



General Practice Inspection (Announced)

Tenby Surgery, Hywel Dda
University Health Board

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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 Tenby Surgery at the Norton, Tenby, Pembrokeshire, SA70 8AG within Hywel Dda University Health Board on the 21 September 2017.

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

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

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

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards (2015).

We noted that the practice was experiencing real difficulties in recruiting GPs but efforts were continuing to recruit. Different models of service provision were being evaluated and implemented such as paramedic practitioners and advanced nurse practitioners, who were able to provide services to patients.

We observed good interactions between staff and patients. Patients were treated with dignity and respect.

Effective leadership and management was clearly visible within the practice. The practice manager had been in post for some considerable time and had extensive knowledge and experience. It was highlighted that the practice manager was intending to retire shortly. Plans were being developed for the recruitment of a new practice manager..

This is what we found the service did well:

- Provided a safe, comfortable and clean environment
- Recorded information comprehensively and timely in patients records
- Promotes collaborative working practices
- Carers' board / information
- Provided clear lines of management and leadership for staff

This is what we recommend the service could improve:

- Infection control
- Chaperone training

- Welsh language provision
- Staff annual appraisals
- Staff Awareness of whistle blowing policies and procedures
- Comprehensive pre-employment checks

3. What we found

Background of the service

Tenby Surgery currently provides services to approximately 8,200 patients in the Tenby 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 a sole permanent fulltime GP, a part time GP, paramedic practitioners, nurse practitioners, practice nurses, pharmacist, phlebotomist, health care assistants, practice manager, deputy practice manager and a range of administration / clerical staff.

The practice provides a range of services, including:

- Cervical smear tests
- Immunizations and vaccinations
- Travel advice / vaccination
- Chronic disease clinics
- Ear syringing
- Baby immunizations
- Wound care / management
- Phlebotomy
- Maternity care
- 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.

During the course of the inspection we spoke with patients, relatives and their carers. Without exception all were very grateful of the services provided at the practice. However some common themes did emerge in relation to the appointment system in operation and the difficulty in securing an appointment with a GP.

The practice environment was clean, neat and tidy, with ample space for patients to sit comfortably. Treatment and consultation rooms were well maintained and provided a safe environment for consultations and treatments to be undertaken.

The provision of Welsh language resources within the practice was minimal and requires improvement.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 20 questionnaires were completed. Patient comments included the following:

"More appointments. The staff and doctors are excellent just need more of them and more appointments available daily"

"Staff here are very helpful and polite, GP's help you to understand what is happening with your care"

"Service when here is good but arranging appointments is just a nightmare so focus on that would be good."

"Impressed with general cleanliness and tidiness of the environment, no issues with accessibility"

Staying healthy

There was information readily available to patients to help them take responsibility for their own health and wellbeing. There was a range of health promotion / education and wellbeing literature freely available in the waiting

area for people. Limited leaflets and health related material was available through the medium of Welsh.

Information about local third (voluntary) sector organisations and community support groups was also available to patients. The information was pertinent and provided a good range of additional resources to patients / families.

The practice had developed a carers' board which was detailed and contained specific information for people with caring responsibilities. Information included the process of registering as a carer and the support available to them.

Regular meetings of representatives associated with the local GP cluster¹ in the area were ongoing and provided a forum for practices to discuss, evaluate and plan future requirements of the local populations in relation to health service provisions.

Dignified care

All of the patients that completed a questionnaire felt that they had been treated with respect when visiting the practice. We observed reception staff communicating in a polite manner with patients. Clinical staff interactions were also noted as being courteous and polite.

The reception desk was located near the main entrance within the waiting area. We observed that computer screens were not visible to patients or visitors of the practice. The majority of telephone calls / enquiries were taken in the office to the rear of the reception desk. This promoted patients' confidentiality. A lowered desk was available for patients with mobility difficulties. Unfortunately it appeared that this area was not used regularly as the blind was pulled down. We recommend that the practice highlight this provision for patients with mobility difficulties as it promotes privacy and dignity.

All rooms had dignity blinds available to promote patients' privacy and dignity. All consultation rooms were located away from the main waiting area. This

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

reduced the possibility of confidential information being overheard. Consultation room doors were closed, when staff were seeing patients. This ensured staff were taking suitable precautions in upholding patients' confidentiality.

We were informed that some staff had received chaperone training but not all. The utilisation of chaperones aims to protect both patients and healthcare staff when intimate examinations of patients are being undertaken. We advised the practice to ensure that all staff that undertake chaperone duties have received the specific designated training in order to ensure patients and clinicians are protected.

Improvement needed

The practice must ensure that all staff undertaking chaperone duties have received the designated training.

The practice should ensure that the lowered reception desk area is always available for patients to communicate with reception staff.

Patient information

The majority of patients that completed a questionnaire told us that they knew how to access the out of hours GP service. Information was available within the practice, on their information practice leaflet and on their [website](#). The practice leaflet was available within the practice and contained relevant information which included opening times, telephone numbers, repeat prescription details, staffing and the services available at the practice. The practice leaflet was only available in English. The practice is recommended to ensure that the Welsh language is promoted within the practice and given same level of attention as that of the English language.

Television screens were present in the practice providing information in regards to the practice and some health promotion material. These screens also notified patients that the health care professional was ready to see them. An electronic check in system was also available. All of the aforementioned media provisions were again only providing information in English and not through the medium of Welsh

We identified that at present there are no formal process in operation to inform patients if there is going to be a delay in attending their appointment. At present staff will only inform patients of delays if they are approached. This

issue was also identified in a response received in a questionnaire; it noted the following would be beneficial:

"Whilst waiting in surgery area, updates on waiting times and if there are delays"

Notices were available at the reception area for patients to inform reception staff if they wanted to have a confidential discussion. A room would be made available for people to have confidential discussions if required.

Improvement needed

The practice must introduce a new system which informs patients in a timely manner if there are going to be any delays in them being seen by their designated health professional.

The practice must improve and develop Welsh language resources and ensure that key documents such as practice leaflets and electronic information is available through the medium of Welsh within the practice.

Communicating effectively

We were informed by a receptionist that a hearing aid loop system was in operation at the practice. One of the receptionists on duty was unaware of how to use the system. We recommend that all appropriate staff are proficient in the use of the hearing aid loop system. We were informed by staff that if required they could acquire the services of a translation service for patients who required this support.

We were informed that arrangements were in place to ensure clinical information received at the practice was documented onto patients' records. We were advised that this information would be shared with the necessary members of staff. Information including test results, correspondence and out of hours GP home visits. A system was also in operation which informed staff of any patients' death.

We were informed and viewed documents in regards to patients who had been discharged from hospital. We were advised that the quality of discharge documentation from hospital was slowly improving but continued improvements were necessary

Staff working in the practice utilised a range of media and face to face resources in order to communicate between each other. This ranged from memos, messaging software and team meetings to name but a few.

Requests for home visit by GPs or allied health care professionals were recorded electronically and triaged by a GP. It was identified that a designated person would check that all visits had been allocated and been undertaken.

Improvement needed

All appropriate staff to be proficient in the use of the hearing aid loop system.

Timely care

Patients were able to pre book appointments up to three weeks in advance, Monday to Friday. Patients could also ring the surgery, or call in to the surgery from 08:30am, to be given an appointment for that day. For emergency calls all calls were said to be passed onto the GP immediately for evaluation as to the most appropriate health professional to review the patient.

The majority of patients that gave an answer in the questionnaire told us that they were either very satisfied or fairly satisfied with the hours that the practice was open.

The questionnaires did highlight some discontent among patients over the difficulties in getting an appointment when they need it. Several patients mentioned in the questionnaires that the GP practice could improve the service it provides by making more appointments available. Specific comments by patients about appointments included:

“Being able to make an appointment with own doctor very difficult”

“Understandably the NHS is under strain; however when there is only 1 GP and 1 Nurse Practitioner working this is not going to help appointments situation. Sending people straight to A&E is putting pressure on that area that is not needed. More doctors are needed for Tenby, maybe a late night too”

Unsurprisingly, these difficulties were reflected in the answers given in the questionnaire to the question which asked patients how easy they found it to

get an appointment when they needed one; three quarters of patients told us that it was 'not very easy' or 'not at all easy' to get an appointment when they needed it.

Patients also gave a mixed response in the questionnaires when asked to describe their experience of making an appointment; with half of patients describing their experience as 'very good' or 'good', and half describing their experience as either 'poor' or 'very poor'.

Presently the practice did not provide an online appointment booking facility.

Improvement needed

The practice must actively listen to patients' comments in regards to the availability of appointments and evaluate whether more can be done to improve this aspect of service provision. We recommend that the practice also obtain health board input on this aspect of service delivery.

Individual care

Planning care to promote independence

We were informed that the practice team knew patients well. We were informed by staff that regular health checks and updates were provided to patients who were unable to attend the practice. We were informed that home visits were undertaken to review this group of patients.

There is a small parking area to the front of the building with designated disabled spaces. People told us that parking can be problematic due to the lack of space; however there were usually some spaces nearby or on the roadside.

All patient facilities were located on the ground floor of the practice premises. Doorways inside the practice premises were sufficiently wide to allow wheelchairs and prams to move around inside the building safely. The main entrance had electronic doors in operation, which were extremely useful for patients with mobility difficulties.

The practice had disabled toilet facilities available for patients, which were maintained to a good standard and were neat and clean.

People's rights

We observed patients being supported during their appointments by family and friends. We were informed that the majority of patients were fluent in English. A part time GP was a Welsh speaker and could be requested if patients required a consultation to be undertaken in Welsh. As previously noted, people would be able to request the services of a translation service if they were unable to communicate / not proficient in the English language.

The practice had a Freedom of Information and Data Protection policies and procedures in operation.

Listening and learning from feedback

A half of patients told us in the questionnaires that they would not know how to raise a concern or complaint about the services they receive at the practice.

A suggestion box was available on the reception desk within the waiting room, which according to staff was used occasionally by patients. Management would consider all feedback received and acted upon it whenever possible. However it was noted that there were no formal routes in operation to provide information back to patients on what feedback had been received by the practice and how they had utilised this feedback to improve services for patients. In addition it was identified that the practice did not operate a patient's participation group (PPG). We recommend that the practice evaluates the possibility of setting up a PPG as they can be an invaluable source of information and assist the practice to quality assure their service provision.

The practice had their own policies and procedures in relation to complaints and concerns and in addition utilised the NHS Wales guidance '[Putting Things Right](#)'. We viewed concerns and complaints received by the practice and overall they were well documented and comprehensive in their investigations / evaluations. We did identify that the management and storage of complaints could be improved. It was identified that there was no single document / spreadsheet available providing an overview of all active and closed complaints. By implementing a secure spreadsheet, information such as names, addresses, dates etc. could be recorded and used as a complaints tool in order to ensure that all timescales and correct details could be made available easily without the need to search through all complaints received at the practice.

Improvement needed

The practice must increase patients' awareness of the complaints policies and procedures in operation.

The practice is recommended to introduce an effective complaints management system.

The practice must develop a system of providing formal feedback to all patients of the practice in relation to comments/suggestions received and actions delivered as a consequence of the feedback.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we viewed evidence and observed practice which provided sufficient assurance that arrangements were in place to promote safe and effective care. We identified a staff team that placed an emphasis on the provision of safe and effective care. Staff utilised a range of policies, procedures and guidance in order to ensure effective practice.

We observed that staff had sufficient access to information and equipment required to provide a safe and effective service for patients.

We viewed a sample of patients' records and identified that overall the standard of documentation was very good. We identified that records were sufficiently detailed in order to provide clinicians with a rounded picture of the patients past medical history and ongoing needs.

There were sufficient internal communication systems in operation to ensure that no unnecessary delays were experienced in processing test results correspondence and specialist referrals.

Safeguarding of children and vulnerable adults policies and procedures were in operation and staff / clinicians had completed designated training.

Safe care

Managing risk and promoting health and safety

As previously identified, access for patients in to the practice was via electronic doors. The waiting area was spacious which enabled patients with mobility issues to access the building with ease. We found the practice premises were clean neat and tidy, which reduced the risk of slips, trips and falls. The building

and its fixtures and fittings were maintained to a good standard. Almost all questionnaire responses completed by patients felt that it was 'very easy' or 'fairly easy' to get into the building.

Sharps bins viewed in consultation rooms were observed to not being overfilled and maintained appropriately. A designated locked room was utilised to store full sharps boxes and this was noted as being safe and secure. No unauthorised access was possible.

Infection prevention and control

There were no concerns given by patients over the cleanliness of the GP practice; all of the patients that completed a questionnaire felt that, in their opinion, the GP practice was either 'very clean' or 'fairly clean'.

Staff confirmed during our discussions they had sufficient access to personal protective equipment such as gloves and disposable plastic aprons to reduce the potential of cross infection. The clinical treatment areas viewed were visibly clean.

Hand washing and drying facilities were available in all clinical areas viewed. Patient's toilets facilities also included hand washing and drying facilities. We were informed that a new hand sanitizer had been placed next to the electronic checking in screen, in order to promote hand decontamination and reduce the likelihood of cross infection. Hand sanitizers were also located in strategic locations around the practice.

During our visit we identified that at present no infection control audits were taking place. Undertaking infection control audits such as hand decontamination and environmental infection control audits can provide valuable information on, and identify areas of good and poor practice.

During our tour of the building it was identified that in one of the clinical treatment rooms a bin which was being used was not foot operated. Having foot operated bins reduces the potential of cross infection and reduces the risk of contamination for staff. We recommend that the practice reviews all clinical rooms in use and ensure that only foot operated bins are used.

Clinical and non clinical waste was segregated appropriately and stored in a safe and secure location.

The practice manager kept a record of the Hepatitis status of all clinical staff. All clinical staff had received the appropriate hepatitis b vaccination. Non clinical

staff working at the practice were also offered Hepatitis B vaccination, but the decision to have this vaccination was down to the individual.

Improvement needed

The practice is recommended to undertake regular infection control audits in order to identify good and poor practice and regularly monitor the environment in relation to infection prevention and control.

The practice must ensure that all clinical rooms utilise foot operated bins.

Medicines management

The practice had emergency/resuscitation equipment and drugs available for use in the event of a patient collapse. Daily checks were undertaken and records viewed. The resuscitation equipment / drugs available were comprehensive and appropriate for use in an emergency situation.

Fridges were available in some rooms to store certain medication. It was identified that daily monitoring and recording of the fridge temperatures were being undertaken and recorded accordingly. We did identify that fridges were not always being locked and as such posed a potential risk of people accessing the contents of the fridges. We recommend that fridges be locked by staff after medication has been removed for use.

We also identified that a room containing medication was not having daily temperature checks. Certain medication must be stored below 25 degrees centigrade because of the risk of perishing, if the temperature was exceeded. The practice must therefore monitor the temperature of the room daily.

The practice benefits from having a pharmacist on site four days a week to provide support and guidance for staff and patients and also undertakes medication reviews.

Improvement needed

The practice must ensure that fridges are locked when not being used by staff.

The practice must ensure that rooms used to store medication are checked daily in order to ensure that the temperature does not exceed 25 degrees C.

Safeguarding children and adults at risk

The practice had relevant policies and procedures available for safeguarding children and adults. Discussions with staff demonstrated that they were aware of the main components of safeguarding and how to escalate concerns. Staff had received appropriate safeguarding training.

Staff were aware of how to place markers on patients' electronic records in order to highlight any concerns regarding the welfare of a child. It was also noted that when a safeguarding risk to a child had been reduced, staff were removing flags accordingly from patients' records.

Effective care

Safe and clinically effective care

During our discussions with staff and the practice manager, it was noted that that relevant safety alerts were circulated to all appropriate members of staff team and action implemented as necessary.

We identified that staff had access to the practice's policies and procedures. We viewed the employee handbook which provided staff with pertinent information regarding the practice and information regarding key personnel policies, such as equal opportunities, capability, Health and Safety and grievance policies to name but a few.

Significant events are discussed and reviewed weekly at practice meetings. We were informed that with the increased availability of protected learning times, increased audits and reflection of practice activities would be undertaken to ensure and safeguard the effectiveness of their practice. The weekly practice meetings were also used to circulate any new National Institute for Health and Care Excellence (NICE) guidance. The practice also used memos and emails to circulate relevant guidance and updates to appropriate staff.

Quality improvement, research and innovation

We were informed that staff were encouraged to attend training which would benefit their professional development and improve the services delivered to patients. The practice formed part of the local cluster group. The local cluster group would meet regularly and discuss new innovations in general practice.

Record keeping

The summarising of patients records were undertaken by non clinical staff, they had received appropriate training and were provided with help and support whenever requested. Some auditing / reviewing of summarising were being undertaken by clinical staff. We recommend that formal reviews of summarising be introduced in order to promote quality assurance.

During the course of the inspection a sample of patients records were viewed. Overall the standard of recording was very high. The permanent GP must be commended for ensuring such high standards of documentation by all clinical staff working at the practice.

Improvement needed

The practice to implement formal structure / audit processes for quality assuring of the summarising records.

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.

Overall, the practice was well managed by an experienced practice manager, who had been in post for some considerable length of time.

Recruitment of medical practitioners was a significant issue at the practice and we were informed that all possible routes and models were being evaluated. The health board must continue to provide all possible help and support to the practice in order to ensure the long term continuation of primary healthcare services for the local population.

We were informed by staff they felt enabled to raise any concerns / issues with the management team and that their concerns would be acted upon in a constructive and meaningful manner.

Governance, leadership and accountability

Significant difficulties had been experienced by the practice in regards to the recruitment of medical personnel. The practice was constantly looking at new models of service delivery. An example of this was the employment of paramedic practitioners. This had been of great assistance to the practice. Due to the lack of permanent GPs, the practice had to rely on the services of locum GP's to provide the designated services to the practices patients. The need to recruit permanent GPs is essential in order to provide patients with continuity of care.

During our inspection visit, we talked to a number of staff working in different roles within the practice and all staff spoke positively about the leadership provided by the practice management. There were clear lines of accountability and staff were fully aware of their roles and responsibilities.

During our discussions with staff we discussed safeguarding and whistleblowing. Staff demonstrated a good knowledge of child safeguarding and adult protection. We did identify that some staff were not well informed of the whistleblowing policy and procedure. We advised the practice manager to provide information to all staff regarding the whistleblowing policy / procedure in operation at the practice.

A sample of staff files were viewed and generally they were of an appropriate standard. We did identify that some staff recruited did not have references present. We advised the practice manager that robust recruitment practices are essential in order to determine as much as possible the integrity of potential members of staff.

Improvement needed

The practice must ensure that all staff are aware of the whistleblowing, where it is located and the fundamental concepts of the policy.

The practice must ensure that robust pre employment checks are undertaken prior to employing staff.

Staff and resources

Workforce

During our discussions with staff we discovered evidence of a happy, cohesive staff team, many of whom had been employed at the practice for some considerable time. Staff knew what was expected of them and were confident in the range of responsibilities and tasks that they were required to complete. Staff informed the inspection team that they are enabled to access training appropriate to their scope of practice. Nursing staff were supported to complete their revalidation with the Nursing and Midwifery Council by the practice.

During our inspection we identified that not all staff had received an annual appraisal in a timely manner. This was discussed with the practice manager as an area of staff management requiring improvement.

Improvement needed

The practice must ensure that all staff receive annual appraisals.

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 raised on this inspection			

Appendix B – Immediate improvement plan

Service: Tenby Surgery

Date of inspection: 21/09/2017

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: Tenby Surgery

Date of inspection: 21/09/2017

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 must ensure that all staff undertaking chaperone duties have received the designated training.	4.1 Dignified Care	The practice will arrange for all staff undertaking chaperone duties to receive training. A register will be kept and staff files updated accordingly.	PM	By 7 March 2018
The practice should ensure that the lowered reception desk area is always available for patients to communicate with reception staff.		Appropriate signage will be located within reception and on patients' notice boards informing them of the lowered desk facility. Receptionists will be reminded about utilising this space when asked/required or by direction.	PM	By 31 January 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		A notice will be added to the practice website & leaflet informing patients of this facility.		
<p>The practice must introduce a new system which informs patients in a timely manner if there are going to be any delays in them being seeing by their designated health professional.</p> <p>The practice must improve and develop Welsh language resources and ensure that key documents such as practice leaflets and electronic information is available through the medium of Welsh within the practice.</p>	4.2 Patient Information	<p>The practice will contact its IT supplier to ascertain the possibility of automating this function via a direct link with the check in system. In the meantime, the Receptionist will inform patients verbally of any delays with the clinicians, when the patients are checking in or during the clinic.</p> <p>The practice is in the process of having the leaflet translated into Welsh. Also an option added to the website to be able to view in Welsh as well as in English.</p> <p>The practice will look into the possibility of the patient call system being available through the medium of Welsh.</p>	<p>PM</p> <p>PM</p>	<p>By 31 March 2018</p> <p>For leaflet 31 December 2017;</p> <p>31 March 2018</p>
All appropriate staff to be proficient in the use of the hearing aid loop system.	3.2 Communicating effectively	In-house training will be arranged for all appropriate staff in the use of the hearing loop system	PM	31 January 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The practice must actively listen to patients' comments in regards to the availability of appointments and evaluate whether more can be done to improve this aspect of service provision. We recommend that the practice also obtain health board input on this aspect of service delivery.</p>	<p>5.1 Timely access</p>	<p>The practice will endeavour to listen to patients comments with regards to the availability of appointments and within the recruitment constraints faced will try to do more to improve this provision.</p> <p>The practice will request input from the health board on this aspect by means.</p>	<p>PM</p> <p>PM</p>	<p>Ongoing</p> <p>By 31 January 2018</p>
<p>The practice must increase patients' awareness of the complaints policies and procedures in operation.</p> <p>The practice is recommended to introduce an effective complaints management system.</p> <p>The practice must develop a system of providing formal feedback to all patients of the practice in relation to comments/suggestions received and</p>	<p>6.3 Listening and Learning from feedback</p>	<p>The practice will review the accessibility of its complaints policies and procedures in order to increase patient awareness. Looking specifically at electronic format and signage.</p> <p>The practice will introduce a spreadsheet system for the logging of all complaints, detailing up to date & relevant information.</p> <p>The practice will produce a feedback page on its website.</p>		<p>By 31 March 2018</p> <p>By 31 March 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
actions delivered as a consequence of the feedback.		The practice will consider the introduction of a PPG.		By end of 2018
Delivery of safe and effective care				
<p>The practice is recommended to undertake regular infection control audits in order to identify good and poor practice and regularly monitor the environment in relation to infection prevention and control.</p> <p>The practice must ensure that all clinical rooms utilise foot operated bins.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>The Practice Nurse will undertake an infection control audit (utilising the PHSW tool) and review accordingly</p> <p>The practice can confirm that there are now foot operated bins in all its clinical rooms.</p>	Practice Nurse	By 31 March 2018 and annually
<p>The practice must ensure that fridges are locked when not being used by staff.</p> <p>The practice must ensure that rooms used to store medication are checked daily in order to ensure that the temperature does not exceed 25 degrees C.</p>	2.6 Medicines Management	<p>The practice can confirm that fridges are locked when not in use by staff.</p> <p>The practice will implement room thermostats and record daily temperatures</p>	Practice Nurse	By 31 January 2018
The practice to implement formal structure / audit processes for quality assuring of the summarising records.	3.5 Record keeping	The practice will hold regular reviews of a sample of randomised medical records which will be scrutinized from each summariser.	Clinician – GP	30 June 2018 and annually thereafter

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
<p>The practice must ensure that all staff are aware of the whistleblowing, where it is located and the fundamental concepts of the policy.</p> <p>The practice must ensure that robust pre employment checks are undertaken prior to employing staff</p>	Governance, Leadership and Accountability	<p>The practice will ensure that all staff are aware of the whistleblowing policy by holding a training meeting to discuss and disseminate said policy</p> <p>Prior to employing future staff all appropriate references will be sought</p>	PM	<p>By 31 March 2018</p> <p>As and when appropriate</p>
The practice must ensure that all staff receive annual appraisals.	7.1 Workforce	All Reception staff are due appraisals in January 2018; administration & clinical staff will be arranged	PM	By 31 January 2018

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): Helen Roberts

Job role: Practice Manager

Date: 09.11.17