

General Practice

Inspection (Announced)

Bradley's Practice, Buckley / 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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Bradley's Practice at Buckley Medical Centre, Alltami Road, Buckley, Flintshire, CH7 3PG, within Betsi Cadwaladr University Health Board on the 26 March 2019.

Our team, for the inspection comprised of a HIW assistant inspection manager (inspection lead), HIW inspection manager (supporting), 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

We found that the practice had arrangements in place to promote safe and effective patient care. We found a staff team who were patient centred and committed to delivering a high quality service to their patients.

The feedback we received from patients, confirmed that they were very happy with the service they received.

The practice had a system in place to enable patients to raise concerns and complaints.

We found the practice to have good leadership and clear lines of accountability.

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:

- Welcoming environment
- Patient information and engagement
- Very good record keeping
- Triage
- Internal and external communication
- Medication management and dispensing
- Comprehensive policies and procedures

This is what we recommend the service could improve:

- Review the 'one appointment one problem' process
- Reintroduce patient surveys

- Ensure the flooring in the staff toilet is repaired
- Ensure all staff complete mandatory training
- Ensure all staff receive an annual appraisal
- Ensure all staff receive a Disclosure and Barring Service check.

3. What we found

Background of the service

Bradley' Practice currently provides services to approximately 15,000 patients in the Buckley area. The practice forms part of the GP services provided within the area served by Betsi Cadwaladr University Health Board.

The practice employs a staff team which includes 10 GPs, two advanced nurse practitioners, four practice nurses, three healthcare assistants, one practice pharmacist, one practice manager, one operations manager, one clinical governance officer, and a total of 18 reception and administrative staff.

The practice provides a range of services such as:

- Monitoring of long term conditions such as :- asthma, chronic obstructive pulmonary disease, diabetes, chronic kidney disease , heart failure, coronary heart disease, atrial fibrillation, hypertension
- Minor illness service for the acutely unwell
- Travel immunisations
- Children's immunisations
- Contraceptive service
- Minor surgery (e.g. removal of cysts, skin lesions)
- Joint injections
- Maternity services
- Cervical screening
- Advanced physiotherapy practitioner service
- Audiologist service

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 Bradley's Practice provides safe and effective care to their patients, in a very pleasant environment with friendly, professional and committed staff.

Patients told us that they were treated with dignity and respect by staff. The practice had a system in place to enable patients to raise concerns and complaints.

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided. On the day of the inspection, our inspectors also spoke with patients to find out about their experiences at the practice.

In total, we received 36 completed questionnaires. The majority of the patients who completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

Patients were asked in the questionnaire to rate the service provided by this GP practice. Responses were positive; the majority of patients rated the service as either very good or good. Patients told us:

"Receptionists are always very helpful when I have called"

"Overall a good practice"

"New centre is very good, clean and welcoming"

"Just seen one GP here, very friendly, professional and reassuring. Explanations clear and concise. Would like to see him again"

"New centre is very good, clean and welcoming"

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 lack of appointments at the practice and being able to see

the same GP in a reasonable timeframe. Some patients suggested the following improvements:

“Open longer or have an evening surgery. It’s hard to fit in appointment when you work full time”

“By being able to make an appointment on-line instead of by phone”

“Being able to see the GP of choice in a more reasonable time”

“By making it quicker to make an appointment by phone without listening to long messages”

Staying healthy

We found that patients were being encouraged to take responsibility for managing their own health, through the provision of health promotion advice from staff, and written information within the waiting area and consulting rooms. There was also a television monitor within the waiting area displaying health promotion information and information about the practice.

We found that the practice operated a triage¹ system to signpost patients to other professionals and organisations better placed to assist them to ease the pressure on the clinical staff within the practice.

People with caring responsibilities were identified and given advice and information about other organisations and services that may be able to provide them with support. Two staff members took on the roles of Carers' Champions and would act as a voice for carers within the practice and be a key point of contact for carer information.

¹ Triage is the process of determining the priority of patients' treatments based on the severity of their condition.

A sign displaying 'No Smoking' was displayed by the main entrance which confirmed the emphasis being placed on compliance with smoke free premises legislation².

Dignified care

All but one of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice.

Just over half of the patients who completed a questionnaire told us that they could always get to see their preferred doctor.

We saw staff greeting people in a professional yet friendly manner at the reception desk and during telephone conversations.

We considered the physical environment and found that patient confidentiality and privacy had been considered. The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received, in privacy, away from patients.

Doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Curtains were also provided around examination couches. This meant that staff were taking appropriate steps to maintain patients' privacy and dignity during consultations.

There was a written policy on the use of chaperones. The right to request a chaperone was advertised in the waiting area. We were informed that the use of chaperones is also verbally offered to patients in the consulting room. We recommend that the practice displays a chaperone poster in each of the consulting/treatment rooms. We found that the use of chaperones was not always recorded within patients' records. We recommend that the practice ensures that all clinical staff documents both the presence of a chaperone and their identity (name and full job title rather than a generic phrase such as 'duty nurse') in the patients records, in line with the GMC's guidance.

² The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

Improvement needed

Display a chaperones poster in each of the consulting / treatment rooms.

Document the use of chaperones and their identity.

Patient information

As previously mentioned, information for patients on health related issues was available in leaflet form, and were available within the waiting area and consulting rooms. This included information on local support groups, health promotion advice and self-care management of health related conditions.

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times.

We noted that a poster was on display by the reception desk stating 'one appointment one problem', however, we found that this may pose a clinical risk. Whilst this process is understandable in order for patients to be seen in a timely manner, we felt that it could unintentionally increase the risk of significant clinical problems being missed. Patients may be deterred from raising what they think might be two or more 'separate problems' which they may not realise could be linked by important pathology. For example recurrent skin infections and urinary frequency in undiagnosed Type 2 diabetes³. We recommend that patients are able to list all their problems initially in order for the GP to prioritise and if needed, arrange further appointments.

Just under half of the patients who completed a questionnaire told us that they would not know how to access the out of hours GP service. Information relating to practice opening times was advertised on the practice website and patient leaflet.

³ Type 2 diabetes is a common condition that causes the level of sugar (glucose) in the blood to become too high. Increased urination and reoccurring skin infections are classic diabetes symptoms.

Improvement needed

Review the process and update the 'one appointment one problem' notice for patients.

Communicating effectively

All but one of the patients who completed a questionnaire, told us that they were always able to speak to staff in their preferred language.

The majority of patients who completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand, and also told us that they are involved as much as they wanted to be, in decisions made about their care.

We saw a notice in reception informing patients that the practice is currently in the process of translating all patient information into Welsh.

A hearing loop was provided in order to aid communication with those patients with hearing difficulties.

There were robust processes in place to manage incoming correspondence and information was appropriately entered into the electronic records management system.

Timely care

Almost all patients who completed a questionnaire told us that they were very satisfied or fairly satisfied with the hours that the practice was open. Just under half of the patients who completed a questionnaire told us that it was very easy or fairly easy to get an appointment when they needed one.

When asked to describe their overall experience of making an appointment, around three quarters of patients who completed a questionnaire, described their experience as good or very good.

The practice has already taken steps to improve the process of booking appointments. Patients were able to pre-book routine appointments in advance, Monday to Friday, over the phone. We also saw that the practice held same day, urgent appointments for patients. The practice also made use of the My Health

Online⁴ facility to book appointments with GPs. The use of this facility is to be encouraged as it could ease pressure on the telephone lines.

In addition to seeing patients attending with minor illnesses, the nursing team also ran a number of clinics for patients with chronic health conditions such as, diabetic check, asthmatic review, and cervical smears.

We found that referrals to other specialists were made in a timely fashion.

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.

All patients who completed a questionnaire felt that it was very easy or fairly easy to get into the practice's building.

The practice was located within a purpose built building and had been refurbished to a very high standard. Part of the building and car park was shared with community teams, health board staff and another medical practice.

There was good disabled access to the building with ample car parking spaces within the car park.

There were disabled access toilets located within the waiting area for use by patients.

All the GP consulting rooms, clinical rooms and treatment rooms were located on the ground floor. The consulting rooms, clinical rooms and treatment rooms were spacious and very well equipped.

The reception desk provided a lowered section for wheelchair users.

⁴ <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

People's rights

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

Staff we spoke with were aware of their responsibilities in relation to equality and diversity. There was an equality and diversity protocol in place, and staff had completed training on the subject.

Listening and learning from feedback

There was a formal complaints procedure in place, and information about how to make a complaint was available within the patient information leaflet and on the practice's website. NHS (Wales) Putting Things Right⁵ information was available in the reception area. We recommended that information relating to the practice's internal complaints process also be made available within the waiting area or in reception.

We were told that 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 Clinical Governance Officer, who would deal with them in line with the practice's policy.

We discussed the practice's mechanism for seeking patient feedback. The practice informed us that patient surveys have not been undertaken for some time. However, plans are in place for patient surveys to be reintroduced. We saw evidence that the practice had previously implemented improvements following patients' feedback. We noted that a comment/ suggestion book was available in reception, for patients to provide comments and suggestions anonymously. We recommend that the practice reintroduces the patient surveys in order for patients to provide their feedback. We also advise the practice to display an analysis of

⁵ Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

the feedback received in the waiting area/ reception, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery.

Improvement needed

Information relating to the practice internal complaints process should be made available within the waiting area or in reception.

The practice should reintroduce patient surveys and ensure feedback analysis is displayed for patients to view.

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 that the practice had arrangements in place to promote safe and effective patient care. We found a staff team who were patient centred and committed to delivering 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 of very good standard.

There was an effective internal communication system in place.

There was a safeguarding of children and vulnerable adults' policy in place and staff had completed training in this subject.

Safe care

Managing risk and promoting health and safety

During a tour of the practice building, we found all areas to where patients had access, to be clean and uncluttered, which reduced the risk of trips and falls. However, we found that the floor covering in the staff toilet on the ground floor needed to be repaired.

General and more specific health and safety risk assessments were undertaken on a regular basis.

Improvement needed

Ensure that the floor covering in the staff toilet on the ground floor is repaired.

Infection prevention and control

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

Staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection. The clinical treatment areas we saw were visibly clean.

We saw that the curtains in the treatment rooms were disposable, meaning that they could be easily replaced should they become contaminated or dirty. This demonstrates a good commitment to infection prevention and control.

Hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitizers were also readily available around the practice.

Waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste was securely stored until it could be safely collected.

There was a clear and detailed infection control policy in place.

Medicines management

We found that medication management systems were robust and safe.

There was a dispensary located within the practice building with designate staff employed to manage and provide this service.

Patients could access repeat prescriptions by calling the surgery, or the branch surgery by phone, in person, by fax, post, use of local chemist or online.

Safeguarding children and adults at risk

We found that there were child protection and adult safeguarding policies in place.

The practice had identified a member of staff as the nominated safeguarding lead.

We were told that reception staff had received safeguarding training at level one and level two, with all clinical staff trained at level three.

Adult and child safeguarding cases were flagged up via their electronic system, and we saw evidence that regular partnership clinical meetings took place where

any safeguarding issues are discussed. However, we noted that health visitors, district nurses and school nurses did not always attend these meetings. We were informed that health visitors, district nurses and school nurses verbally discuss any issues directly with the individual GP and these issues are then discussed at the partnership clinical meetings. We recommend that this process is strengthened by implementing dedicated quarterly safeguarding meetings at the practice, and that the lead safeguarding officer, health visitors, and district nurses and, where necessary, school nurses, should also be invited to attend.

Improvement needed

Ensure that the lead safeguarding officer, health visitors, district nurses and, where necessary, school nurses, attend safeguarding meetings.

Medical devices, equipment and diagnostic systems

Emergency drugs and equipment kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried on a regular basis.

Portable electrical appliances were being tested on a regular basis

Effective care

Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events.

The practice made use of the Datix⁶ system for reporting incidents. Significant events were being recorded and discussed at clinical meetings. However, we recommend that any learning from these meetings are summarised and discussed at regular intervals between the clinical team. This will ensure that any lessons learned and / or changes have been implemented at the practice.

⁶ Datix is a patient safety web-based incident reporting and risk management software for healthcare and social care organisations.

Improvement needed

Ensure that any learning from significant events meetings are summaries and discussed by the clinical team.

Information governance and communications technology

We found that there were clear information governance policies and procedures in place. Staff members we spoke with were aware of how to access this information.

Record keeping

A sample of patient records were reviewed. We saw evidence that staff at the practice were keeping very good quality clinical records. In all cases, the records contained sufficient detail of consultations between clinical staff and patients, and it was possible to determine the outcome of consultations and the plan of care.

We found that READ coding⁷ was appropriate and coding was undertaken by the individual GPs. However, we recommended that the practice undertakes an audit of each of the clinicians coding to ensure that the coding standards are being maintained. We also recommend that any summarised records are also audited to confirm the quality and accuracy.

We also noted that medication was not always being linked to medical conditions within the sample of patients' notes we examined. We recommend that medication reviews should be used as an annual opportunity to undertake record linkage of patients' repeat medications.

⁷ Read codes are the standard clinical terminology system used in General Practice in the United Kingdom. It supports detailed clinical encoding of multiple patient phenomena including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms and observations; laboratory tests and results; diagnoses; diagnostic, therapeutic or surgical procedures performed; and a variety of administrative items.

Improvement needed

Ensure that a sample of summarised records and READ coding audits are completed annually.

Ensure that medication is always linked to medical conditions within patients' notes and undertake an annual medication review.

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 the practice to have good leadership and clear lines of accountability.

We found a patient-centred staff team who were competent in carrying out their duties and responsibilities. We observed staff supporting each other and worked well together as a team.

We saw that the practice had a range of policies and procedures in place.

Governance, leadership and accountability

We found a patient-centred staff team who were committed to providing the best services they could.

Staff were positive about the working environment and the majority told us that they felt well respected and supported by their colleagues.

There was a whistleblowing policy in place and the majority of staff told us they felt able to raise concerns with senior staff.

Staff had access to all relevant policies and procedures to guide them in their day to day work. There was a practice development plan in place and this was being reviewed and updated on a regular basis.

The practice was part of a local cluster group⁸. The engagement with the cluster group was reported as being very good, with one of the GPs and practice manager attending cluster meetings on a regular basis.

Staff and resources

Workforce

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.

All staff we spoke with confirmed they had opportunities to attend relevant training. We were provided with information relating to mandatory training which showed that the majority of staff had completed mandatory training and plans were in place for staff to renew their training where applicable. We were informed that, although staff do have protected time to complete training, this can sometimes be difficult to arrange due to staff working hours.

We were provided with information relating to staff annual appraisals and noted that not every staff member had received an annual appraisal. We were verbally assured that plans were in place for all staff to receive an appraisal.

We saw that there were formal recruitment policies and procedures in place. We reviewed a sample of staff files. Not all staff had evidence on their file to show that a Disclosure and Barring Service (DBS) check to the required level, had been conducted to demonstrate they were suitable to work at the practice. We recommend that the practice ensures all staff working at the practice receive a DBS check relevant to their role, including administrative staff who have access to patient information.

⁸ A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally. Clusters are determined by individual NHS Wales Local Health Boards (LHB's).

Improvement needed

Measures must be set in place to ensure all staff complete and / or renew mandatory training and all staff at the practice to receive an annual appraisal.

Ensure all staff working at the practice receive a DBS check relevant to their role.

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, measurable, 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
There were no immediate concerns identified on this inspection			

Appendix B – Immediate improvement plan

Service: Bradley's Practice

Date of inspection: 26 March 2019

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
There were no immediate assurance issues identified on 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: Bradley's Practice

Date of inspection: 26 March 2019

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				
Display a chaperone poster in each of the consulting / treatment rooms.	4.1 Dignified Care	Laminated copies to be produced – However copies were on site at branch	Vanessa Peters	2 weeks
Document the use of chaperones and their identity.		Reviewed at GP Partners meeting and noted – 3 rd June 2019	Dr Matthew Dymock	Immediate
Review the 'one appointment one problem' process.	4.2 Patient Information	Reviewed at GP Partners meeting and noted – 3 rd June 2019	Dr Matthew Dymock	Immediate
Information relating to the practice internal complaints process should be made available within the waiting area or in reception.	6.3 Listening and Learning from feedback	Already available but not on display - To be introduced and reviewed on a monthly basis to ensure copies are provided	Clinical Governance Officer	1 week

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice should reintroduce patient surveys and ensure feedback analysis is displayed for patients to view.		To be introduced by Clinical Governance Officer in conjunction with Management and Senior Partner	Clinical Governance Officer	2 months
Delivery of safe and effective care				
Ensure that the floor covering in the staff toilet on the ground floor is repaired.	2.1 Managing risk and promoting health and safety	Currently being repaired	Vanessa Peters	1 week
Ensure that the lead safeguarding officer, health visitors, district nurses and where necessary, school nurses attend safeguarding meetings.	2.7 Safeguarding children and adults at risk	First meeting arranged	Dr Ceris Emanuel	3 weeks
Ensure that any learning from significant events meetings are summarised and discussed by the clinical team.	3.1 Safe and Clinically Effective care	Discussed on a monthly basis already but review of these cases post discussion now planned	Clinical Governance Officer	2 months
Ensure that a sample of summarised records and READ coding audits are completed annually.	3.5 Record keeping	To review with Notes summariser	Vanessa Peters Practice Manager	1 month
Ensure that medication is always linked to medical conditions within patients' notes and undertake an annual medication review.		Discussed in Clinical Meeting 3 rd June 2019.	Dr Matthew Dymock	completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
Measures must be set in place to ensure all staff complete and / or renew mandatory training and all staff at the practice to receive an annual appraisal.	7.1 Workforce	Spreadsheet of Mandatory training documenting all staff training achieved and affected staff emailed – annual appraisals under way	Caerys Wynne and Vanessa Peters (Practice managers)	Ongoing next 52 weeks
Ensure all staff working at the practice receive a DBS check relevant to their role.		To review and seek guidance	Vanessa Peters	4 weeks

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): Vanessa Peters

Job role: Practice Manager

Date: 11/06/2019