



General Practice Inspection (Announced)

Butetown Medical Practice

Cardiff and Vale University Health
Board

Inspection date:

5 December 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 Butetown Medical Practice at Loudoun. Plas Iona. Butetown. Cardiff. CF10 5HW, within Cardiff and Vale University Health Board on 5 December 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

We found that the service provided patient centred care that was safe and effective. However, governance arrangements need to be better documented.

This is what we found the service did well:

- The practice provided patient centred care
- Patients were complimentary about the care they received
- Patients received timely care
- The practice was clean and well maintained throughout
- Clinical entries were of a good professional standard

This is what we recommend the service could improve:

- Provision of information, including complaints process, chaperone service and carers information
- Structured processes for learning from notifications such as safety alerts, serious adverse events, NICE guidelines
- Recording of staff, multi-disciplinary team, business and clinical meetings
- Recording of recruitment checks and training

3. What we found

Background of the service

Butetown Medical Practice currently provides services to approximately 8,000 patients. The practice forms part of GP services provided within the Cardiff Bay area.

The practice employs a staff team which includes three part time GP partners, with additional input from two associate GPs and two salaried GP's. There were two practice nurses and one health care assistant. The clinical staff are supported by a full-time practice manager, a team of receptionist/administrative staff and cleaning staff.

The practice provides a range of services, including:

- Family Planning
- Antenatal Clinic
- Baby Clinic
- Phlebotomy
- Asthma Clinic
- Diabetic Clinic
- Chronic obstructive pulmonary disease (COPD) Clinic
- Well Woman Clinic
- Flu Clinic
- Travel Immunisations
- Counselling

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.

The practice provided patient centred care that was commented on favourably by the patients we spoke to. We identified improvements could be made in receiving formal feedback from patients.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the services provided; we also distributed additional questionnaires during the inspection. A total of 32 were completed. Patient comments were generally positive and included the following:

"The service provided by this GP practice is excellent..."

"Good enough for me"

"I'm not sure it can (improve). Great work!"

"Already good enough!"

"It provides a good service and I can't think of any improvements."

Staying healthy

We reviewed the content of eight electronic patient records in depth and a further six records in some detail. As a result, we found that clinical staff had provided patients with sufficient information about their health condition, investigations needed and options for managing their health and wellbeing.

We saw a variety of health promotion/lifestyle information on display in the patient waiting area for people to take away with them for future reference. Health promotion information was also provided on the television screens within the reception area. There was also information available to people with regard to support services and organisations. All such information was found to be relevant and current.

We spoke with the nominated 'Carer's Champion' who was available to assist people in their role as carers, the practice had identified carers who attended the practice. The member of staff concerned described how they would provide carers with useful information about various agencies and organisations that may be able to support them with their day to day responsibilities. However, the practice didn't have a carer's notice board which could provide relevant information and contact numbers for carers.

Improvement needed

The practice should provide a notice board for carers to advertise the service and provide relevant information for carers.

Dignified care

Overall we found that people were treated with dignity and respect by staff. We observed staff greeting patients, both in person and by telephone, in a polite, friendly and welcoming manner and treating them with dignity and respect.

We considered the physical environment and found that patient confidentiality and privacy had been considered. Telephone calls received by the surgery were taken in a private room away from the reception area; this meant that those calls would be taken confidentially.

The reception area was separated from the waiting area by a built up desk area which provided suitable confidentiality during discussions with patients. Patients wishing to have further privacy to discuss any sensitive or confidential issues with staff could use an interview room just off reception.

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

We reviewed some patient notes and there were examples of consent being documented by staff for examinations, vaccines and nursing procedures. Chaperone service was available for patients, with a number of practice staff trained. Whilst there were a number of signs up offering the Chaperone service and we were informed that it is displayed on the television screens and routinely offered by staff, additional signs within the waiting area and examination rooms would improve the availability of this service for patients.

Improvement needed

The practice should ensure that information regarding the chaperone service is prominently displayed throughout the practice.

Patient information

Overall, there was a good range of information available in the waiting area to advise and support patients to look after their own health and wellbeing. Information was also available in relation to local and national third sector (voluntary) organisations and self help groups available to provide support.

Signage throughout the practice was clear and areas well lit to aid patients. The practice had an electronic notice board which alerted patients to attend their appointment with the clinician and included additional rolling information regarding the practice and health promotion / education material.

The practice had developed an informative and easy to use website, which provided information and resources to patients such as opening times, staffing, and out-of-hours arrangements.

Communicating effectively

The practice had an electronic self check-in machine, which included English, Welsh and other common languages amongst the multi-cultural population of Cardiff Bay. Interpreters could also be requested if required by patients and or the clinician.

The practice had visible notices located in the waiting area promoting the hearing aid loop system. However, staff at the practice could not confirm if the hearing loop system had been installed and if so how to operate it. This meant that patients with hearing difficulties would not have been able to utilise this important resource.

Improvement needed

The practice must ensure that the practice has a hearing loop and staff are able to operate it.

Timely care

We found access to the service to be good, with 30 of 32 patients stating that it was very easy or fairly easy to access appointments. Patients were able to book appointments in person at the practice with open drop-in morning appointments each day or by telephone. Patients were also able to book appointments on line using [My Health Online](#)¹ however there was very small uptake from patients who were registered at the practice. We suggest that the practice should actively encourage patients to register and use My Health Online, identifying member(s) of staff to champion the service.

Patients were able to book appointments on the day or in advance and it was evident from reviewing the booking system that patients were able to easily access GP appointments, this was also reflected in the results of our patient survey.

Patients could state if they had a preference for which GP they wished to be seen by. Where possible staff would attempt to accommodate the request, however if unavailable an appointment would be made with another GP at the practice.

Patient records evidenced prompt referral process via the [Welsh Clinical Communications Gateway \(WCCG\)](#) after the GP consultation had taken place. The doctors at the practice use their own clinical judgement when making referrals. We were informed that the practice did not have set timescales for completing referrals, however we were informed that these were completed in a timely manner and urgent referrals prioritised, we saw examples of prompt referrals and no evidence to the contrary.

We were informed that the practice does not have formal internal meetings to discuss referral rates or have clinical review meetings. We suggest that the practice establishes regular formal clinical meetings between GPs to discuss cases and share learning.

¹ <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

Individual care

Planning care to promote independence

Access to the practice was via electronic doors, which was particularly beneficial for patients with reduced or impaired mobility. Consultation and treatment rooms were all located on the ground floor.

There was a toilet facility situated on the ground floor of the practice to promote the independence of patients with physical/mobility difficulties. In addition, doorways inside the practice premises were wide enough to allow safe use of wheelchairs and motorised scooters.

There was limited parking around the practice for patients, which was highlighted as a concern by some patients in our survey, however we acknowledge that this situation is not in the control of the practice but the local authority.

People's rights

The practice had an electronic self check-in machine, which included English, Welsh and other common languages amongst the multi-cultural population of Cardiff Bay.

Signage in the practice was bilingual (English and Welsh) however the vast majority of patient information on display was in English only. We were informed that the practice has limited requests from patients to engage in the service through the medium of Welsh. However, the practice should provide Welsh / English bilingual material in accordance with the guidance set out in the Health and Care Standards.

The practice was pro-active in providing care for homeless people and those within hostels in the surrounding area. The practice manager and GPs provided details on the work they have undertaken to provide a service for patients who are homeless.

When required, the practice also provided home visits for patients who are unable to attend the practice.

Listening and learning from feedback

The practice had a complaints policy and a patient complaints leaflet. However, the complaints leaflet required to be updated to include information regarding the NHS Putting Things Right² process and directing patients to organisations that can support somebody to make a complaint. There was no information on display advising patients of the complaints process and the complaints leaflet was not freely available to patients, they had to request it from staff. Information on complaints should be clearly displayed and freely available to patients without requesting it.

The practice did not have a formalised process to feedback to staff on the findings of complaints or significant events. It would be beneficial if the practice involve the full range of staff in looking at significant events whenever this is possible. This would allow for the practice to formalise the process so that all staff are made aware of lessons learnt following complaints or significant events and that this is documented. This would also help give the staff team a feeling of being part of the process and the opportunity to raise their own concerns which would be beneficial for practice development.

The practice had a Patient Participation Group established and a register of Carers. However, the practice had not undertaken a patient survey for a number of years. Whilst the feedback we received from patients was generally positive, undertaking a patient survey would provide the practice with assurance about the service their providing and potential information on how to improve areas for patients.

Improvement needed

The practice must ensure that information regarding's the complaints process, including NHS Putting Things Right, are clearly displayed.

The practice must ensure that the NHS Putting Things Right process is included in the complaints leaflets and that these are accessible to patients without requesting from a staff member.

² Putting Things Right refers to the current arrangements in Wales for raising concerns about NHS treatment.

Delivery of safe and effective care

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

Safe and effective care was being provided. However, the practice should improve the recording of audit and governance arrangements to better evidence the delivery of safe and effective care at the practice.

Safe care

Managing risk and promoting health and safety

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

The practice had a range of relevant written policies and procedures to guide staff in their day to day work. This included a whistleblowing policy and staff told us they felt able to raise concerns with senior staff. However, at the time of the inspection the policies were not readily available to the practice staff because they were not on a shared computer drive or in hard copy where all staff could access them. The Practice Manager agreed to move the policies on to the shared computer drive and keep a hard copy file of the most relevant policies within the practice that all staff could access.

The practice had a health and safety audit completed by an external company in August 2016, this evidenced high compliance with 55 of 60 areas in compliance and an action plan for the five outstanding areas.

The practice was a tenant in a building that was also occupied by other organisations. Three organisations were responsible for ensuring that the premises were safe, these were: Cardiff Community Housing association (building owners), Cardiff and Vale University Health Board (the practice's local health board) and Butetown Medical Practice. The Practice Manager described the arrangements for undertaking various safety audits and any required work or maintenance. The practice did not have an overall register of safety checks and who were responsible for ensuring that they were undertaken, the date they were completed and due for renewal, any actions required and when these were completed. We suggest that the practice keeps a register of the various

safety checks, i.e. Portable Appliance Tests (PAT), fire risk assessments, legionella testing, who is responsible for each test (and location of documents), when they were completed and next due, if there are any actions required and the date actions completed. This would assist the practice in demonstrating that there are appropriate systems in place to manage risk and promote health and safety at the practice and provide the practice with a quick reference point to ensure that the required safety checks are completed in a timely manner.

Safety alerts from the health board are received by the practice manager and circulated to relevant staff depending on their content. We were informed that the practice do not hold regular meetings to discuss safety alerts, incidents, serious adverse events (SAEs), NICE guidelines, etc. The practice should ensure that suitable arrangements, such as regular formal meetings, are established to review safety alerts, NICE guidelines, etc. to ensure that clinical practice follows the most up to date guidelines, information and learning.

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

More specifically, staff confirmed that there were daily opportunities to address and discuss any patient service issues with the practice manager and/or one of the GPs. However, we recommended that the practice should consider introducing more structured and minuted meetings between partners and also between partners and other staff which would give a record for all concerned of what had been discussed and decided for future reference.

Improvement needed

The practice must confirm that all policies are now available to staff on the shared computer network.

The practice should keep a register of safety checks.

Infection prevention and control

All patient areas were on one level and easily accessible throughout. Toilets, including disabled toilets, and baby changing facilities were available at the practice. All patient toilets viewed were clean and hygienic.

The waiting area and consultation rooms were also very clean and no infection control issues were identified. All consultation and treatment rooms had hand wash basins, personal protective equipment such as gloves and all sharps boxes were stored appropriately.

Staff were provided with infection control training, in addition staff had received talks from other external bodies regarding Infection prevention and control.

Medicines management

We discussed the systems in place for effective prescribing with a GP. We also reviewed the content of a sample of patients' records with regard to prescribing practises. As a result we were satisfied that there were systems in place and compliance with basic training, legislation, regulatory and professional guidance.

We were able to confirm that the required annual medicines management meeting had taken place between the practice and the health board prescribing lead.

We looked at the equipment and drugs available at the practice which would be used in the event of a patient emergency (for example, patient collapse). As a result, we found that staff completed weekly checks to ensure that drugs remained in date; the defibrillator was in working order, and oxygen availability. However, the oxygen cylinder was free standing and not appropriately mounted.

Improvement needed

The practice must ensure that the oxygen cylinder is stored appropriately.

Safeguarding children and adults at risk

We found that practice staff had received child and adult protection training (levels 1 and 2); doctors having completed level 3 adult protection training. The practice had recently received a training update from the health board and were rolling the training out to practice staff to ensure that they had completed the most up to date version.

The software package utilised by the practice enabled 'electronic flags' to be attached to children's record who were on the 'at risk register'. The system also enabled children who were looked after, to be clearly identifiable.

Improvement needed

The practice must ensure that all staff complete appropriate levels of safeguarding training.

Effective care

Safe and clinically effective care

From our discussions with staff and review of documentation we were assured that the practice was providing safe and clinically effective care. However, within this report we have highlighted areas where the practice could formalise practices, such as internal meetings, clinical practice and incident reviews, register of safety audits and feedback from patient and staff, which would provide stronger governance in the delivery of safe and effective care at the practice.

Record keeping

All current patient records were electronic which required a password controlled login. All historic paper records were securely stored away in non-patient areas of the practice.

The practice had established systems for the management of external and internal communications. Arrangements were in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner. The practice had robust 'read-coding'³ process to ensure that information is correctly referenced.

³ **Read codes** are the standard clinical terminology system used in General Practice in the United Kingdom. It supports detailed clinical encoding of patient information including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms etc.

We looked at a sample of patients' electronic records and found that members of the practice team would have no difficulty deciding what needed to be done next. Overall, patients' records reviewed were accurate, up to date, and understandable in accordance with professional standards and guidelines.

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.

There was an established team at the practice that were committed to provide a patient centred care.

Improvements to the recruitment process are required to ensure appropriate checks are completed and the improvements in the monitoring of staff training to ensure that staff complete training in a timely manner.

The practice should formalise governance arrangements and establish structured internal meetings to benefit the operation of the practice.

Governance, leadership and accountability

We found effective leadership in the provision of a patient-centred service. There was a stable, patient-centred staff team who were committed to providing the best services they could to their patients. Staff were positive about the working environment and staff told us they felt well respected and supported by their colleagues.

Administrative staff working within the practice were skilled to undertake various administrative duties. This meant that staff could provide cover for each other during absences, reducing the risk of disruption to services for patients.

Staff confirmed that communication between themselves and colleagues was open, respectful and positive. Staff confirmed that they could meet with the practice manager and GPs at ease and found them supportive and open to suggestions on changes to the workings of the practice.

Through discussions with senior members of staff there was consideration for future and succession planning of the practice both internally and with the health board and other relevant partners. However, copies of the most recent

internal meeting minutes were not available within the meeting file at the time of the inspection so we were unable to verify that these had occurred and what had been discussed and agreed.

The practice manager met daily with administrative and clinical staff and as required throughout the day. This provided a means to information staff promptly of any relevant information and for staff to raise anything they wished to discuss. However, there was a lack of regular formal meetings between disciplines at the practice to ensure that staff are provided with key information regarding the practice. We recommend that the practice has regular structured and minuted staff meetings.

Improvement needed

The practice should consider introducing more structured and minuted staff meetings, which would give a record for all concerned of what had been discussed and decided for future reference.

The practice should introduce a formalised and documented process of providing staff with feedback and lessons learnt from patient safety incidents, serious adverse events and patient complaints.

Staff and resources

Workforce

The practice manager monitored staff training and annual appraisals to ensure that all staff complete relevant training and received appraisals. Staff we spoke to were positive about the training opportunities that were available at the practice. It was positive to note that the practice was supporting the practice nurses who wished to develop their skills in completing additional courses. This provided mutual benefit for the practice nurses and the practice.

Staff at the practice had a contract of employment and job description. Staff files contained information on recruitment; however these files were disorganised and difficult to navigate. These require to be reviewed to ensure recruitment information such as application (or CV, curriculum vitae), interview records, references, appointment letters, are clearly evidenced within the staff files.

We were informed that the practice checks that all clinical staff were registered with their associated professional body, however if the staff files we reviewed there was no record of these checks. The practice must keep a record of

professional body checks for all relevant persons employed at the practice, permanently or on a temporary basis.

Documentation relating to training and appraisals were kept in the individual staff files. However there was no overall record of staff training and appraisals which would assist the practice manager monitor compliance rates of staff and highlight when training was due to expire. We recommend that the practice develops an overall record to assist in monitoring staff training and appraisals.

The practice had not undertaken Disclosure and Baring Service (DBS) checks on all clinical or administrative staff employed at the practice. The practice must complete appropriate level of DBS checks on all staff working at the practice.

The practice had no clinical vacancies at the time of our inspection; however we were informed that the GP input to the practice would be decreasing due to individual GP personal circumstances and commitments. The practice was seeking to recruit additional GP(s) to provide future contingency for the practice. The practice was also looking at alternative clinical input to help meet future demands of the service.

The practice was also looking at additional support to assist the practice manager whose role and responsibilities had grown with the expansion of the practice since it was established. The practice needs to ensure that there is sufficient support for the practice manager to assist in the overall management of the practice.

Improvement needed

The practice must ensure that all staff files contain relevant recruitment information, including professional body registration checks.

The practice should develop an overall record to assist in monitoring staff training and appraisals.

The practice must complete appropriate level of DBS checks on all staff working at the practice.

The practice needs to ensure that there is sufficient support for the practice manager to assist in the overall management of the practice.

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 identified	Not applicable	Not applicable	Not applicable

Appendix B – Immediate improvement plan

Service: Butetown Medical Practice

Date of inspection: 5 December 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 concerns identified	Not applicable	Not applicable	Not applicable	Not applicable

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: Not applicable

Name (print): Not applicable

Job role: Not applicable

Date: Not applicable

Appendix C – Improvement plan

Service: Butetown Medical Practice

Date of inspection: 5 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	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice should provide a notice board for carers to advertise the service and provide relevant information for carers.	1.1 Health promotion, protection and improvement	Notice board ordered and has arrived at practice on 5 February 18. We have to wait for estates to put the notice board up and then we can put the relevant information for carers on it.	Christine Read Practice Manager Tiffany Crofts Receptionist	2 weeks
The practice should ensure that information regarding the chaperone service is prominently displayed throughout the practice.	4.1 Dignified Care	Notice will be displaced throughout the practice area.	Tiffany Croft Carer's champion	2 weeks
The practice must ensure that the practice has a hearing loop and staff are able to operate it.	3.2 Communicating effectively	Practice manager has been informed on 5 February 18 by the health board that the practice will have to purchase the	Christine Read Practice Manager	1 month

Improvement needed	Standard	Service action	Responsible officer	Timescale
		hearing loop system.		
The practice must ensure that information regarding's the complaints process, including NHS Putting Things Right, are clearly displayed.	6.3 Listening and Learning from feedback	Complaints leaflet to be updated and also website to include NHS Putting things right.	DrSimon Braybrook (Partner) Christine (Practice Manager) Read	1 month
The practice must ensure that the NHS Putting Things Right process is included in the complaints leaflets and that these are accessible to patients without requesting from a staff member.	6.3 Listening and Learning from feedback	Complaints leaflet to be updated and also website to include NHS Putting things right.	DrSimon Braybrook (Partner) Christine (Practice Manager) Read	1 month
Delivery of safe and effective care				
The practice must confirm that all policies are now available to staff on the shared computer network.	2.1 Managing risk and promoting health and safety	The practice is currently continuing to review policies and update them where appropriate We have already started placing updated policies on the shared computer network.	Christine (Practice Manager) Read	3 months - ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice should keep a register of safety checks.	2.1 Managing risk and promoting health and safety	Christine Read has been in discussion with CCHC management and they have records of all safety checks. We will get copies of checks under taken. We will improve our record keeping in this area. Peninsula Business Service Ltd provide support and structured review of all HR/Health & Safety issues. The practice will start improving record keeping.	Christine Read (Practice Manager)	Ongoing
The practice must ensure that the oxygen cylinder is stored appropriately.	2.6 Medicines Management	The oxygen is a small 2 litre cylinder and we have been advised by our supplier (ODS) to lay the oxygen cylinder on its size and that it does not need to be in a cage but in a safe dry are away from other combustible materials (which it is).	Christine Read (Practice Manager)	Weekly checks
The practice must ensure that all staff complete appropriate levels of safeguarding training	2.7 Safeguarding children and adults at risk	All GPs have level 3 safeguarding training. At present, I am currently establishing the safeguarding level 1 for all admin staff through e-learning.	Christine Read (Practice Manager)	3 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The practice should consider introducing more structured and minuted staff meetings, which would give a record for all concerned of what had been discussed and decided for future reference.	Governance, Leadership and Accountability	We are in the process of reviewing this and getting the meetings in order to improve the way we record and share the information	Christine (Practice Manager)	Read 3 months
The practice should introduce a formalised and documented process of providing staff with feedback and lessons learnt from patient safety incidents, serious adverse events and patient complaints.	Governance, Leadership and Accountability	We acknowledge that this is an area that we have not been very proactive on. This is something we will work on and improve.	All GP partners and Christine Read (Practice Manager/partner)	3 months
The practice must ensure that all staff files contain relevant recruitment information, including professional body registration checks.	7.1 Workforce	The practice will start to formalise the documents	Christine (Practice Manager)	Read Ongoing
The practice should develop an overall record to assist in monitoring staff training and appraisals.	7.1 Workforce	The practice will start to formalise the documents in a more structured way	Christine (Practice Manager)	Read Ongoing
The practice must complete appropriate level of DBS checks on all staff working at the practice.	7.1 Workforce	The forms for the DBS checks have been ordered from SSP. Once they	Christine (Practice	Read 6-8 weeks

Improvement needed	Standard	Service action	Responsible officer	Timescale
		arrive all employed staff will complete.	Manager)	
The practice needs to ensure that there is sufficient support for the practice manager to assist in the overall management of the practice.	7.1 Workforce	Temporary help is coming in but further meetings with partners will enable us to develop a plan to support the overall management of the practice.	All GP partners & Christine Read (Practice Manager/Partner)	6 months

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): Christine Read

Job role: Practice Manager /Partner

Date: 5 February 2018