

General Practice Inspection (Announced)

Meddygfa'r Sarn, Pontyates

Hywel Dda University Health
Board

Inspection date: 16 May 2017

Publication date: 17 August 2017

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	15
	Quality of management and leadership	20
4.	What next?	23
5.	How we inspect GP practices.....	24
	Appendix A – Summary of concerns resolved during the inspection	25
	Appendix B – Immediate improvement plan	26
	Appendix C – Improvement plan	27

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Meddygfa'r Sarn at 12 Heol y Meinciau, Pontyates, Llanelli, Carmarthenshire SA15 5TR, within Hywel Dda University Health Board on the 16 May 2017.

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

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct GP inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided adequate care to patients. There were many areas where the practice was not fully compliant with the Health and Care Standards and there was a need to modernise ways of working. Some areas of leadership and management were of concern and more robust systems need to be established.

This is what we found the service did well:

- People told us that they were treated with dignity and respect by staff
- There were arrangements in place to promote effective patient care
- The staff team were patient centred
- There was a robust internal communication system in place to ensure that there were no unnecessary delays in processing referrals, correspondence and test results.

This is what we recommend the service could improve:

- Appointment systems must meet the needs of the population the practice serves
- The practice needs to ensure patients are aware of the chaperone facility and that staff are appropriately trained to record their attendance as chaperones
- The practice should become more involved with the My Health On Line system and encourage patients to utilise the facility.
- The practice needs to identify a member(s) of staff to follow up on referrals and test results.
- The practice needs to consider improving accessibility for patients with restricted mobility.
- The practice needs to develop a programme of maintenance and refurbishment.
- GPs must maintain patient confidentiality at all times.

- The practice must ensure that all clinical waste is stored in a safe locked container until it is formally collected and disposed.
- GPs should try to ensure that prescribed medication is linked to the correct Read code wherever possible.
- The practice must be consistent and clear in the use of READ coding and a clinician should take responsibility for overseeing the work.
- The practice needs to ensure that patient records comply with National Clinical Assessment Service (NCAS) standards which will allow a locum to safely plan care on the basis of the clinical notes.
- The practice needs to consider modernising its day to day systems of working.
- The practice needs to develop a practice development plan.
- The practice needs to ensure that a robust recruitment process is in place which includes formal background checks on prospective and current employees.
- The practice needs to ensure that there are job descriptions and contracts of employment are in place.
- The practice manager needs to develop a training matrix which outlines training dates for staff to attend and who has completed the training.
- The practice manager needs to develop an annual appraisal programme which outlines individual training needs.

3. What we found

Background of the service

Meddygfa'r Sarn currently provides services to approximately 4,500 (recently increased from 3,900) patients in the Pontyates area. The practice forms part of GP services provided within the area served by Hywel Dda University Health Board.

The practice employs a staff team which includes 3 GPs, one nurse practitioner and two part time nurses. Although there are 3 GPs in the practice, not all are full time and this means that the practice relies on the support of other professionals to ensure the practice runs effectively and efficiently.

The practice is adjacent to a health board managed practice and subsequently the list size has increased significantly over the last year. At present the 19 sessions of medical (GP) input is not sufficient to manage the increase in workload. The practice therefore requested, but were denied, permission to close their patient list. As a result, the principal GPs have decided to hand their contract back to the health board as of September 2017.

The practice has recently changed to offer a pre-booked appointment and same day, sit and wait service.

The practice provides a range of services, including:

- Minor ailments and accidents
Wound care and dressings
- Blood pressure checks
- Cervical smear tests
- Family planning
- Chronic Disease clinics (diabetes/ respiratory/ heart disease, etc.)
- Immunisations/travel advice
- Minor surgery

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.

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

Although patients were concerned regarding the future of the practice, they made positive comments, particularly about the relationships they had with staff.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the services provided. Only seven completed questionnaires were returned. We also spoke with patients who were at the practice on the day and met with four members of the local council. Patient comments included the following:

Reduce waiting times

Waiting times are excessive and need to be addressed somehow

Make more appointments available

Overwhelmingly the concerns were waiting times and appointment systems. One patient commented that the new system had only been in place for two days and it was therefore too early to make any comments.

Staying healthy

Despite the comments regarding the appointment system and the concerns regarding the future of the practice, patients told us that staff talked to them and helped them understand their medical conditions.

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 areas. The practice had

recently commenced a "common ailment scheme" in an attempt to alleviate the pressures on the GPs, whereby patients were referred to the local pharmacist for over the counter remedies.

People with caring responsibilities were given advice and information about other organisations and services that may be able to provide them with support. The practice had a designated carers' champion.

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 desk although the seating area remained very close to the reception desk. Staff could not attend to patients using wheelchairs at the reception desk by means of a lowered desk area but would take patients to the side door of reception and speak with the where there was more privacy.

Telephone calls were managed in a separate office behind the reception area so as to maintain privacy and confidentiality.

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, however staff had not received appropriate training but the practice manager told us chaperone duties was covered in staff induction training. We did not see the right to request a chaperone was advertised through posters in patient areas and in consulting/treatment rooms.

The practice was part of a local 'Cluster1' group of eight practices. One was health board managed, three have applied for closure and four remain concerned regarding their future service provision.

1 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.

Improvement needed

The practice needs to audit the results of the new appointment system to see if its meeting the needs of the patients.

The practice needs to ensure patients are aware of the chaperone facility and that staff are appropriately trained to record their attendance as chaperones.

Dignified care

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

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.

Patient information

Information for patients about the practice's services was available in leaflet form and on the practice's website. The website information provided useful information, including details of the key teams, practice team, opening hours, out of hours arrangements, appointment system and the procedure for obtaining repeat prescriptions. The practice leaflet, however, was a few years out of date.

A range of information was displayed and readily available within waiting area. 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.

Communicating effectively

We were told that there were a number of Welsh speaking patients registered with the surgery and that most of the current staff members spoke Welsh. We found that information (posters and leaflets) 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.

The practice used a text messaging service to remind patients regarding chronic disease appointments with the nurses.

Improvement needed

The practice needs to ensure that the practice leaflet contains current information.

Timely care

Patients repeatedly told us that waiting times and the appointment system were a concern. We were told that at times there was a long queue outside the practice from very early in the morning and then a long wait to be seen when you eventually entered the building. The practice had changed their system two days prior to our inspection, which enabled patients to book morning appointments between 9 am - 10:30 am and wait to be seen appointments for the rest of the day.

An online booking facility was not available. We suggest that the practice should actively encourage patients to register and use My Health Online², identifying member(s) of staff to champion the service.

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. However, there was no system to follow up the referrals to ensure appointments had been made, patients attended and the outcome of the consultation.

² <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

Similarly there was no formal system for following up test results. This means that the practice could not be assured that every patient was made aware of the results of any tests undertaken.

Improvement needed

The practice should become more involved with the My Health On Line system and encourage patients to utilise the facility.

The practice needs to identify a member(s) of staff to follow up on referrals and test results.

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.

The practice was located within a purpose built building. Disabled access to the building could be improved, in as much as; there was only one hand rail outside and there were no electronic doors for ease of access.

All the consulting rooms were located on the ground floor to ensure accessibility for all patients.

Improvement needed

The practice needs to consider improving accessibility for patients with restricted mobility.

People's rights

Staff stated it was rare that patients required a language other than English or Welsh. However, if patients did present as non English speaking then staff had access to translation services. Staff also stated that non English speaking patients usually attend in the company of relatives who are able to translate conversations. Although this is acceptable in an emergency situation, the practice needs to maintain confidentiality and this should not be the only method of consultation.

Listening and learning from feedback

There was a formal complaints procedure in place which was compliant with 'Putting Things Right³'. However, we did not see information about how to make a complaint posted in the reception/waiting area.

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 or lead GP who will deal with them in line with the practice's policy.

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

There was no patient participation group as an additional means of communication and gaining patients' views on the service.

Improvement needed

The practice needs to ensure the complaints policy and the Putting Things Right leaflets are available for patients to take away.

3 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

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 adequate patient care.

Arrangements were in place to ensure the safe prescribing of medicines although this was not always robust. There was also a system to record and to learn from any patient safety incidents. The sample of patient records we reviewed were of an acceptable standard.

There was an internal communication system in place to ensure that no unnecessary delays in processing referrals, correspondence and test results. However there was no system to follow these up to ensure clear communication with patients.

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 were old, worn and in need of updating. Although clean, the practice was cluttered, which increased the risk of trips and falls. There was a dire need for storage space and cupboards to ensure stock was stored safely. The nurses' consulting room and the practice managers room were cluttered and not conducive to working effectively. The GPs' consulting rooms, although slightly larger, were still cluttered. One desk had patient identification stickers with notes written on them, stuck around the computer base. This was not maintaining patient confidentiality as subsequent patients could read the notes. The practice building was suitably maintained externally but internally there was a need for refurbishment throughout.

Improvement needed

The practice needs to develop a programme of maintenance and refurbishment.

GPs must maintain patient confidentiality at all times.

Infection prevention and control

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. However we saw that clinical waste was stored in the shower cubicle of the staff toilet until it could be safely collected. This needs to be addressed as soon as possible. There was a formal waste collection and disposal contract in place.

We were informed that minor surgery procedures were undertaken and that all instruments/equipment were single use.

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.

We were informed that the health board maintained a register of staff Hepatitis B immunisation status. However, we did not see any records to confirm this

Improvement needed

The practice must ensure that all clinical waste is stored in a safe locked container until it is formally collected and disposed.

The practice must provide evidence of its staff register of immunisation status

Medicines management

We found that medication management systems were in use but not always in line with the health board's prescribing formulary and guidance. For example it

was difficult, with the current system, to evidence how prescribing was linked to clinical problems. It was seen in individual consultations but the link on the system was not always the appropriate treatment i.e. Ventolin linked to Cow's Milk Protein Allergy, but there is no logical link between this and Ventolin."

There were also issues where contraception and emollients were not linked to appropriate Read⁴ codes.

Patients could only access repeat prescriptions by calling into the surgery in person.

Improvement needed

GPs should try to ensure that prescribed medication is linked to the correct Read code wherever possible.

Safeguarding children and adults at risk

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

One of the GPs assumed a lead role in the safeguarding of adults and children within the practice and had received training at an appropriate level on the subject. We also found that all other staff had received training, up to level 2, in the safeguarding of adults and children. Adult and child safeguarding cases are flagged up on the electronic records system so that staff are aware of such issues.

Effective care

Safe and clinically effective care

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

⁴ Read codes are the standard clinical terminology system used in General Practice in the United Kingdom.

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

Monthly meetings were being held to discuss clinical matters. These meetings were formally recorded.

Information governance and communications technology

We found that there were some health board information governance policies and procedures in place. We also saw that one doctor has recently introduced a system of annual medication reviews which includes stopping unused and redundant medication. This is evidence of noteworthy practice. The same doctor has also been introducing templates for chronic disease management which allows all clinical staff to be more involved in the care of these patients. However, traditionally the doctors have been mainly responsible for the care of patients with chronic diseases and this change, to be successful going forward, will necessitate a review of nursing remuneration for the additional responsibility.

Record keeping

All patient records were electronic and the practice was in the process of transferring paper records to a remote storage. The whole practice including the waiting area was cluttered with boxes awaiting transfer to storage. We looked at a random sample of patient records and overall found an adequate standard of record keeping. However, it must be noted that there were also one or two examples of excellent record keeping. We did not see consistent use of READ coding. For example; we saw "Low mood" and "anxiety & depression" which are examples of two different Read codes being used for the same condition. This makes it more difficult for a locum to see all episodes of care relating to this problem and to plan ongoing care, as this can only be done through the temporal log and not by a search on a single, relevant Read code. Additionally we were told that one senior GP was not committed to the accurate use of READ codes on all consultations.

Notes did not always contain sufficient detail of consultations between clinical staff and patients and it was therefore difficult to determine the outcome of consultations and the plan of care for the patient.

Designated administrative staff summarise patients' notes although it was unclear who had the responsibility to oversee the work.

Improvement needed

The practice must be consistent and clear in the use of READ coding and a clinician should take responsibility for overseeing the work.

The practice needs to ensure that patient records comply with NCAS standards which will allow a locum to safely plan care on the basis of the clinical notes.

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.

The practice is currently under a great deal of pressure and is working through significant changes during the period leading up to the inspection. However, we found that there had been continuity in the provision of service by virtue of the fact that the majority of the staff and two of the GP partners had remained at the practice. A new partner has joined the practice and is bringing innovative ideas for modernising and streamlining the service provided.

We found a staff team who told us they were well supported by colleagues within the practice. We were concerned regarding the training opportunities available.

We were very concerned that there was no formal staff recruitment processes in place, no background checks undertaken and no contracts or job descriptions.

There were a few clinical and general audit systems in place or being developed.

The health board should review arrangements in respect of this practice, to ensure that equitable resources are secured to support the practice going forward.

Governance, leadership and accountability

Overall, we found a staff team who were committed to providing the best services they could to their patients. However, we were concerned regarding the lack of leadership and management afforded to the practice.

Despite the new partner developing more robust systems and governance tools, which will undoubtedly improve the oversight and planning of service provision; we found that the basic day to day running of the practice needed improvement, modernising and clear senior managerial guidance.

Although there were some systems in place, there were practices which could be modernised such as;

- The current fax communication between the out of hours doctors (OOH). It would be quicker and safer for information to be exchanged electronically
- The opening time for the practice was 9 am - 6 pm. However, the out of hours service only covers the period 6:30pm to 8 am. This means that the practice had to cover additional periods outside of its own opening hours. It would be beneficial if there was more flexibility in the opening and closing times of the practice
- No enhanced service for nursing home patients. We were told that there were no patients registered at the practice who were resident in a nursing home
- No system to identify new patients who have difficulty accessing the practice.

Staff had access to a paper file of relevant policies and procedures to guide their day to day work.

Although there were formal weekly and monthly meetings, there was also evidence of informal communication taking place on a regular basis between staff members.

There was no practice development plan in place. However, there was a business continuity plan which was reviewed annually.

Improvement needed

The practice needs to consider modernising its day to day systems of working as referenced in the inspection findings.

The practice needs to develop a practice development plan.

Staff and resources

Workforce

Discussions with staff and a review of a sample of staff records indicated there was not a robust or safe recruitment process.

Although staff were able to describe their roles and responsibilities and indicated they were happy in their roles, we found that there were no job descriptions and no contracts of employment. Further discussion with the practice manager indicated that there were no formal recruitment policies and procedures in place, vacant posts were not advertised and no background

checks were undertaken, as necessary, prior to employment. This means that the practice can not be assured that new staff are of suitable character or have the relevant experience to undertake the work expected of them.

With the exception of the clinical staff, who undertook their own training and made arrangements for individual clinical supervision to meet with the requirement for revalidation, we found there was no formal training matrix to outline individual staff training. Discussion with staff indicated that very little training was offered. We found that annual appraisals had never been conducted.

Improvement needed

The practice needs to ensure that a robust recruitment process is in place which includes formal background checks on prospective and current employees.

The practice needs to ensure that there are job descriptions and contracts of employment are in place.

The practice manager needs to develop a training matrix which outlines training dates for staff to attend and who has completed the training.

The practice manager needs to develop an annual appraisal programme which outlines individual training needs.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how GP practices are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

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

Further detail about how HIW inspects the [GP practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Meddygfa'r Sarn

Date of inspection: 16 May 2017

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No Immediate assurance issues were identified 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: Meddygfa'r Sarn

Date of inspection: 16 May 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice needs to ensure patients are aware of the chaperone facility and that staff are appropriately trained to record their attendance as chaperones	4.1 Dignified Care	Posters have been placed in the waiting room	Deputy Practice Manager	COMPLETED
The practice needs to ensure that practice leaflet contains current information.	3.2 Communicating effectively	Update practice leaflet	Deputy Practice Manager	28/2/2018
The practice should become more involved with the My Health On Line system and encourage patients to utilise the facility.	5.1 Timely access	Produce literature, posters, put on website, inform PPG to help publicise	Deputy Practice Manager	31/3/2018.

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice needs to identify a member(s) of staff to follow up on referrals and test results.		Elen Houston, Readcoder/Scanner Clerk has responsibility for following up test results daily. She checks that all patients on the list have had letters sent to them. She also checks USC referrals.		COMPLETED
The practice needs to consider improving accessibility for patients with restricted mobility.	6.1 Planning Care to promote independence	Some work has been carried out - site visit to be arranged with Estates Department to look at all improvements, accessibility in particular	Practice Manager	30/5/2018
<p>The practice needs to audit the results of the new appointment system to see if its meeting the needs of the patients</p> <p>The practice needs to ensure the complaints policy and the Putting Things Right leaflets and available for patients to take away.</p>	6.3 Listening and Learning from feedback	<p>The appointments system has been changed again in line with the telephone consulting service which was introduced in November. An audit will be carried out once this is firmly embedded and teething problems have been sorted out.</p> <p>Leaflets are now available in the waiting area.</p>	Practice Manager	<p>30/5/2018</p> <p>COMPLETED</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The practice needs to develop a programme of maintenance and refurbishment. GPs must maintain patient confidentiality at all times.	2.1 Managing risk and promoting health and safety	Site visit to be arranged with Estates Dept Noted example rectified and monitored to ensure this does not occur again	Practice Manager	31/3/2018 COMPLETED
The practice must ensure that all clinical waste is stored in a safe locked container until it is formally collected and disposed.	2.4 Infection Prevention and Control (IPC) and Decontamination	Being stored in a locked cupboard. A contract has been taken out with a Clinical Waste Company, waiting for bins to be delivered.	Practice Manager	31/1/2018
The practice must provide evidence of its staff register of immunisation status	2.4 Infection Prevention and Control (IPC) and Decontamination	Register to be implemented and updated regularly	Deputy Practice Manager	30/1/2018
GPs should try to ensure that prescribed medication is linked to the correct Read code wherever possible.	2.6 Medicines Management	This has vastly improved and is being monitored regularly by the Clinical Lead	Clinical Lead	COMPLETED
The practice must be consistent and clear in the use of READ coding and a clinician should take	3.5 Record			

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>patients. We were told that there were no patients registered at the practice who were resident in a nursing home</p> <p>No system to identify new patients who have difficulty accessing the practice</p> <p>The practice needs to develop a practice development plan.</p>		<p>This is correct, there are no registered patients resident in a nursing home</p> <p>This will be implemented onto the registration form for new patients.</p> <p>A Practice Development Plan will need to be developed</p>	<p>Deputy Practice Manager</p> <p>Practice Manager/Dr Swain</p>	<p>N/A</p> <p>30/1/2018</p> <p>30/4/2018</p>
<p>The practice needs to ensure that a robust recruitment process is in place which includes formal background checks on prospective and current employees.</p> <p>The practice needs to ensure that there are job descriptions and contracts of employment are in place.</p> <p>The practice manager needs to develop a</p>	7.1 Workforce	<p>Practice now follows HDUHB recruitment processes and all recruitment is done via the TRAC system which ensures robust employee checks – references, DBS etc.</p> <p>These are currently being put in place with HR in HDUHB</p>	<p>Practice Manager</p> <p>Practice Manager</p>	<p>COMPLETED</p> <p>30/1/2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>training matrix which outlines training dates for staff to attend and who has completed the training.</p> <p>The practice manager needs to develop an annual appraisal programme which outlines individual training needs.</p>		<p>Currently being done during PDR's</p> <p>Annual PDR's to be carried out with all staff</p>	<p>Practice Manager</p> <p>Deputy Practice Manager</p>	<p>30/1/2018</p> <p>30/1/2018</p>

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): PAMELA PARKER
Job role: PRACTICE MANAGER
Date: 13/12/2017