

# General Practice Inspection Report (Announced)

New Quay Surgery, Hywel Dda  
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 healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of New Quay Surgery, Hywel Dda University Health Board on 16 October 2023.

Our team for the inspection comprised of one HIW Healthcare Inspectors and three clinical peer reviewers. The inspection was led by a HIW Healthcare Inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 32 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

It was evident that staff at New Quay Surgery were committed to providing a caring and professional service for patients. We witnessed staff speaking to patients and their carers in a polite and positive manner, and HIW questionnaire respondents also spoke positively of the care they had received.

The practice had an extensive range of health promotion information available for patients in the waiting area, the majority of which was displayed bilingually. There were a number of Welsh speaking staff at the practice.

The practice offered good accessibility for all patients. The whole practice offered ground floor access, as well as a disabled toilet and parking directly outside the main entrance.

This is what we recommend the service can improve:

- All calls are redirected from the front desk, so that no calls can be overheard in the waiting area.
- A privacy screen to be fitted on the computer at the front desk.
- The practice manager to provide 'Iaith Gwaith' badges, to show patients that staff speak or are learning Welsh.
- The practice manager to ensure an equality and diversity policy is developed as soon as possible.

This is what the service did well:

- Extensive range of health promotion information available for patients
- All reception staff had completed care navigation training
- Most of the patients who completed HIW questionnaires, felt they were treated with dignity and respect whilst at the practice.

### Delivery of Safe and Effective Care

Overall summary:

All clinical rooms in the practice were an appropriate size and generally kept tidy. The practice had suitable handwashing facilities available in all bathrooms, and elbow operated taps in treatment and consulting rooms. All bins in the practice were foot operated and it was clear that the environment was furnished to allow for effective cleaning. All clinical areas were fitted with suitable, hard flooring and all surfaces were wipeable.

Our review of staff records confirmed that all relevant staff members were up to date with Hepatitis B vaccinations.

Immediate assurances:

- Our review of staff training records confirmed that no staff had completed fire safety training and non-clinical staff had not completed safeguarding training. The practice manager should ensure that all staff are up to date with mandatory training.

This is what we recommend the service can improve:

- Staff to ensure the cleaning cupboard is tidied, and mops are stored appropriately
- The practice manager to review the business continuity plan and bring it up to date
- Senior staff to arrange Portable Appliance Testing (PAT Testing), for all relevant devices and equipment
- Senior staff to ensure consistency in the level of detail recorded in patient records.

This is what the service did well:

- The practice had comprehensive, and up to date safeguarding policies and procedures in place
- The practice had a comprehensive infection prevention and control (IPC) policy in place
- All relevant staff members were up to date with Hepatitis B vaccinations.

## **Quality of Management and Leadership**

Overall summary:

It was clear that practice staff were committed to providing good patient care, and were eager to carry out their roles effectively.

We saw evidence of regular staff meetings taking place and minutes being recorded. The practice also had a comprehensive register of policies in place. All were easily accessible for staff through a shared drive.

This is what we recommend the service can improve:

- The practice manager to implement an official wellbeing programme
- Staff complete equality and diversity, and duty of candour training

- The practice manager to implement a more robust appraisals system for clinical and non-clinical staff
- The practice manager to develop a practice specific concerns policy.

This is what the service did well:

- We saw evidence of a clear management structure in place at the practice.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).



## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

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. On the day of the inspection our inspectors also spoke with patients to find out about their experiences at the practice. Patient comments included the following:

*“Excellent service and care.”*

*“All staff are considerate and are always helpful.”*

We asked what could be done to improve the service. Comments included the following:

*“Would have rather had a face-to-face consultation but was not offered one.”*

#### Person centred

##### Health Promotion

We saw that New Quay surgery had a wide range of written health promotion information available for patients. This included smoking cessation and weight management information, all of which was available in the waiting area.

Although there were no specific mental health workers working out of the practice, we observed extensive mental health information clearly displayed in the waiting area. Contact details for emergency and out of hours mental health support were displayed, as well as information about specific support organisations.

Of the 32 HIW questionnaire respondents, 20 told us that they either ‘agree’ or ‘strongly agree’ that there is health promotion information on display at the practice. One patient disagreed with this, and 11 did not respond to this question.

The practice manager provided information about the extensive links the practice has with healthcare partners. Health visitors and chiropody staff hold weekly clinics at the practice and a part time phlebotomist is also based at the practice.

We were informed of the process in place to manage the winter vaccination program. The practice manager told us that only flu vaccinations were being offered this year, and that these had already been ordered. Vaccinations are stored in the most recent fridges at the practice, and fridge temperatures are monitored twice daily. We were told that over 2000 letters have been sent to patients to arrange an appointment for their vaccination.

### **Dignified and respectful care**

It was evident that clinical rooms gave patients appropriate levels of privacy. We noted clinic room doors were kept closed during consultations and privacy curtains were available in all rooms.

We observed reception staff welcoming patients in a professional and friendly manner. Staff informed us that all calls go through to the back reception office, the front reception desk and the admin office on the upper floor. We were told that staff were instructed to only answer the phone at the reception desk if the waiting area is empty. **However, we still recommended that calls be re directed from the front desk.**

During our tour of the setting, we found that the computer at the front desk was visible to patients, due to the angle of the desk and the screen. Staff altered the angle of the screen during our visit to obscure the view, **however we recommend a privacy screen be fitted as soon as possible.**

Of the 32 patients who completed HIW questionnaires, 22 felt they were treated with dignity and respect. Two patients disagreed with this, four answered with 'not applicable' and four did not provide an answer. 13 patients said measures were taken to protect their privacy, two disagreed and seven answered with 'not applicable'. The remaining patients did not provide an answer.

We noted that the practice also offered a chaperone service for patients, which was carried out by specific, trained staff members. Information about this was clearly displayed in the waiting area.

## **Timely**

### **Timely Care**

New Quay Surgery was open between the hours of 8am to 6:30pm Monday to Friday. Patients were able to access appointments at the surgery via telephone or in person at the reception desk.

We reviewed the processes in place to ensure patients can contact the practice via telephone in a timely manner. Staff informed us that the system used has unlimited lines coming in, and multiple phones throughout the practice which calls are directed to. We were provided with access statistics, which indicated all calls were responded to within a two-minute time frame.

It was confirmed that all receptionists had completed care navigation training. Relevant and informative flow charts were also available, and clearly displayed for staff.

30 questionnaire respondents told us that they were satisfied with the opening hours of the practice. Over half of the patients who answered were able to get a same-day appointment when they need to see a GP urgently (16/23), and most of the patients who answered said they could get routine appointments when they need them (23/28). The remaining patients did not provide an answer to these questions.

## Equitable

### Communication and language

The practice manager informed us of the methods of communication used to convey information to patients. As well as face-to-face, staff would send letters to patients with specific information if necessary. The practice Facebook page was also kept up to date with relevant information for patients.

It was clear that staff were proactive in ensuring individual patient's needs were met. The practice manager told us that autistic patients are offered appointments at quieter times. Also, we were informed that reception and admin staff will try and get patients to see the same clinician if requested.

We were told that the practice had both a fixed and mobile hearing loop in place at the practice. The practice manager informed us that there were plans to implement braille, to assist visually impaired patients moving around the building.

All information displayed in the waiting area was available bilingually. There were also several Welsh speaking staff at the practice however not all wore 'Iaith Gwaith' badges. **We recommended that the practice manager make badges available for all Welsh speaking staff.**

Staff told us that large print and easy read documents would be made available on request. The practice also had access to a translation service through the local health board.

Of the seven questionnaire respondents who answered, five told us that they were actively offered the opportunity to speak Welsh whilst attending their appointment. Also, of the six respondents who answered, all told us that healthcare information was available to them in Welsh.

### **Rights and Equality**

The practice offered good accessibility for all patients. The whole practice offered ground floor access, as well as a disabled toilet and parking directly outside the main entrance.

We reviewed the practice's equality and diversity policy and confirmed it was up-to-date and reviewed regularly. We confirmed staff had completed equality and diversity training. However, the practice did not have an equality and diversity policy in place. **We raised this with the practice manager and asked for one to be developed as soon as possible.**

It was clear that the practice was proactive in upholding the rights of transgender patients. Staff confirmed that preferred pronouns and names were always used. The electronic record system flagged the preferred pronouns and names of transgender patients.

Of the 32 HIW questionnaire respondents, 26 patients felt they could access the right healthcare at the right time. Three patients disagreed with this and three skipped this question.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We found most areas of the practice to be generally clean and free from clutter. However, we found the cleaning cupboard to be untidy and the mops being stored in their buckets, instead of fixed to the walls. **We raised this with the practice manager and asked that the cupboard be tidied and mops stored appropriately going forward.**

Whilst reviewing the practice key policies and documents, we noted that the business continuity plan was three years out of date. **We raised this with the practice manager and recommended they review the document and bring it up to date as soon as possible.**

We were told that the practice manager was responsible for receiving all patient safety alerts. These were then sent onto all clinical staff and saved securely on a shared drive, accessible to all staff. The practice manager confirmed that any learning from patient safety incidents is shared in staff meetings.

Our review of staff records highlighted that staff had not completed fire safety training. We raised this as an immediate concern with the setting, but have since seen evidence of all staff either having completed or scheduled to complete the relevant training.

All the patients who answered thought the GP setting was 'very clean' (23/24) or 'clean' (1/24).

We saw evidence of appropriate signage displayed around the practice to alert staff and patients to any dangers. Also, during our tour of the setting, we noted that all sharps containers were securely fixed to the wall and full containers were stored securely, ready for disposal.

### Infection, Prevention, Control (IPC) and Decontamination

Of the patients that responded to our questionnaire, 24 told us that hand sanitizer was always available for them in the practice. The remaining eight patients did not provide an answer. In addition, 20 patients agreed that healthcare staff washed their hands before and after treating them and 3 responded with 'not applicable'. The remaining respondents skipped this question.

We saw suitable handwashing facilities available in all bathrooms, and elbow operated taps in treatment and consulting rooms. All bins in the practice were foot operated and the environment was furnished to allow for effective cleaning. All clinical areas were fitted with suitable, hard flooring and all surfaces were wipeable.

The practice had a comprehensive infection prevention and control (IPC) policy in place. It was evident from conversations with staff that they understood their roles and responsibilities in upholding IPC standards and the practice also has a designated IPC lead in place.

Our review of staff records confirmed that all relevant staff members were up to date with Hepatitis B vaccinations.

### **Medicines Management**

We reviewed the arrangements in place to ensure prescriptions pads were being stored securely. All prescription pads were kept in a lockable cupboard in the staff room, and a log sheet was maintained to keep check of all blank prescription pads. Senior staff confirmed that, in the event a GP were to leave the practice, their prescription pads would be shredded on site to prevent future use.

Staff provided us with evidence of PAT testing having been carried out for all fridges in the practice, used for storing vaccinations. We also confirmed that daily temperature checks are carried out and recorded in a log.

### **Safeguarding of Children and Adults**

We saw evidence of comprehensive safeguarding policies and procedures in place at the practice. These included contact details for the local safeguarding team and clearly identified the safeguarding lead at the practice.

Our review of staff records highlighted that non-clinical staff had not completed safeguarding training. We raised this as an immediate concern with the setting but have since seen evidence of all staff either having completed or scheduled to complete the relevant training.

### **Management of Medical Devices and Equipment**

We were informed by the practice nurses that they are responsible for carrying out checks of medical devices and equipment. Written documents were maintained to record the checks carried out on the equipment and devices.

Although we saw that all equipment was in good condition, we noted that some required PAT testing. **We raised this with senior staff and asked that PAT be arranged for all relevant devices and equipment imminently.**

During our inspection, we also reviewed the emergency drugs and equipment kept at the practice. We noted that all drugs were in date and appropriate checks being carried out monthly for emergency drugs and daily for the automatic external defibrillator (AED). The AED had a sufficient supply of pads, all of which were in date.

## Effective

### Effective Care

It was clear that the practice had a dedicated and caring staff team that strived to provide patients with safe and effective care.

The practice ensured staff were kept up to date with best practice, national and professional guidance, and new ways of working. Changes to guidance would be communicated to staff either via team meetings, email, cluster meetings and professional memberships.

### Patient records

As part of our inspection reviewed a sample of ten electronic patient medical records. These were stored securely and protected from unauthorised access.

Overall, patient records were clear and maintained to a good standard. However, our review highlighted some inconsistencies in the level of detail provided in patient records following appointments. **We raised this with senior staff and asked that all look to provide consistency in the detail recorded in patient records.**

# Quality of Management and Leadership

## Leadership

### Governance and leadership

New Quay Surgery is part of the South Ceredigion & Teifi Valley Cluster area and owned and operated by two GP partners. It was evident that all staff were clear about their roles, responsibilities and there were clear lines of accountability in place at the practice.

We were provided with evidence of weekly staff meetings being held and detailed minutes recorded. Information was also shared amongst staff via emails, staff noticeboard and a staff WhatsApp group.

The practice kept a comprehensive register of policy and procedures. The names and content of each policy reviewed were clear and we were told that staff have access to all relevant documents through a shared drive.

The practice manager informed us that they are looking into implementing staff welfare programmes, however there are currently none in place. **We recommend that the practice manager implement an official wellbeing programme as soon as possible.**

We were told that, at the time of our visit, the main challenges and pressures being faced by the practice were difficulties in recruiting doctors and the need for more clinical space. The practice manager informed us that they currently have job adverts out for doctors, however no applications have been received.

## Workforce

### Skilled and enabled workforce

We spoke with staff across a range of roles working at the practice. It was clear that they were all knowledgeable of their roles and responsibilities and committed to providing a quality service to patients.

We also noted that staff at New Quay Surgery had not yet completed equality and diversity training or Duty of Candour training. **We raised this with the practice manager and recommended that staff complete the relevant training as soon as possible.**



We saw evidence of in- date DBS checks for all staff. The practice manager also had a training matrix in place to track staff mandatory training. However, we noted that the practice has no official system in place for appraisals. **We asked that the practice manager implement a more robust appraisals system for clinical and non-clinical staff going forward.**

Staff told us that they felt comfortable to raise a concern if required. The practice had a whistleblowing policy in place that had been recently reviewed and this was available to all staff.

## Culture

### People engagement, feedback and learning

During our tour of the setting, we noted that the Putting Things Right document was clearly displayed in the waiting area. Although the practice information and duty of candour leaflets contained information about how the practice deals with concerns, we noted that there was no formal complaints policy in place at the setting. **We raised this with the practice manager and recommended that they use this information and putting things right document to develop a practice specific policy.**

The practice gained feedback from patients via questionnaires available at reception. Staff also told us that they routinely send out questionnaires to patients for completion.

Senior staff informed us of the arrangements in place to ensure compliance with the Duty of Candour requirements. The practice had a Duty of Candour policy in place which was in line with requirements outlined in the guidance.

## Information

### Information governance and digital technology

We saw evidence of systems in place to ensure the effective collection, sharing and reporting of high-quality data and information. We were informed that the practice had access to a data protection officer through the local health board.

## Learning, improvement and research

### Quality improvement activities

We reviewed clinical audits carried out by the practice. The practice had carried out hand hygiene audits, however there were no formal audits being carried out

for IPC or waste management. We raised this with the practice manager and asked that these be completed as soon as possible.

## Whole system approach

### Partnership working and development

Staff told us that various multi- disciplinary team meetings took place to ensure effective interaction and engagement with healthcare partners. We were informed that the practice works closely within the GP cluster to build a shared understanding of challenges within the system and the needs of the population.

## 4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

## 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 identified			

## Appendix B - Immediate improvement plan

**Service:** New Quay Surgery

**Date of inspection:** 16/10/2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Our review of staff training records confirmed that no staff had completed fire safety training.	The practice manager must ensure that all staff have completed up to date fire safety training and safeguarding training.	All staff to complete "Learning@Wales" Fire Safety training course or a recognised equivalent by the 25th Oct.	Practice Manager (Pete Kemp)	Fire Safety To be completed by 25th Oct.
We also found that non-clinical staff working at New Quay Surgery had not completed safeguarding training.		Certificates to be provided as evidence.  All clerical staff to complete "Learning@Wales" Safeguarding Level 2 training course and submit certificates as evidence to HIW.	Practice Manager (Pete Kemp)	Safeguarding Level 2 to be completed by 15th Nov.

		Training booked for 31st Oct & 7th Nov		

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:** New Quay Surgery

**Date of inspection:** 16/10/2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Staff informed us that all calls go through to the front reception desk, as well as the back reception office and the admin office on the upper floor.	We recommend that all calls be re directed from the front desk, so that no calls can be overheard in the waiting area.	The need was identified to retain existing phone grouping to enable the front desk phone to ringing with incoming phone calls but new guidance has been issued to all staff to avoid answering external calls on the front desk whenever possible. The ringer volume on this phone has also been reduced to encourage this.	Practice Manager	This has been implemented but will continue to be monitored.
During our tour of the setting, we found that the computer at the front desk was visible to patients, due to the angle of	We recommend that a privacy screen be fitted on the computer as soon as possible	As soon as this was highlighted a suitable privacy screen was sourced and ordered and it	Practice Manager	This has been implemented but will

the desk and the screen. Staff altered the angle of the screen during our visit to obscure the view, as a short-term solution.		was fitted a few days later. This removes all possibility of the screen being read from across the desk and reduces glare for the staff member.		continue to be monitored if monitors are replaced.
There were several Welsh speaking staff at the practice however not all wore 'Iaith Gwaith' badges.	We recommended that the practice manager make 'Iaith Gwaith' badges available for all Welsh speaking staff.	We have now asked for badges and lanyards to be supplied by the Welsh Language Commissioner. Once obtained they'll be available for staff to wear with signage to emphasis this.	Practice Manager	Badges and lanyards ordered and should be available and in use by the end of Jan.
The practice did not have an equality and diversity policy in place.	Practice manager to ensure an equality and diversity policy is developed as soon as possible	The surgery had recently adopted and reviewed a Equality and Diversity Policy but this was not available on the day of the inspection. This is now available to all staff.	Practice Manager	This Policy is now available and accessible to all staff.
We found the cleaning cupboard to be untidy and the mops being stored in their buckets, instead of fixed to the walls.	Staff to ensure the cleaning cupboard is tidied and mops stored appropriately going forward.	The cleaning cupboard is quite small but had been reorganised and a wall mounted mop hanger ordered	Practice Manager	Wall hanger to be fitted on arrival and cupboard



		to enable mops to be hung above the respective buckets.		state to be monitored.
We noted that the business continuity plan was three years out of date.	We recommended the practice manager reviews the business continuity plan and bring it up to date as soon as possible	The surgery continuity plan has since been inspected, confirmed as correct and a “last revised” date added.	Practice Manager	This has now been addressed and completed
We noted that some of the medical devices and equipment required PAT testing.	Senior staff to arrange PAT testing for all relevant devices and equipment imminently.	Calibrate UK performed our annual inspection consisting of PAT Testing and Calibration on 29 <sup>th</sup> Nov 2023	Practice Manager	This annual process has now been completed
Our review of patient records highlighted some inconsistencies in the level of detail provided in patient records following	Senior staff to ensure consistency in the level of detail recorded in patient records.	This has been discussed in our Clinical team meeting and all clinicians advised to ensure sufficient details are added to clinical notes at all times rather than relying on other external documents or recordings.	Practice Manager Practice Drs Practice Nurses	This issue has been addressed and will be monitored.
The practice manager informed us that there are currently no staff welfare programmes in place.	We recommend that the practice manager implement an official wellbeing programme as soon as possible.	Since being highlighted this has been raised in staff and partner meetings and we will	Deputy Practice Manager	This is now underway and ongoing with an aim to have

		look to identify suitable options moving forward.		something in place by April.
Staff had not yet completed equality and diversity training or duty of candour training.	We asked that staff complete the relevant training as soon as possible.	Equality and diversity training and Duty of candour training have now been added to the Staff Training Matrix and will be planned for staff to complete in groups at the earliest convenience.	Practice Manager	We aim to have these both completed by April.
We noted that the practice has no official system in place for appraisals.	Practice manager to implement a more robust Appraisals system for clinical and non-clinical staff going forward.	Clinical staff appraisals have now been completed and structured appraisals for clerical staff is being planned.	Practice Manager	Existing staff to be appraised by April then annually on or close to the employment anniversary
We noted that there was no formal complaints policy in place at the setting.	Practice manager to develop a practice specific concerns policy as soon as possible	The existing practice complaints policy which referenced the Health Board Complaints and Duty of Candour policies has now been replaced with a comprehensive surgery policy	Practice Manager	This has now been addressed and completed


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):**        **Pete Kemp**  
**Job role:**         **Practice Manager**  
**Date:**                **14<sup>th</sup> December 2023**