



## **Independent Healthcare Inspection (Announced)**

Cyncoed Consulting Rooms,  
Cardiff

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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 Cyncoed Consulting Rooms (CCR), 277 Cyncoed Road, Cardiff, CF23 6XH on 13 December 2017.

Our team, for the inspection comprised of one HIW inspector and one clinical peer reviewer. The inspection was led by the HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

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

## 2. Summary of our inspection

Overall, we found that the Cyncoed Consulting Rooms had arrangements in place to promote the safety and wellbeing of patients attending the clinic.

However, we found some evidence that the service was not fully compliant with all standards/regulations in all areas.

This is what we found the service did well:

- Patients provided very positive feedback about the services provided at the clinic
- All areas of the clinic were clean and tidy
- Staff told us they felt well supported by their manager and team colleagues.

This is what we recommend the service could improve:

- Demonstrating that care and treatment provided to patients (by visiting healthcare professionals) is in accordance with evidence based and best practice guidelines
- Information within the statement of purpose<sup>1</sup> and patients' guide so that they comply fully with the regulations
- Reports in relation to visits by the responsible individual so they demonstrate all elements required by the regulations have been considered

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<sup>1</sup> A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

- The arrangements to demonstrate that staff have received appropriate training and appraisal.

We identified regulatory breaches during this inspection. These related to information missing from the statement of purpose and patients' guide, demonstrating that care provided is evidence based, staff training and appraisal. Further details can be found in Appendix B. Whilst, this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

## 3. What we found

### Background of the service

A partnership of five GPs is registered to provide an independent clinic at 277, Cyncoed Road, Cardiff, CF23 6XH. The service was first registered on 2 December 2005.

The clinic has four consulting rooms and one treatment room. It is registered to provide a range of healthcare services as set out within its statement of purpose (as accepted by HIW). No overnight beds can be provided and no procedures involving the administration of a general anaesthetic can be performed. Healthcare services are provided by visiting healthcare professionals who have been granted practising privileges<sup>2</sup> (by the service) to work out of the clinic.

The service employs a staff team of eight, which includes a general manager, receptionists and a registered nurse. At the time of our inspection, the registered nurse post was vacant. Senior staff confirmed that the position had been recruited to and a person was due to take up post in the near future.

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<sup>2</sup> The granting of practising privileges is a process whereby a medical practitioner is granted permission to work in an independent hospital or clinic.



## 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 provided very positive feedback about their experiences of using services provided at the clinic.

We found that staff at the clinic treated patients with politeness and respect. We saw that arrangements were in place to promote and protect patients' privacy and dignity. Arrangements were also in place for patients to provide their views on the services provided at the clinic.

Further efforts should be made to routinely provide information in different formats according to the communication needs of patients.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 20 were completed and returned. Patients indicated they had been a patient at the clinic for between less than six months to over five years. Most indicated they had been a patient for between one to five years.

Patients provided very positive feedback about their experiences of using services provided at the clinic. When asked to rate the care and treatment received, patients gave a response of between eight and ten out of ten, with most giving a rating of ten out of ten (excellent).

Patient comments included the following:

*"My treatment and the service here has been exemplary. It's changed my life and I would recommend CCR to anyone."*

*"All the staff at CCR provide a friendly, efficient professional service..."*

*"The staff (both admin and medical) at CCR are very welcoming, and are willing and able to help with questions and issues as they arise..."*

*"Excellent service, really friendly and helpful reception staff..."*

### **Health promotion, protection and improvement**

There was some information available for patients on how they can take responsibility for their own health and wellbeing.

Leaflets were freely available in the waiting room. These provided information on vaccinations to help prevent against flu, shingles and Hepatitis B. Travel advice and information was also available on request. Other information available mainly related to services offered at the clinic. The registered persons should explore what additional health promotion material can usefully be provided to patients, taking into consideration the services provided.

### **Dignity and respect**

We found that arrangements were in place to promote patients' dignity and we saw staff treating patients with respect.

The registered persons had produced a statement of purpose and patients' guide as required by the regulations. These set out the arrangements for respecting patients' privacy.

The clinic had four separate consulting rooms and a treatment room. We observed that doors were closed during consultations. The consulting rooms and treatment room were located away from the waiting room. These arrangements helped promote patients' privacy and dignity during consultations or when they were receiving treatment.

Information was displayed informing patients of their right to having a chaperone present when being seen by healthcare staff. The use of chaperones aims to protect both the healthcare professional and patient when the patient is examined by the healthcare professional.

We saw reception staff welcoming patients in a friendly manner and being polite and courteous when speaking to them. Patients who provided comments also told us that staff were always polite and were kind when carrying out care and treatment.

### **Patient information and consent**

As described earlier there was some health promotion material available.

The statement of purpose and patients' guide set out information about the clinic. These included information on the services offered, how they could be accessed and the arrangements for consent to treatment. There was also an up to date written policy on obtaining valid patient consent.

To comply with the regulations, all patients must be provided with a copy of the clinic's current patients' guide. A sign was displayed informing patients that the statement of purpose and patients' guide were available from the clinic reception.

The majority of patients who provided comments felt that they had been given enough information about their care and treatment including the risks, treatment options and costs.

### **Communicating effectively**

Generally, information was provided in English only. Given that the clinic operates in Wales, efforts should be made to routinely provide information in both Welsh and English.

Efforts should also be made to provide information in other languages and formats, taking into consideration the communication needs and wishes of patients using the service.

There was no hearing loop available to assist those patients who are hard of hearing (and who wear hearing aids) to communicate with staff at the clinic. We saw pictorial signs were displayed to assist patients to find a suitable emergency escape route in the event of a fire.

#### **Improvement needed**

The registered persons are required to provide HIW with details of the action taken to make information routinely available in different languages and formats, taking into consideration the communication needs and wishes of patients.

### **Care planning and provision**

The arrangements for providing care and treatment were set out within the statement of purpose and patients' guide.

Generally, access to the clinic's services was via a referral made by the patient's GP. For some services, patients could self refer. Arrangements were described for the assessment of patients by healthcare professionals to identify

patients' individual care and treatment needs. The clinic did not offer diagnostic or screening services. These could be arranged by the clinic, however, via arrangements with a local independent hospital.

### **Equality, diversity and human rights**

The statement of purpose and patients' guide clearly set out that services are provided having due regard to patients' rights. These also described that patients were welcome to be accompanied by a relative or friend according to their preferences and wishes.

There was ramp access to the main entrance to the clinic. With the exception of one consulting room, all other facilities, including the reception desk, waiting room, patients' toilet, treatment room and remaining consulting rooms were located on one level. This meant that people with mobility difficulties and parents with pushchairs could enter the building and access the clinic safely. Access could be made easier for such patients by installing an automatic door to the entrance.

### **Citizen engagement and feedback**

Patients had opportunities to provide feedback about their experiences of visiting the clinic.

We saw that forms were available for patients to provide suggestions or comments on an ongoing basis. Senior staff also described that patient satisfaction surveys were conducted on an ad hoc basis to seek patients' views. It was evident that the comments received from patients had been considered by the staff team and action taken as a result to make improvements were appropriate.

The patients' guide did not include a summary of the views of patients (and others) obtained as part of quality assurance activity at the clinic. Arrangements must be made to address this to ensure compliance with regulatory requirements (see section - Quality of management and leadership).

## 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 found that the clinic had arrangements in place to promote the safety and wellbeing of patients attending the clinic.

We identified improvements were needed around an aspect of medicines management and the effectiveness of checks on some of the equipment used at the clinic.

Senior staff described how they made considerable efforts to obtain information from visiting healthcare professionals to show they were practising in line with evidence based clinical guidelines.

### Managing risk and health and safety

The clinic environment appeared well maintained and in a good state of repair.

We saw that all areas were clean and tidy and free of obvious trip hazards. As described earlier, efforts had been made to make the building safely accessible to patients with mobility difficulties. There were steps leading down to one of the consulting rooms and these had been clearly marked to help reduce the risk of staff, patients and other visitors falling.

Fire exits and escape routes were clearly identified. Senior staff provided records to show that a fire drill had been conducted in October 2017. Records were also provided that showed fire safety equipment and portable electrical appliances had been checked within the last year to make sure they were working and safe to use.

Senior staff confirmed that environmental and procedural risk assessments (to identify potential hazards and risks) were not formally recorded. The registered persons should seek advice from the Health and Safety Executive (HSE) to establish their responsibilities in this regard. Action must then be taken as appropriate.

### Improvement needed

The registered persons are required to provide HIW with details of the action taken to complete relevant risk assessments.

Advice should be sought from the Health and Safety Executive as appropriate.

### Infection prevention and control (IPC) and decontamination

Written policies and procedures were available to help guide staff on infection prevention and control.

We saw that the clinic was clean and tidy. We also saw that staff had access to personal protective equipment (PPE) to help prevent cross infection. Hand washing facilities were available. Effective hand washing is important to promote infection prevention and control.

Senior staff confirmed that minor surgery procedures were performed. They also confirmed that instruments used during these procedures were single patient use only. This meant that instruments did not have to be decontaminated and so promoted effective infection prevention and control. We saw that medical sharps (such as needles) had been placed in appropriate containers prior to these being disposed of. This helps reduce the risk of injury (to staff and patients) and cross infection from used sharps.

The majority of patients who provided comments felt that the clinic environment is clean and tidy.

### Medicines management

A written policy was available on the management of medicines used at the clinic.

The nurse had responsibility for medicines management at the clinic. This included overseeing the ordering, obtaining, safe storage and disposal of medicines. Senior staff confirmed that, until a nurse was in post, no procedures that required a nurse to be present were being performed at the clinic.

We saw that medicines at the clinic were stored safely and securely. Records had been maintained of medicines administered to patients. These records showed that patients had been asked about known allergies to promote their safety and wellbeing prior to medication being prescribed/administered as part of their care and treatment.

We saw that private prescription forms were not kept securely. We informed senior staff of our findings so that the forms could be securely stored. The registered persons must address this to help prevent loss or theft of such prescription forms.

#### Improvement needed

The registered persons are required to provide HIW with details of the action taken to store private prescription forms securely when not being used.

### Safeguarding children and safeguarding vulnerable adults

Written policies and procedures were available to guide staff on the action to take should they suspect abuse of children or adults who become vulnerable or at risk. Whilst these included contact details for health board safeguarding teams in the locality, the contact details of similar teams within the local authority area should also be included. This would help ensure that staff contact the most relevant team when they have concerns.

We reviewed a sample of three staff files. Whilst, a certificate that demonstrated safeguarding training had been completed by one staff member was available, the other two files did not contain evidence of suitable training being completed. Senior staff confirmed that staff were expected to complete safeguarding training and explained that arrangements were being made to arrange this. Arrangements must be progressed to demonstrate that staff are up to date with safeguarding training at a level appropriate to their role in the clinic.

#### Improvement needed

The registered persons are required to provide HIW with details of the action taken to support relevant staff to complete safeguarding training at a level appropriate to their role within the clinic.

### Medical devices, equipment and diagnostic systems

A range of equipment was available at the clinic to support the provision of care and treatment to patients. Senior staff confirmed that visiting healthcare professionals may also bring equipment with them as appropriate.

We saw evidence that medical equipment at the clinic had been tested / calibrated within the last year to check it was providing accurate readings.

We identified that urine testing strips and disposable forceps (used for electrocautery<sup>3</sup>) had passed their expiry date. We informed senior staff of our findings so that appropriate action could be taken. The registered persons must make arrangements to ensure regular checks of equipment are conducted with the aim of ensuring it is always available and safe to use.

Equipment for use in the event of a patient emergency (collapse) was available at the clinic. Drugs to treat anaphylaxis<sup>4</sup> were available. Senior staff confirmed that a defibrillator<sup>5</sup> was not kept on site. They confirmed that one was available at a nearby dental practice for use by the clinic staff. The registered persons should keep these arrangements under review to ensure they are sufficient to respond to a patient emergency at the clinic. Consideration should be given to relevant national guidelines, for example those issued by the Resuscitation Council (UK)<sup>6</sup>.

Senior staff described that staff were expected to attend cardiopulmonary resuscitation (CPR) training. As previously described there was limited information within staff files to demonstrate that staff had attended training, including evidence of training on CPR. Arrangements must be made, therefore, to demonstrate that staff are up to date with CPR training at a level appropriate to their role in the clinic.

#### Improvement needed

The registered persons are required to provide HIW with details of the action taken to:

- ensure regular checks of equipment kept at the clinic are conducted

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<sup>3</sup> Electrocautery refers to a process in which electricity is passed through a metal wire generating heat. This is then applied to living tissue to stop bleeding or destroy tissue.

<sup>4</sup> Anaphylaxis is a severe and potentially life-threatening allergic reaction.

<sup>5</sup> A defibrillator is a device that gives a high energy electric shock to the heart through the chest wall to someone who is in cardiac arrest.

<sup>6</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration. <https://www.resus.org.uk/#>



effectively with the aim of ensuring it is always available and safe to use

- support staff to complete cardiopulmonary resuscitation training at a level appropriate to their role within the clinic.

### Safe and clinically effective care

A range of written policies and procedures was available to support the operation of the clinic. Those required by the regulations were in place. We reviewed a sample of these policies and saw evidence to show that they had been reviewed during 2017. The registered persons may wish to make arrangements to highlight those changes made to written policies and procedures, if any, to promote ease of reading when revisions have been made.

Senior staff described how they had made considerable efforts to obtain information from visiting healthcare professionals to show they were practising in line with evidence based clinical guidelines. Whilst some progress had been made, senior staff confirmed that further improvement was needed in this regard. This was attributed to difficulties in obtaining this information from visiting healthcare professionals. The registered person must make suitable arrangements to demonstrate that care and treatment provided to patients is in accordance with evidence based and best practice guidelines.

### Improvement needed

The registered persons are required to provide HIW with details of the action taken to demonstrate that care and treatment provided to patients is in accordance with evidence based and best practice guidelines.

### Records management

A written policy was available on patient confidentiality. This made reference to the Data Protection Act.

Visiting healthcare professionals were responsible for the management and security of records made during their consultations with patients.

Records for patients who had been seen by the private GP service at the clinic were available for inspection by HIW. We reviewed a sample of these records and found that they were organised and legible. The records contained details of the GP making the record, the date of consultation together with sufficient

details of the clinical findings and the care/treatment given to each patient. We saw that these records were stored securely when not being used.

## 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 the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.*

An established management team was in place and clear lines of reporting were described.

Staff were able to describe their individual roles and responsibilities and told us they felt supported by their manager.

We identified that improvement was needed to demonstrate that regular visits conducted by the responsible individual considered those elements required by the regulations.

We also identified that improvement was needed to demonstrate that staff had attended appropriate training.

### Governance and accountability framework

A management structure was in place and clear lines of reporting were described.

The clinic was operated by a partnership of five GPs, one of whom was the clinical manager (responsible individual) for the clinic. A general manager (registered manager) was in post and was responsible for the day to day management of the clinic.

Staff we spoke with during our inspection confirmed that they felt supported in their work by their manager and colleagues.

A statement of purpose and patients' guide were available. These provided information about the clinic and included most of the information required by the regulations. We identified some omissions, specifically; the statement of purpose needed to include details of the arrangements for seeking patients' views about the quality of services provided and the patients' guide needed to include a summary of the views of patients (and others) obtained as part of the

clinic's quality assurance arrangements and a copy of (or information on how to access) HIW's most recent inspection report for the clinic.

Senior staff described that regular business meetings were held as part of the governance arrangements for the clinic. We were told that these meetings would consider any changes to the clinic's policies and procedures together with general business issues relating to the clinic.

We saw records that demonstrated the responsible individual had visited the clinic at least every six months in accordance with the regulations. The purpose of these visits is to consider different aspects relating to the quality of the services provided. Whilst, statements had been produced of the overall findings from these visits, these did not demonstrate whether the responsible individual had considered those elements required by the regulations. Arrangements need to be made, therefore, to address this.

### Improvement needed

The registered persons are required to provide HIW with details of the action taken to include:

- details of the arrangements for seeking patients' views about the quality of services provided within the statement of purpose
- a summary of the views of patients (and others) within the patients' guide
- a copy of (or information on how to access) HIW's most recent inspection report for the clinic within the patients' guide.

The registered person is required to provide HIW with details of the action taken to demonstrate that visits conducted in accordance with regulation 28 of the Independent Health Care (Wales) Regulations 2011 consider all those elements listed in the aforementioned regulations.

### Dealing with concerns and managing incidents

A written complaints procedure was available.

Details of how patients could make a complaint were included within the statement of purpose and patients' guide. These clearly set out the timescales for acknowledging and responding to complaints. In accordance with the regulations the contact details of HIW were also included. Patients who provided comments were aware of how to make a complaint should they be unhappy about the service they receive.

Arrangements were described for reviewing significant incidents and sharing learning from these to promote patient safety and well being.

### Workforce planning, training and organisational development

At the time of our inspection, a team of seven staff were employed by the clinic. These included the registered manager and receptionists. We spoke to a number of staff working on the day of our inspection. All were able to describe their roles and how they contributed to the overall operation of the clinic. At the time of our inspection, the registered nurse post was vacant. Senior staff confirmed that the position had been recruited to and a person was due to take up post in the near future.

Healthcare services at the clinic were provided by visiting healthcare professionals (with practising privileges) who were not directly employed by the clinic.

As previously described, there was limited information within staff files to demonstrate that staff had attended training relevant to their role in the practice. Senior staff confirmed that, apart from CPR and safeguarding training, there was no other agreed mandatory training that staff were expected to complete. Arrangements must be made, therefore, to agree what training staff require and to demonstrate that staff have attended training relevant to their role. Consideration must be given to relevant health and safety guidelines.

We found that not all staff had received an appraisal of their work performance within the last 12 months. Arrangements must be made to address this.

#### Improvement needed

The registered persons are required to provide HIW with details of the action taken to:

- agree and identify mandatory training for staff
- support staff to attend appropriate training relevant to their role
- demonstrate that staff have attended and are up to date with relevant training
- ensure staff receive appropriate appraisals.

## Workforce recruitment and employment practices

We reviewed a sample of staff files (for those employed by the clinic) and saw that efforts had been made to determine each individual's suitability to work at the clinic.

We also reviewed a sample of staff files for visiting healthcare professionals providing services from (but not employed by) the clinic. Documentation was available that demonstrated each individual's registration with their professional body, current indemnity insurance and training.

Each member of staff had a Disclosure and Barring (DBS) certificate available as required by the regulations. Whilst there is no specific requirement to repeat the DBS check at regular intervals, the registered persons must be assured that staff continue to remain suitable to work at the clinic<sup>7</sup>.

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<sup>7</sup> <http://hiw.org.uk/providing/dbs1/independent/?lang=en>

## 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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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 independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

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

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) 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.			

## Appendix B – Improvement plan

**Service:** Cyncoed Consulting Rooms

**Date of inspection:** 13 December 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	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The registered persons are required to provide HIW with details of the action taken to make information routinely available in different languages and formats, taking into consideration the communication needs and wishes of patients.	Regulation 18(1)(b) Standard 18 Communicating effectively	We will investigate the needs of our clientele over the next 3 months by way of a patient questionnaire and address the findings at the end of the period.	GM/SC	August 2018
<b>Delivery of safe and effective care</b>				
The registered persons are required to provide HIW with details of the action taken to complete relevant risk assessments.	Regulation 9 (1)(e); 19(1)(b) Standard 22 Managing risk	Registered with HSE website to complete small business risk assessment form to establish requirements. All to be brought up to	GM	August 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Advice should be sought from the Health and Safety Executive as appropriate.	and health and safety	date.		
The registered persons are required to provide HIW with details of the action taken to store private prescription forms securely when not being used.	Regulation 15(5)(a) Standard 15 Medicines management	Private prescriptions are now kept in a locked cupboard and only removed when the GP requires it.	SC	February 2018
The registered persons are required to provide HIW with details of the action taken to support relevant staff to complete safeguarding training at a level appropriate to their role within the clinic.	Regulation 16(1)(a),(b); 20(2)(a) Standard 11 Safeguarding children and safeguarding vulnerable adults	Setting up online accounts for staff to completely Safeguarding Children/POVA courses accordingly.  Admin Staff – Level 1 Nurses – Level 2 GP Partners – Level 3	SC	August 2018
The registered persons are required to provide HIW with details of the action taken to:  ensure regular checks of equipment kept at the clinic are conducted effectively with the aim of ensuring it is always available and safe to use	Regulation 15(2); 20(2)(a) Standard 16 Medical devices, equipment and diagnostic systems	Responsible Individual, Guy Marshall to conduct 6 monthly visits to address quality governance audit which will include equipment and report accordingly. First visit June 2018. Nurse to check weekly equipment is available and safe to use; available records kept.	GM	June 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
support staff to complete cardiopulmonary resuscitation training at a level appropriate to their role within the clinic		Clare Williams  CPR Training to be carried out. We are currently seeking options via Welsh Hearts (Group training) or British Heart Foundation "Call Push Rescue Kit" (training to be led by Dr Jones or Dr Kirkwood.	GM/SC	October 2018
The registered persons are required to provide HIW with details of the action taken to demonstrate that care and treatment provided to patients is in accordance with evidence based and best practice guidelines.	Regulation 15(1)  Standard 7 Safe and clinically effective care	Write to consultants and ask them to provide details of the guidelines they use for best practice. Also ask for copies of any additional training that has been completed in the last 12 months.	SC	August 2018
<b>Quality of management and leadership</b>				
The registered persons are required to provide HIW with details of the action taken to include:  details of the arrangements for seeking patients' views about the quality of services provided within the statement of purpose	Regulation 6(1), Schedule 1; 7(1)(e),(g)  Standard 1 Governance and accountability	Cyncoed Consulting Rooms will annually audit patient experience (following GMC guidance) via a questionnaire and publish result in	GM  GM	August 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>a summary of the views of patients (and others) within the patients' guide</p> <p>a copy of (or information on how to access) HIW's most recent inspection report for the clinic within the patients' guide</p>	framework	<p>patient guide and online.</p> <p>To be carried out by Responsible Individual, Guy Marshall on his first visit to prepare quality governance report and look at patient questionnaire responses.</p> <p>This has now been added to our patient guide.</p>	SC	<p>June 2018</p> <p>Feb 2018</p>
The registered person is required to provide HIW with details of the action taken to demonstrate that visits conducted in accordance with regulation 28 of the Independent Health Care (Wales) Regulations 2011 consider all those elements listed in the aforementioned regulations	Regulation 28(4)(a),(b),(c) Standard 1 Governance and accountability framework	Responsible Individual, Guy Marshall will compare a report every 6 months commencing June 2018 with findings from a visit, interviews and inspection. This report will be circulated to Office Manager and Partners of the business.	GM	June 2018
<p>The registered persons are required to provide HIW with details of the action taken to:</p> <p>agree and identify mandatory training for staff</p> <p>support staff to attend appropriate training</p>	Regulation 20(2)(a) Standard 25. Workforce planning, training and organisational	<p>Checklist form devised for staff training.</p> <p>Reviewing mandatory training relevant to individual roles.</p>	<p>SC</p> <p>SC</p>	<p>February 2018</p> <p>August 2018</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>relevant to their role</p> <p>demonstrate that staff have attended and are up to date with relevant training</p> <p>ensure staff receive appropriate appraisals</p>	development	<p>Form to be used to record completed dates of training.</p> <p>Anna MacLean to carry out appraisals shortly.</p>	<p>SC</p> <p>AM</p>	June 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):** Guy Marshall

**Job role:** Partner

**Date:** 26 February 2018