secure cupboard.

Improvement needed

The practice must provide appropriate display screen equipment risk assessments for staff regularly using computers.

To reduce the risk of harm to patients and staff, 24 hour urine sample containers should be stored securely.

Infection prevention and control

There were no concerns expressed by patients over the cleanliness of the GP practice; most patients who completed a questionnaire felt that, in their opinion, the GP practice was clean.

During the previous inspection, it was identified that the dignity curtains within consultation rooms were old and the integrity of the fabric was compromised. During this inspection we found that disposable dignity curtains were being used.

During the previous inspection, it was identified that some bins within toilets and consultation rooms were not foot operated. During this inspection we found that foot operated bins had been provided. However, one hand operated bin was still in use in the nurses' consulting room.

Improvement needed

The hand operated bin in the nurses' consulting room should be removed.

Medicines management

We found that there were generally safe medication prescribing practices in operation.

A pharmacist employed by the health board attended the practice on a regular basis to provide guidance and support to staff, and to ensure that prescribing and dispensing activities were in line with local and national guidelines.

Patients could access repeat prescriptions by completing a pre printed request slip or by letter.

During the previous inspection it was identified that the temperature of the room where emergency medication was being stored was not being monitored. During this inspection, we found that this area for improvement had not been addressed.

Improvement needed

The temperature of the room used to store emergency medication must be monitored on a regular basis.

Safeguarding children and adults at risk

We found that there were child and adult safeguarding policies and procedures in place and staff had received training on this subject.

Medical devices, equipment and diagnostic systems

During the previous inspection it was identified that an oxygen mask had past its expiry date. The practice was advised to ensure that robust auditing of equipment is undertaken in order to ensure that equipment available at the practice is fit for purpose. During this latest inspection we found that such checks were taking place. We found documented evidence of recent portable electrical appliance testing as well as medical equipment calibration. However, we found that some items of medical equipment had been omitted.

Improvement needed

The practice should draw up a list of all equipment which require testing or calibrating to ensure that none are omitted.

Effective care

Safe and clinically effective care

The practice had arrangements in place to report patient safety incidents and significant events. However, more could be done to share learning from safety incidents and significant events with all staff employed at the practice and not just those directly involved in incidents.

During the previous inspection, we found that there were no formal systems in place to disseminate best practice and or changes to local and national guidelines such as the National Institute for Health and Care Excellence. It was recommended that a new system be introduced with a designated individual responsible for identifying any new guidelines or best practice developments and disseminate this information to all relevant members of staff. During this latest inspection, we found that measures had been set in place to disseminate this information through face to face discussions with individual staff and during practice meetings.

We spoke with members of the practice team on the day of our inspection and were able to confirm that staff were encouraged and empowered to raise any concerns they may have about patients' and/or their own safety.

Improvement needed

Measures should be set in place to share learning from safety incidents and significant events with all staff employed at the practice and not just those directly involved in incidents.

Information governance and communications technology

We found that there was sufficient storage space available for patient records.

We found that there were clear information governance policies and procedures in place. However, we found log-in details, to include a password, to access clinical software on display next to one of the computers in a consulting room. Whilst in another consulting room, we found that a member of staff had left the building without logging off a computer leaving a confidential record on display.

These issues were brought to the attention of the practice manager who took immediate steps to address the breaches.

Improvement needed

The practice must take measures to ensure that staff are aware of and abide by data protection policies and procedures.

Record keeping

We looked at a sample of patient records and found a generally good standard of record keeping.

During the previous inspection it was identified that there were no systems in place to audit / evaluate the quality of notes summarising². It was also noted that there were no set processes in operation to review the quality and consistency of patient documented records through peer reviews. During this latest inspection we found that auditing processes were somewhat ad-hoc and informal.

We recommended that clinical governance arrangements could be strengthened through the implementation of regular, documented meetings between the clinicians working at the practice.

² Summarising is the transferring of medical information from a patient's paper records to an electronic medical record.

Improvement needed

The practice should undertake regular reviews / audits of the summarising entries in order to ensure consistency and quality assurance.

The practice should introduce processes to evaluate the quality and consistency of record keeping through regular and formal peer reviews.

Clinical governance arrangements should be strengthened through the implementation of regular, documented meetings between the clinicians working at the practice.

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.

We found a patient-centred staff team who told us they were well supported by colleagues within the practice.

There was a formal staff recruitment process in place with background checks undertaken, as necessary, prior to employment.

Decision making within the practice was informal and somewhat disjointed with very little documented evidence to reflect discussions and outcomes.

Governance, leadership and accountability

We found a patient-centred staff team who were committed to providing the best services they could. Staff told us that they were well supported by the practice manager and GP partners.

Staff told us that they felt able to raise any issues with the practice manager or the GP partners.

Staff working within the practice often took on dual roles and worked flexibly. This meant that staff could provide cover for each other during absences, reducing the risk of disruption to services for patients.

During the previous inspection, it was identified that staff were not conversant with the whistleblowing policy and were not aware of its content. During this inspection and through discussions with staff members, we confirmed that staff were now aware of the content of the policy and that this information was included in the staff handbook.

We found decision making within the practice to be informal and rather disjointed with little or no formal records maintained. We recommended that decision making be formalised and records maintained of discussions and

outcomes. We also recommended that the delegation of responsibilities within the practice be formalised to reinforce the decision making process.

We were informed that there was a formal Partnership Agreement in place. However, it was recognised that this document required reviewing and updating in light of recent staff changes.

Improvement needed

The decision making arrangements within the practice should be formalised and records maintained of discussions and outcomes.

The delegation of responsibilities within the practice should be formalised to reinforce the decision making process.

The Partnership Agreement must be reviewed and updated to reflect recent staff changes.

Staff and resources

Workforce

There was a well established reception and administration team in place. Discussions with staff and a review of a sample of staff records indicated they generally had the right skills and knowledge to fulfil their identified roles within the practice.

During the previous inspection, it was highlighted that the practice was experiencing significant issues in recruiting permanent GPs. This had required the need for locum GP coverage to provide the designated level of services necessary. The situation remained unchanged at the time of this latest inspection with the situation being compounded by the resignation of the salaried GP on the day of our visit. The practice remained heavily reliant on locum GPs to cover shortfalls and were continuing with efforts to recruit permanent GPs. As was the case during the previous inspection, the reliance on locum GPs was affecting the practice's ability to provide the optimum level of continuity of care for patients.

During the previous inspection, it was highlighted that some staff job descriptions were outdated and required to be reviewed as some of the staff roles and responsibilities had changed. During this inspection we found that no progress had been made in addressing this.

During the previous inspection, it was highlighted that some staff did not have a Disclosure and Barring Check (DBS) in place. During this inspection, it was confirmed checks had been undertaken on all staff.

Staff spoken with, during this latest inspection, were able to describe their roles and responsibilities and indicated they were happy in their roles. All staff we spoke with confirmed they had opportunities to undertake relevant training, mostly on-line. There was a formal staff appraisal process in place. However, as was the case during the previous inspection, we found that not all staff had received an annual appraisal.

Improvement needed

The practice must continue with efforts to recruit permanent clinicians to reduce the reliance on locums and to ensure the continuity of care to patients.

The practice must ensure that all staff have a job description which reflects their current work duties.

Measures must be set in place to ensure that all staff receive a formal appraisal of their performance on an annual basis.

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 summarises 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
We found a number of plastic urine sample collection containers stored on an open shelf in the kitchen area on the ground floor. These containers contained a chemical preservative.	This presented a risk of harm to patients and staff.	This was brought to the attention of the practice manager.	The containers were immediately removed and placed in a secure cupboard.
We found log-in details, to include a password, to access clinical software on display next to one of the computers in a consulting room. Whilst in another consulting room, we found that a member of staff had left the building without logging off a computer leaving a confidential record on display.	Confidential information relating to patients' care could have been accessed by unauthorised persons.	These issues were brought to the attention of the practice manager.	Immediate steps were taken to address the issue by removing the computer access information and turning the computer off.

Appendix B – Immediate improvement plan

Service: The Stables Medical Centre

Date of inspection: 3 July 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.				

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: The Stables Medical Centre

Date of inspection: 3 July 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
Quality of the patient experience				
The offer of a chaperone should be recorded within patients' notes.	4.1 Dignified Care	GPs to note all offers of chaperone and readcode	GPs	Immediate
Chaperone training should be provided for all staff expected to undertake these duties.		Training to place in house from end of September following start of Nurse Clinicians	Nurse Clinician	End September to start
The practice web site should be updated and made more practice specific.	4.2 Patient Information	Awaiting new Nurse Clinician and Partnership changes to become permanent	Practice Manager	Before March 31 st 2019
The practice should consider making use of the		MHOL registration process fault now	Practice Manager	When

Improvement needed	Standard	Service action	Responsible officer	Timescale
My Health Online service to reduce the pressure on telephone lines during peak periods.		resolved. Cannot add appointments due to uncertainty		possible
The practice must ensure that equal emphasis is placed on the availability of leaflets etc in Welsh.		Look at sourcing more leaflets in Welsh	Admin Team	Immediate
The practice should inform patients of the availability of a hearing loop, for example, by displaying posters in a prominent position within the waiting area.	3.2 Communicating effectively	Posters to be printed and displayed	Admin Team	Immediate
The practice must continue to monitor the appointment system to ensure that patients receive timely, effective and appropriate care. Staff should avoid referring patients to the Accident and Emergency department unless there is a formally assessed clinical need to do so.	5.1 Timely access	Memo to staff regarding this	Practice Manager	Immediate
Consideration should be given to providing height adjustable examination couches in all consulting rooms during any future refurbishment of the practice.	6.1 Planning Care to promote independence	To be considered for the future	GP	N/A
Consideration should be given to setting up a	6.3 Listening and	To be discussed at Practice meeting	PM, GP's, Nurses	Before

Improvement needed	Standard	Service action	Responsible officer	Timescale
patient participation group.	Learning from feedback		& Staff	December
The practice should consider and act upon information received via the comments / suggestions box and produce an annual report, which is made available to all patients of the practice.		System for this to be put in place. Nominate individual to conduct monitors feedback	To be decided	Within a month
Formal records should be maintained of any complaints received and the action to taken by the practice in response.		Folder already in existence on computer		
Delivery of safe and effective care				
The practice must provide appropriate display screen equipment risk assessments for staff regularly using computers.	2.1 Managing risk and promoting health and safety	This needs to be formalised	To be decided	Within a month
24 hour urine sample containers should be stored securely to reduce the risk of harm to patients and/or staff.		Dealt with on the day with memo to staff following	Practice Manager	Immediate
The hand operated bin in the nurses' consulting	2.4 Infection Prevention and	Removed same day as inspection		

Improvement needed	Standard	Service action	Responsible officer	Timescale
room should be removed.	Control (IPC) and Decontamination			
The temperature of the room used to store emergency medication must be monitored on a regular basis.	2.6 Medicines Management	Done monitored daily with fridge check	All	Done
The practice should draw up a list of all equipment which require testing or calibrating to ensure that none are omitted.	2.9 Medical devices, equipment and diagnostic systems	Take recent calibration lists and break it down room by room to ensure nothing missing	Member to be designated from the Admin Team	Immediate
Measures should be set in place to share learning from safety incidents and significant events with all staff employed at the practice and not just those directly involved in incidents.	3.1 Safe and Clinically Effective care	All staff emails to be sent include incidents and events as learning points	Practice Manager	Ongoing
The practice must take measures to ensure that staff are aware of and abide by data protection policies and procedures.	3.4 Information Governance and Communications Technology	Discussing data protection process with Health Board. Possibility of assigned person to take this over	Practice Manager/Health Board	Ongoing
The practice should undertake regular reviews / audits of the summarising entries in order to	3.5 Record keeping	GP's informed	GP's	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
ensure consistency and quality assurance.				
The practice should introduce processes to evaluate the quality and consistency of record keeping through regular and formal peer reviews.		GP's informed	GPs	Ongoing
Clinical governance arrangements should be strengthened through the implementation of regular, documented meetings between the clinicians working at the practice.		This is vital to the Practice and will be initiated by December	Clinicians and Practice Manager	Immediate
Quality of management and leadership				
The decision making arrangements within the practice should be formalised and records maintained of discussions and outcomes.	Governance, Leadership and Accountability	This ties in with the above	Clinicians and Practice Manager	Immediate
The delegation of responsibilities within the practice should be formalised to reinforce the decision making process.		Communication improvement between Clinicians and Practice Manager is vital and ongoing	Clinicians and Practice Manager	Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
The Partnership Agreement must be reviewed and updated to reflect recent staff changes.		New Partnership agreement under discussion	GPs	Immediate and Ongoing
The practice must continue with efforts to recruit permanent clinicians to reduce the reliance on locums and to ensure the continuity of care to patients.	7.1 Workforce	This is vital and ongoing	GPs and Practice Manager	Ongoing
The practice must ensure that all staff have a job description which reflects their current work duties.		Update for all staff to be progressed	Admin Team & Practice Manager	Admin Team & Practice Manager
Measures must be set in place to ensure that all staff receive a formal appraisal of their performance on an annual basis.		System needs revamping and time set aside to do this thoroughly and formally	Practice Manager	Ongoing

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): Dave Padley

Job role: Practice Manager

Date: 10.08.2018