

General Practice Inspection (Announced)

Meddygfa Wdig, Main Street,
Goodwick, Pembrokeshire,
SA46 0BN,
Hywel Dda,
University Health Board

Inspection date: 23 May 2017

Publication date: 24 August 2017

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

Our purpose

To check that people in Wales are receiving good care.

Our values

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

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

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Meddygfa Wdig at Main Street, Goodwick, Pembrokeshire within Hywel Dda University Health Board on the 23 May 2017.

Our team, for the inspection comprised of a HIW Inspection Manager (inspection lead), General Practitioner (GP), Practice Manager peer reviewer and a lay reviewer.

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

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

2. Summary of our inspection

Overall, we found evidence that Meddygfa Wdig provided a satisfactory health service for the patients of Goodwick and the surrounding localities. However, we identified that the practice was not fully compliant with all Health and Care Standards in all areas. It must be noted that the practice and staff presently employed at the practice are performing to a good standard when considering the practice has been without any GP partners or permanent salaried doctors for some time. As a consequence the practice was managed overall by Hywel Dda University Health Board.

Discussions and feedback from patients during the course of the inspection identified that, overall, they were very appreciative of the services provided by the practice. Patients noted that they were hopeful that the recruitment of permanent GPs would drive the service forward, which would ensure an improved experience and promote a culture of continuity of care with GPs.

This is what we found the service did well:

- Patients were very appreciative of the service provided by the practice
- The environment was pleasant and comfortable for patients
- Staff were happy at their work, which was pleasing to note when considering all the changes that had occurred at the practice
- The relatively new practice manager was enthusiastic to ensure that a good range of quality services was to be delivered at the practice
- Patients were observed to be treated with respect and dignity by all members of staff.

This is what we recommend the service could improve:

- The practice should review and evaluate their complaints management policies and procedures
- Infection control management requires improvement
- Improvements are required in relation to the utilisation of Welsh language provisions / resource
- The practice must ensure that serious events are discussed and evaluated robustly and that the practice documents and learns from these incidents
- The practice must develop systems that will enable feedback and suggestions to be received, evaluated, addressed and communicated back to patients registered at the practice.

3. What we found

Background of the service

Meddygfa Wdig currently provides services to approximately 4,300 patients in the Goodwick and surrounding areas. The practice forms part of GP services provided within the area served by Hywel Dda University Health Board (HDd UHB).

The practice is managed by the health board and employs a staff team which includes six receptionists, a lead practice nurse, practice nurse, one health care assistant, phlebotomist, advanced nurse practitioner, a health visitor and practice manager. One day a week the practice received support from a pharmacist. Occasionally an advanced paramedic practitioners are based at the practice.

As previously identified, Meddygfa Wdig is managed by HDd UHB following the retirement of the practice partner some time ago. The practice, to date, has been unable to recruit a permanent partner or salaried General Practitioner (GP). To safeguard the service at Meddygfa Wdig, the health board has been acquiring the services of locum GPs. This situation is not ideal as it does not enable continuity of care for patients. We were informed that the health board is actively attempting to recruit GPs to the practice. Staff at the practice have been working diligently at a very uncertain time and must be commended for their dedication and enthusiasm during this difficult period.

For ease of reading, Meddygfa Wdig will be referred to as the 'practice' throughout this report.

The practice provides a range of services, including:

- Minor operations
- Wound clinic
- Chronic disease management, diabetes and asthma
- Phlebotomy
- Health visiting
- Well women clinics

- Travel advice and immunisation
- Child health and immunisations.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, patients were happy with the range of services provided at the practice. We were informed by patients that they were treated with respect and dignity and that staff were always helpful in providing support and advice.

The internal and external practice environment was of a good standard, with ample seating and space available for patients with mobility issues. The practice website was of a satisfactory standard and provided sufficient information in relation to services available and self treatment of common simple conditions for patients. The website also contained key information such as opening times and telephone contact numbers for the practice.

The waiting room provided sufficient space for patients to sit comfortably and provided a vast range of health and education information and resources for patients were available.

During our visit, thirteen questionnaires were completed. Patient comments included the following:

All staff are doing very well

Staff are great

Wish there were permanent doctors as I have seen numerous locums

Staying healthy

The practice proactively plans the future of the service by undertaking monthly team meetings. The practice provided a range of services for approximately 4,300 patients. Locum doctors, advanced nurse practitioners, paramedic

practitioners and pharmacists provided the vast majority of patient consultations. The utilisation of locum doctors was at present to be sufficient in ensuring the safe delivery of health service provisions. Unfortunately the utilisation of locum GPs does not always enable continuity of care to be provided for patients. The practice was proactively attempting to recruit permanent GPs.

The practice and health board were engaged in the work of the local GP Cluster¹ as a means of evaluating and improving services for patients in the future.

Dignified care

During the entire inspection visit it was noted that staff were observed assisting with patients' queries in a calm and dignified manner. In particular, staff were viewed assisting patients to utilise the automated 'booking in' computer system. Telephone calls were taken in the rear of the reception office room. A notice was seen on the reception desk area; notifying patients that they could ask to discuss any issues confidentially with reception staff in private. This was viewed in operation during our inspection.

We observed how the practice operated and viewed policies and procedures, which confirmed that the practice had well established systems in place to ensure patients' confidentiality.

All patients' consultations were undertaken by either locum GPs, nurse practitioners and paramedic practitioners in privacy with consultation room doors closed.

Patients were offered their preferred sex of clinician whenever possible. Chaperones were also available for patients on all occasions. Usually, this would be the role of the practice nurses, or, if not available, a member of the reception team would undertake this role, although none of the reception staff

¹ A GP practice 'Cluster' is a grouping of GPs and Practices locally determined by an individual Health Board. GPs and senior staff in the Clusters play a key role in supporting the ongoing work of a Locality (health) Network for the benefit of patients.

had received formal training in this regards. The practice must ensure that all staff undertaking chaperone duties receive appropriate training.

Improvement needed

All reception staff undertaking chaperone duties must be provided with appropriate training and support.

Patient information

There was a vast amount of information available in the waiting area of the practice. Health education and promotion resources were freely available on a wide range of conditions. In addition, there was information pertaining to third sector organisations, which were available to provide specialist support services and advice.

We were informed that large font information leaflets were available on request. Some of the information was available through the medium of Welsh but this was limited. The automated 'booking in' computer system was also at present only available in the English language.

Communicating effectively

Patients contacting the practice for appointments were either asked for the reason for the appointment, in which case a doctor at the practice would contact the patient and discuss if an appointment was necessary, or calls were forwarded to a triage system whereby a GP would take the call and evaluate if an appointment was necessary. The triage doctor was also able to provide prescriptions for patients which would be available to be picked up by the patient at the practice. Out of hours visits undertaken by GPs were recorded and stored electronically. Locum doctors working at the practice would then review these visits and would sanction any further test / recommendations. Significant issues were flagged for the duty doctor to respond in a timely manner. Information pertaining to patients discharged from hospitals was provided in electronic format for the practice.

Staff were 'tasked' any issues requiring action via the electronic software package in operation at the practice, such as abnormal test results. Once the designated action had been completed this would then be recorded as such on the system. An administrator at the practice oversees this to ensure safe and effective patient centred care and treatment.

The practice did not have a hearing aid loop system available. This did not enable patients with hearing aids systems to communicate as effectively as could be possible.

The practice had an electronic check in system available, which was used extensively during the day. Staff assisted patients with its utilisation and was viewed to be operating effectively. It was noted that the system only utilised the English language. The practice must ensure that the Welsh language received the same consideration as that of the English language.

Improvement needed

The practice must ensure that a hearing aid loop system is available for patients with hearing difficulties.

The practice must ensure that Welsh language resources are promoted within the practice.

Timely care

As previously identified, the practice had systems and processes in operation to enable patients to attend for consultation. Telephone consultations could also be booked in person or by telephoning the surgery between 08.30 and 18.00.

GPs were also able to provide additional follow up appointments once patients had been seen. The new triage system had caused some concern for patients of the practice as, historically, it was noted that arranging appointments was relatively easy and straight forward. The practice had attempted to provide information to patients on the new triage system via information at the practice and via their website.

Patients were verbally informed by staff if there were any delays in being seen by a clinician. A television screen in the waiting room also provided a large amount of practice information and provided details in regards to health promotion and education initiatives. One such item identified was infection control and good practice for patients.

The practice was planning, in the future, to operate an online appointment booking system via the My Health online portal.

It was identified that some in-house second opinions were utilised. This was evident with the Advanced Nurse Practitioner who had qualifications, skills and experience specifically relating to dermatology. Any referrals required were usually completed the following day if not at time of consultation. Unfortunately,

due to only locum GPs working at the practice, no practice peer reviewing was presently being undertaken. No discussions were also taking place in relation to referral rates for locum GPs when considering other locum GPs in the practice / in the local cluster. It was pleasing to note that there were robust procedures in place to ensure that referrals made by clinicians had been received and acted upon in a timely manner.

Referrals to secondary care were all made via the Welsh Clinical Communications Gateway (WCCG)². Referrals were checked by a nominated member of the administrative staff to ensure that they had reached the relevant hospital destination.

Individual care

Planning care to promote independence

Feedback from patients was generally positive. We observed a patient centred culture and found strong evidence that staff were motivated and inspired to provide kind and compassionate care. The practice effectively supported carers who were sometimes vulnerable themselves alongside the person they were caring for.

The practice collaborated closely with the district nurse service in order to receive updates on patients regularly visited and reviewed at home.

Patients with additional needs were allocated longer appointments in order to ensure that they were provided with sufficient time and assistance to discuss any medical concerns. Carers would normally also attend with these patients in order to provide the designated amount of support.

The practice was housed in a purpose built building. Consulting rooms were located on the ground floor. There was a parking area to the front and side of the building with designated disabled spaces.

² The Welsh Clinical Communications Gateway (WCCG) is a national system in Wales for the electronic exchange of clinical information such as referral letters.

People's rights

The practice leaflet included information in relation to people's rights and responsibilities. It identified the importance of the partnership between patients and the primary health care team. The practice's ethos was to treat patients courteously at all times and expected patients to treat staff in a similarly respectful way. It was noted that it was the patients' responsibility to keep to appointments and provide the practice with sufficient information on issues such as past illnesses, medication, hospital admissions and any other relevant details.

Discussions held with the staff team clearly identified that the practice made a concerted effort to work closely with other health and social care professionals and third sector organisations, such as support groups, for the benefit of patients and their carers.

Listening and learning from feedback

The practice, at present, did not operate a patient participation group (PPG). The practice manager noted that this was an area of practice that was of great interest and it was envisaged that such a group would be set up over the forthcoming months.

A poster was available informing patients that they could provide feedback to the health board directly. Presently, there were no comments / feedback boxes available at the practice for patients to provide feedback. Feedback was usually received via concerns / complaints. The practice manager identified that adopting a comments / feedback box would be of benefit to the practice in looking to the future of the practice and service provision. This area would enable the practice to demonstrate how it had learnt from feedback and developed the services for patients.

It was highlighted that there were no posters / leaflets available in the waiting room informing patients on the process of raising a complaint or concern. Additionally, no information was available in relation to allied organisations such as the Community Health Council and Public Service Ombudsman for Wales as additional organisations that can receive complaints / concerns.

Improvement needed

The practice must ensure that it provides information to patients as to the methods of raising a complaint / concern and provide details of allied organisations that can be contacted directly to discuss these types of issues.

The practice is required to provide a description of the action taken to ensure that it manages concerns/complaints in accordance with Putting Things Right arrangements.

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 identified that the staff team at the practice placed an emphasis on ensuring the provision of high quality and safe services to patients. There were safeguarding of children and vulnerable adults policies and procedures in operation and staff / clinicians had completed designated training.

All staff understood and fulfilled their roles and responsibilities to raise concerns and report incidents or near misses. The sample of patient records we reviewed was of a satisfactory standard. The practice had robust internal communication systems in operation, which ensured no unnecessary delays in processing referrals, correspondence and test results.

Safe care

Managing risk and promoting health and safety

Access for patients to the practice was via an electronic door. The entry into the building was spacious which enabled patients with mobility issues to access the building with ease. During our visit, we observed ample seating available for patients and spaces for patients with mobility aids.

All patient areas were viewed to be clean neat and tidy. Overall, the facilities were well maintained. Signage was visible, informing patients of important areas of the practice.

Staff discussions identified that any potential risks within the practice would be immediately raised with the practice manager.

All sharps bins viewed in consultation rooms were not overfilled and were stored appropriately. The room which contained full closed sharps boxes was not maintained securely. Keys were left in the lock of the door when not

occupied. This therefore posed a potential security risk for the practice, as unauthorised persons could access this area.

Improvement needed

The practice must ensure that cupboards containing filled, closed sharps bins are locked at all times when not in use and the key kept secure at all times.

Infection prevention and control

The waiting area included a small children's area which provided toys and books for children. It was noted that no infection control / cleaning audits of the children's area were undertaken. The practice must ensure that areas of the practice, accessible by patients, are monitored closely in relation to infection prevention as it can be a potential source of cross infection and place patients at risk of acquiring an infective disease.

Discussions with staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce the likelihood of cross infection. All clinical treatment areas viewed as part of the inspection were clean, neat and tidy. Hand washing and drying facilities were available in clinical areas and toilets.

Hand sanitizers were available at the practice and people utilising the electronic booking in resource were promoted to decontaminate their hands prior to using the system.

As part of the inspection the patients' toilet facilities were viewed. They appeared to be maintained appropriately with soap dispensers available. It was highlighted that the toilet had a hand operated bin, which did not promote best infection prevention and control practices. The practice must ensure that all toilets have a foot operated bin in order to minimise possible cross infection.

Clinical waste was stored outside in appropriate containers. It was noted during our visit that waste bags were left unattended on top of the bins and also these containers were not secured adequately. The practice must ensure that storage and security of clinical waste is improved.

Curtains utilised in consultation and treatment rooms were of a fabric material. It was identified that the cleaning and decontamination schedules were for the decontamination of these curtains were unknown. This posed a potential infection control and prevention issue. The practice was advised to evaluate this area of practice and implement appropriate measures to reduce possible

causes of cross infection. The practice should consider the utilisation of disposable dignity curtains.

Improvement needed

The practice must ensure that cleaning schedules of the children's areas are undertaken and monitored accordingly.

The practice must ensure that all bins within toilets are foot operated.

The practice must ensure that clinical waste is disposed of and maintained in a safe, secure and robust manner.

The practice must ensure that dignity curtains used in consultation and treatment rooms are maintained and decontaminated at appropriate intervals or immediately if they become contaminated.

Medicines management

Repeat prescriptions could be requested in person at the practice or at local pharmacies, online via the My Health online portal or by post.

We were informed that some local pharmacies offer a delivery service for medication. It was noted that this was arranged via the pharmacy. The practice aimed to process repeat prescriptions within 48 hours of receipt. Patients were informed via their prescriptions when a medication review was necessary.

The emergency trolley and drugs were reviewed and it was noted as being safe and effective apart for the availability of paediatric defibrillation pads. This was brought to the attention of the practice manager and would be rectified immediately. It was noted that the defibrillator was checked regularly and the equipment was accessible for all staff.

A health board pharmacist provided crucial support to the practice one day a week in relation to all aspects of medicines management. It was noted that an effective system of patient medication reviews was in operation.

Safeguarding children and adults at risk

The health visitor was the lead nurse for the practice in relation to safeguarding. Clinical staff had received level 3 training. Administrative and reception staff were also trained in safeguarding and had received level 1 training.

The practice had a designated child protection folder, which contained a vast amount of information. Processes and procedures were available with names of designated people to contact if staff had any safeguarding concerns. It was positive to note that the practice had very good close working relationships with the health visiting service. We were informed that a health visitor is present in the building most days and any concerns can also be communicated with them.

The software system in operation at the practice had the capability to flag patients who were on the 'at risk register' or vulnerable. When patients were noted to have been removed from the 'at risk register', or not vulnerable, their records would be updated accordingly to represent a true and up to date account.

Effective care

Safe and clinically effective care

It was identified that significant event management was inadequate at the practice. Significant events were not discussed openly across the practice. Locum GPs would be contacted directly by the practice staff with any incidents requiring revision, evaluation and or action. This area of practice management and governance did not provide the opportunity to learn from these events for staff members. Robust evaluations of significant events are fundamental components of service governance, service improvement and promote open and transparent learning opportunities for practice staff.

Improvement needed

The practice must introduce a robust, open and transparent system in order to discuss and evaluate significant events.

Record keeping

The practice employed a coding / summary clerk, who had received appropriate training some years previously. There was only one member of staff undertaking these duties permanently, however we were advised following the inspection that other staff employed at the practice could also undertake these duties if required. It was noted that the standard of summarising and coding was good.

During our visit, it was identified that no systems were in place to evaluate the quality of the summarising and coding. We were informed that, historically, a protocol had been available to ensure the quality of summarising and coding. The practice is advised to review this area of practice and introduce systems that enable the quality assurance of summarising to be evaluated in a comprehensive and robust manner.

Improvement needed

The practice must introduce systems which enable the quality assurance of summarised information to be undertaken regularly.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We identified that staff were fully aware and informed of their roles and responsibilities within the practice. We were also informed that they felt supported in their work and that the practice manager operated an inclusive managerial approach.

We were able to confirm that members of the team were provided with the opportunity to undertake training, relevant to their work and development.

Governance, leadership and accountability

The leadership culture demonstrated by the practice manager was open and transparent. The practice manager had a clear understanding and commitment to the needs of staff. We found good levels of staff satisfaction.

As previously identified, no systems were in place which enabled clinicians to discuss clinical cases. No case reviews or root cause analysis of incidents were in operation.

Systems were not in place to enable evaluations of clinical cases and peer reviewing of consultations in order to assist with the practice becoming a more learning and progressive practice. This again may have been due to the practice being staffed by locum GPs. It was hoped in the future with the recruitment of permanent staff, this area of clinical assurance would be developed in a robust manner.

Improvement needed

The practice must introduce systems that enable evaluations of clinical cases and peer reviewing of clinical cases to become integral components of quality assurance systems within the practice.

Staff and resources

Workforce

We found there was a high level of staff engagement with an open door policy for access to the practice manager and senior staff. Staff informed us they were very satisfied with their roles and felt well supported.

It was noted that all staff spoken with during the inspection were universally happy in their work at the practice. A number of the staff had worked at the practice for a number of years, although of recent times, the GP partners and practice manager had left the practice and as such a period of instability had been experienced by staff. It was clearly identified that the new practice manager was working tirelessly in ensuring staff felt part of the team and kept informed of any future developments.

The health board was providing support and assistance to the practice manager and staff during the period of which the practice was without a partner or permanent GPs.

Discussions with staff identified they had opportunities to attend relevant training and this was confirmed in the staff records. Discussions with nurses confirmed that there were no concerns regarding attending training required to undertake revalidation³ of their professional registration with the Nursing and Midwifery Council (NMC).

³ Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the NMC.

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 Wdig

Date of inspection: 23 June 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 identified				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Paula Williams

Job role: Practice Manager

Date: 12th July 2017

Appendix C – Improvement plan

Service: Meddygfa Wdig

Date of inspection: 23 June 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				
All reception staff undertaking chaperone duties must be provided with appropriate training and support	4.1 Dignified Care	Chaperone training to be sourced and delivered to all staff	Practice Manager	By 30 Sept 2017
The practice must ensure that a hearing aid loop system is available for patients with hearing difficulties.	3.2 Communicating effectively	Hearing Loop ordered and installed at the practice. Notices put up across the surgery to advertise the hearing loop.	Practice Manager	By 31 Aug 2017
The practice must ensure that Welsh language resources are promoted within the practice.		HUHB Welsh Language Officer to visit the practice and provide advice on promoting the Welsh Language in the	Practice Manager	By 31 July 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>practice.</p> <p>Advertising screen in reception area updated to provide information in Welsh Language and appointment check in screen also now provides an option to complete in Welsh Language.</p>	Interim Surgery Supervisor	Completed 10th July 2017
<p>The practice must ensure that it provides information to patients as to the methods of raising a complaint / concern and provide details of allied organisations that can be contacted directly to discuss these types of issues.</p> <p>The practice is required to provide HIW with a description of the action taken to ensure that it manages concerns/complaints in accordance with Putting Things Right arrangements.</p>	6.3 Listening and Learning from feedback	<p>Putting Things Right leaflets ordered in English and Welsh for reception area. Easy read leaflet put up in reception area. Patients support Centre contact details advertised in reception area.</p> <p>Poster designed and displayed in reception with Practice Manager and practice contact details for complaints, concerns and compliments.</p> <p>Suggestion box ordered and displayed in reception area to encourage patients to feedback on services.</p> <p>Complaints Policy written for practice, policy details allied organisations that patients can contact for advice and</p>	<p>Practice Manager</p> <p>Practice Manager</p> <p>Practice Manager</p>	<p>By 31 July 2017</p> <p>By 31 July 2017</p> <p>By 31 July 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		support and is aligned with Putting Things Right guidance and timescales. Policy available in practice and on practice website.		
Delivery of safe and effective care				
The practice must ensure that cupboards containing filled closed sharps bins be locked at all times when not in use and the key kept secure at all times.	2.1 Managing risk and promoting health and safety	Cupboard kept locked at all times and key stored in nurse's room.	Lead Practice Nurse	Currently operating
<p>The practice must ensure that cleaning schedules of the children's areas are undertaken and monitored accordingly.</p> <p>The practice must ensure that all bins within toilets are foot operated.</p> <p>The practice must ensure that clinical waste is disposed of and maintained in a safe, secure and robust manner.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Cleaning schedule agreed for children's area and displayed on the wall, schedule updated following each clean.</p> <p>Bins in toilets are now all foot operated.</p> <p>Clinical waste collected fortnightly. Estate dept contacted and outside waste bins are all now secured to the</p>	<p>Practice Manager</p> <p>Practice Manager</p> <p>Practice Manager</p>	<p>By 31 July 2017</p> <p>Completed 24th June 2017</p> <p>Completed 12th July 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that dignity curtains used in consultation and treatment rooms are maintained and decontaminated at appropriate intervals or immediately if they become contaminated.		wall with chains. Disposable curtains ordered in June 2017. Product out of stock with supplier but will be delivered in next two weeks.	Lead Practice Nurse	By 31 July 2017
The practice must introduce a robust, open and transparent system in order to discuss and evaluate significant events.	3.1 Safe and Clinically Effective care	Significant Event Analysis protocol and template developed and circulated to all staff. Significant Event Analysis review added as a standard item on monthly practice meeting agendas.	Practice Manager	By 31 July 2017
The practice must introduce systems which enable the quality assurance of summarised information to be undertaken regularly.	3.5 Record keeping	Summarising refresher training organised for staff. 10% spot check of summarised notes to be audited monthly.	Interim Surgery Supervisor	By 31 July 2017
Quality of management and leadership				
The practice must introduce systems that enable evaluations of clinical cases and peer reviewing	Governance, Leadership and	Evaluations of clinical cases added as a standard item to monthly clinical	Practice Manager	By 31 Aug 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
of clinical cases to become integral components of quality assurance systems within the practice.	Accountability	meetings held. All clinical staff will attend this section of the clinical meeting to discuss and share information on clinical cases and provide peer review		

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: