

**General Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board
Bron Meirion Surgery

Inspection Date: 10 January 2017

Publication Date: 11 April 2017

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Bron Meirion Surgery at Castle Street, Penrhyndeudraeth, Gwynedd, LL48 6AL, on 10th January 2017. Our team, for the inspection comprised of an HIW inspection manager (inspection lead), GP and practice manager peer reviewers and a lay reviewer.

HIW explored how Bron Meirion Surgery met the standards of care set out in the Health and Care Standards (April 2015). Inspections of General Medical Practice (GP) inspections are announced and we consider and review the following areas:

- Quality of the patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person
- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Bron Meirion Surgery currently provides services to approximately 7,400 in the Meirionnydd area of Gwynedd. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University health Board.

There are two branch surgeries located at Trawsfynydd Health Centre, Trawsfynydd, Gwynedd LL41 4SB and Ardudwy Health Centre, Ffordd Morfa, Harlech, Gwynedd LL46 2US.

Doctors from the surgery provide medical services for up to eighteen in patients at Ysbyty Alltwen, a local community hospital. They also provide minor injuries cover at the hospital.

The practice offers placements for medical students.

The practice employs a staff team which includes a practice manager, six doctors, nurse practitioner, three practice nurses, two health care assistants, reception supervisor and ten reception/administrative staff.

The practice provides a range of services, (as cited on the practice website), including:

- Coronary heart disease
- Chronic obstructive pulmonary disease
- Asthma
- Diabetic reviews
- Joint injections
- Minor surgery
- Cryotherapy (liquid nitrogen)
- Coil fitting
- Contraceptive Advice
- Smears
- Minor Injuries
- Warfarin Monitoring
- Childhood Immunisations
- Travel immunisations (non-practice patients can attend for travel immunisations) - the practice is an accredited yellow fever centre
- Seasonal flu clinics
- Nurse treatments and dressings
- Health and wellbeing advice, including smoking cessation
- phlebotomy

3. Summary

HIW explored how Bron Meirion Surgery met standards of care as set out in the Health and Care Standards (April 2015).

Overall, we found evidence that Bron Meirion Surgery provides high quality, safe and effective care.

This is what we found the practice did well:

- Patients were happy with the service provided
- Patient records were of a good standard
- Staff we spoke with were happy in their roles and felt well supported
- Staff were proactive in making improvements to services and we could clearly see where changes had been made, e.g. improving access to repeat prescriptions.
- The practice had arrangements in place to promote safe and effective patient care.
- The staff team were patient centred and committed to delivering a high quality service to their patients.
- The practice had achieved an Investors In People award.

This is what we recommend the practice could improve:

- Repair the sliding glass partition fitted to the reception desk.
- Provide an area within reception for people to have private or confidential discussions.
- Repair the hearing loop system.
- Repeat the patient satisfaction survey to ensure that the service continues to effectively meet patients' expectations.
- Continue with the plans to improve the disabled access.
- Assess the suitability of the wooden framed examination couches used in some of the consulting rooms.
- Provide staff with up to date training, at a level appropriate to their role, in the safeguarding of vulnerable adults.

- Provide staff with individual training files and record all training to include in-house elements.

4. Findings

Quality of patient experience

We spoke with patients and used questionnaires to obtain patients' views.

People 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/complaints and the practice was able to demonstrate that they considered patient feedback to improve services.

Patients made positive comments, particularly about the relationships they had with staff.

Standard 4.1-Dignified Care

People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical psychological, social, cultural, language and spiritual needs.

We found that people were treated with dignity and respect by staff.

We observed staff greeting patients, both in person and by telephone, in a polite, friendly and welcoming manner and treating them with dignity and respect.

We considered the physical environment and found that patient confidentiality and privacy had been considered and the physical environment had been adapted, as much as would allow. The reception area was separated from the waiting area by a built up desk and a glass screen. The screen could be rolled back, when needed, to enable better communication. This gave privacy to staff answering the telephone and enabled documents to be shielded from view. We did notice that the screen was very noisy when being opened and closed which could cause annoyance to people sitting in the reception/waiting area.

Reception staff also told us that they could use consulting rooms, if available, to discuss any sensitive issues with patients, to maintain confidentiality. Staff could attend to patients using wheelchairs at the reception desk, through side door access from the reception area into the waiting area. We were informed of plans to refurbish the reception area in order to provide better access and to provide a lowered desk area for wheelchair users. Consideration should be given, during any refurbishment work, to provide an area within reception for

people to have private or confidential discussions. This would ensure that such conversations can take place in the event of there being no consultation rooms available.

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

In the records we reviewed we saw that GPs had documented patients' consent to examinations, the use of chaperones and full details of the advice offered to patients. There was a written policy on the use of chaperones and staff told us that only nursing staff acted as chaperones. The right to request a chaperone was advertised through posters in patient areas and in consulting/treatment rooms. If no chaperones are available then patients would be offered another appointment. The practice should consider training reception/admin staff to act as chaperones so as to ensure that the service is available at all times.

People who have caring responsibilities e.g. for spouses, partners, children or other relatives, are identified on the practice's records system so that additional support can be offered. Such carers are given advice and information about other organisations and services that may be able to provide them with support such as the carers outreach service which was located near the surgery.

Staff at the surgery had received carer awareness training so that they are better placed to provide extra support to people with caring responsibilities.

Improvement needed

The sliding glass partition fitted to the reception desk should be repaired.

Consideration should be given, during any refurbishment work, to provide an area within reception for people to have private or confidential discussions.

Standard 4.2 Patient information

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them make an informed decision about the care as an equal partner.

Standard 3.2 Communicating effectively

In communicating with people health services proactively meet individual language and communication needs.

Comprehensive information for patients about the practice's services were available in leaflet form and on the practice's web-site. This provided useful information, including details of the practice team, opening hours, out of hours arrangements, appointment system, the procedure for obtaining repeat prescriptions and how patients could make a complaint.

A range of information was displayed and readily available within waiting areas. This included information on local support groups, health promotion advice and self care management of health related conditions. There was a designated board displaying information specifically for carers.

People told us that they were given the option of receiving care in a language of their choice. We found that there was a good mix of Welsh and English speaking staff working at the surgery.

People told us that staff talked to them and helped them understand their medical conditions.

We found that information was available in both Welsh and English and that translation services could be accessed for those people who required information or services in other languages.

The practice had a hearing loop which they use to aid communication with those patients with hearing difficulties. However, this was not working at the time of the visit.

Improvement needed

The hearing loop system should be repaired.

Standard 5.1 Timely access

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

Patients were able to book appointments in person at the practice or by telephone. An online booking facility was also available. However, we were told that this facility was not widely used. The practice had reviewed the appointments system in January 2016, and had made changes as a result. Patients could book urgent appointments on the same day, arrange routine appointments up to two months in advance or attend a 'sit and wait' clinic. The 'sit and wait' clinic does not operate every day and patients are advised to only

attend when advised to do so by the reception staff. Staff told us that they would always try to accommodate anyone who had an urgent need for an appointment on the same day. Following the introduction of the new appointment system, the practice undertook a patient satisfaction survey. The feedback was generally positive with any areas for improvement highlighted. It is recommended that the survey be repeated to ensure that the service continues to effectively meet patients' expectations.

The nursing team see patients presenting with minor, general illnesses. The nursing team also ran a number of clinics for patients with chronic health conditions so that they could access the care and treatment they needed without having to see a doctor.

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

Improvement needed

The patient satisfaction survey should be repeated to ensure that the service continues to effectively meet patients' expectations.

Standard 6.1 Planning care to promote independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.

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

The practice building is a mixture of old and more recently constructed elevations. Some consulting rooms are located on the first floor. As there is no lift to this floor, arrangements are made for people who are unable to use the stairs to have their consultations/treatment on the ground floor.

There is a small parking area to the side/rear of the building with one designated disabled space. Patients told us that parking can be problematic due to the lack of space. We were told that consideration has been given to sourcing additional parking. However, there is no suitable area within close proximity to the surgery. Disabled access is via a side entrance. The practice have identified that this access requires adjustment to make it easier for people in battery powered wheel chairs to enter the building.

Improvement needed

The practice should continue with the plans to improve the disabled access to make it easier for people in battery powered wheel chairs to enter the building.

Standard 6.2 Peoples rights

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

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

Arrangements were in place to protect the privacy of patients.

Standard 6.3 Listening and learning from feedback

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.

As previously mentioned, the practice has recently undertaken a patient satisfaction survey by means of a questionnaire. The feedback was generally positive with any areas for improvement highlighted and discussed at team meetings during which actions are agreed to address any issues.

There was a box located in the waiting area for people to post comments/concerns about the service.

The records management system used at the practice has a facility to record comments from patients. It is the practice's intention to use this facility to gather formal feedback in future.

There was a formal complaints procedure in place which was compliant with 'Putting Things Right'¹. Information about how to make a complaint was posted in the reception/waiting area and also included in the patient information leaflet and on the practice's web page. Putting Things Right information leaflets and posters were also available within the reception/patient waiting areas.

Emphasis is 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 are recorded whether received verbally or in writing. All complaints are brought to the attention of the practice manager who will deal with them in line with the practice's policy.

¹ **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.

Delivery of safe and effective care

Overall, we found 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. There was a full and detailed practice leaflet available for patients.

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 a good standard.

There was a robust internal communication system in place to ensure that there are no unnecessary delays in processing referrals, correspondence and test results.

There was a safeguarding of children and vulnerable adults safeguarding policy in place and staff had completed e-learning in this subject .

General and more specific risk assessments are undertaken and any areas identified as requiring attention are actioned.

Safe care

Standard 2.1 Managing risk and promoting health and safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.

During a tour of the practice building we found all areas to where patients have access to be clean and uncluttered which reduced the risk of trips and falls. The practice building was suitably maintained both externally and internally.

General risk assessments were undertaken on a regular basis in line with the practice's written policies and procedures. All staff members take responsibility for health and safety with one of the doctors assuming a lead role.

We found that safety checks i.e. electrical equipment and fire safety were being undertaken on a regular basis and records maintained.

We found that examination couches in some of the consulting rooms to be unsuitable as they were fixed to the wall and not height adjustable making it difficult for people with mobility problems to access and also restricting clinical staff access to both sides. Their wooden frame construction also meant that exposed edges presented a danger of injury to patients. The painted surfaces

of the frames were scratched increasing making them difficult to clean thus increasing the risk of cross infection.

Business continuity had been considered and there was a plan and formalised arrangements in place to manage disasters and significant health emergencies.

Improvement needed

The practice should assess the suitability of the wooden framed examination couches used in some of the consulting rooms to ensure that they are fit for purpose, easily cleaned and that they do not present a risk of injury to patients.

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.

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

We saw that 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. We saw that there was a formal waste collection and disposal contract in place.

Discussion with nursing staff confirmed that all instruments used during minor surgery procedures were purchased as sterile, single use packs. This avoided the need for the use of sterilisation/decontamination equipment.

There was a clear and detailed infection control policy in place. Staff told us they are responsible for carrying out assessment of their own working environment for infection control risks.

The practice manager maintains a register of staff Hepatitis B immunisation status.

Standard 2.6 Medicines Management

People receive the right medicines for the correct reason, the right medication at the right dose and at the right time.

We found that medication management systems were good and safe but very time consuming for GPs. The practice could benefit from training up of staff to undertake more of a role in processing prescriptions. This may also reduce GP workload.

Patients could access repeat prescriptions by phone, online, through other agencies or by calling into the surgery in person.

Any queries relating to medication were logged on the computer system and reviewed by one of the doctors.

A pharmacist employed by the health board visits the surgery on a weekly basis. However, their involvement is limited and does not extend to a full audit of medication management processes.

A recent audit undertaken by the 'cluster'² showed the practice to rate high on the number of antibiotics prescribed. The practice may wish to consider purchasing a C-Reactive Protein³ testing machine in order to help with their ongoing efforts of reducing their antibiotic prescribing.

Improvement needed

None.

² A practice cluster is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. They bring together GP practices, District Nursing, Frailty, Public Health Wales, Primary and community mental health services and the voluntary sector.

³ **C-reactive protein (CRP)** is an annular (ring-shaped), pentameric **protein** found in blood plasma, whose levels rise in response to inflammation.

Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

We found that there were child protection and adult safeguarding policies in place and flowcharts displayed around the practice which included local contact numbers for reporting.

Child and adult safeguarding cases are flagged up on the electronic records system so that staff are aware of such issues. Child safeguarding meetings took place on a regular basis with the Health Visitor who had an office within the surgery. Registers were in place identifying those patients who were vulnerable due to mental health needs, learning disabilities and those with caring responsibilities.

The practice had a designated lead GP for both child protection and vulnerable adults issues and they took the lead in giving updates and ensuring procedures were implemented.

We found that all the doctors at the surgery had undertaken safeguarding children up to Level 3. All nurses, healthcare assistants and reception/admin staff had undertaken safeguarding children up to Level 2. Arrangements had been set in place for all nursing and health care assistants to undertake Level 3 safeguarding children training.

Improvement needed

Staff require up to date training, at a level appropriate to their role, in the safeguarding of vulnerable adults.

Effective care

Standard 3.1 Safe and clinically effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

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

Patient safety incidents and significant events were reviewed by the practice manager. We looked at records and confirmed that reviews of incidents and events took place with relevant members of the practice team coming together when needed and actions being passed onto staff.

We discussed the actions taken in relation to one significant event and saw that additional staff training was provided to reduce the risk of recurrence. This shows that learning from significant events was implemented to make improvements.

Standard 3.2 Communicating Effectively

In communicating with people health services proactively meet individual language and communication needs.

We found that the internal communications systems were good with good use of the internal electronic messaging system.

Staff told us that they would produce information in different formats for patients on request and could use interpreting services when needed.

The practice had established systems for the management of external and internal communications. Arrangements were in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner.

Staff told us that they received discharge summaries from secondary care electronically within Betsi Cadwaladr University Health Board and an electronic system was used to manage referrals. GPs met regularly to review referrals and outcomes which worked as a monitoring mechanism.

An electronic system was in place to manage out of hours referrals and there was a system in place to ensure these were read and actioned in a timely way.

Record keeping

Standard 3.5 Record Keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.

We looked at a random sample of electronic patient records and found a very good standard of record keeping.

Notes 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 for the patient.

Quality of management and leadership

The practice had a clear management structure in place. We found a patient-centred staff team who told us they were well supported. Staff were also generally positive about the training opportunities available.

We found that there was a formal staff recruitment process in place with background checks undertaken, as necessary, prior to employment.

There were clinical and general audit systems in place which allowed staff to reflect and make changes and improvements to practice.

Governance, leadership and accountability

Health and Care Standards, Part 2 - Governance, leadership and accountability
Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

Overall, we found effective leadership and a stable, patient-centred staff team who were committed to providing the best services they could to their patients. Staff were positive about the working environment and felt ownership over the practice, taking responsibility over different areas. Staff told us they felt well respected and supported by their colleagues.

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

The practice had a range of relevant written policies and procedures to guide staff in their day to day work.

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

We saw minutes from a number of meetings held confirming that mechanisms were in place to aid communication between staff and across the practice.

We found that audits were being undertaken on a regular basis in order to monitor and improve practice.

Senior staff from the practice attended the 'cluster' meetings and used this forum as a way to generate quality improvement activities and to share good practice.

Staff and resources

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

Discussions with staff and a review of a sample of staff records indicated they had the right skills and knowledge to fulfil their identified roles within the practice.

Staff 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 attend relevant training. Staff told us that annual appraisals were conducted and records supported this.

We saw that there were formal recruitment policies and procedures in place with background checks undertaken, as necessary, prior to employment.

All staff we spoke with confirmed they had opportunities to attend relevant training. However, we found that not all training undertaken by staff was being recorded.

Improvement needed

The practice should ensure that staff have individual training files. All training, to include in-house elements, should be recorded on the training files. This would evidence how staff are supported to stay up to date with ongoing training requirements.

5. Next steps

This inspection has resulted in the need for the GP practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Bron Meirion Surgery will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be evaluated and published on HIW's website.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures

- Exploration of the arrangements in place with regard to clinical governance.

These inspections capture a *snapshot* of the standards of care within GP practices.

We provide an overview of our main findings to representatives of the practice at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the practice and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

Appendix A

General Medical Practice: Improvement Plan

Practice: Bron Meirion Surgery

Date of Inspection: 10/01/17

Page Number	Improvement Needed	Standard	Practice Action	Responsible Officer	Timescale
Quality of the patient experience					
6.	<i>The sliding glass partition fitted to the reception desk should be repaired.</i>	4.1	Practice will arrange for this to be repaired	Practice Manager	July 2017
7.	<i>Consideration should be given, during any refurbishment work, to provide an area within reception for people to have private or confidential discussions.</i>	4.1	Consideration will be given when refurbishment to premises occurs	Practice Manager	2018
8.	<i>The hearing loop system should be repaired.</i>	4.2	Practice will arrange for this to be repaired	Practice Manager	July 2017

9.	The patient satisfaction survey should be repeated to ensure that the service continues to effectively meet patients' expectations.	5.1	Practice will continue to complete 6 monthly.	Practice Manager	July 2017
10.	<i>The practice should continue with the plans to improve the disabled access to make it easier for people in battery powered wheel chairs to enter the building.</i>	6.1	Consideration to alterations will be made in line with premises refurbishment plans.	Practice Manager	2018
Delivery of safe and effective care					
13.	<i>The practice should assess the suitability of the wooden framed examination couches used in some of the consulting rooms to ensure that they are fit for purpose, easily cleaned and that they do not present a risk of injury to patients.</i>	2.1	Consideration will be made to replacing these in line with premises refurbishment plans.	Practice Manager	2018

15.	Staff require up to date training, at a level appropriate to their role, in the safeguarding of vulnerable adults.		All staff will be required to undertake on-line POVA training	Practice Manager	July 2017
Quality of management and leadership					
19.	The practice should ensure that staff have individual training files. All training, to include in-house elements, should be recorded on the training files. This would evidence how staff are supported to stay up to date with ongoing training requirements.	7.1	All staff training will be recorded on a training matrix rather than just mandatory training.	Practice Manager	Ongoing

Practice representative:

Name (print):Nicky Jones.....

Title:Practice Manager.....