



## **General Practice Inspection (Announced)**

Greenhill Medical Centre,  
Abertawe Bro Morgannwg  
University Health Board

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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 Greenhill Medical Centre, Swansea, within Abertawe Bro Morgannwg University Health Board on 19 June 2018.

Our team, for the inspection comprised of two HIW inspection managers (one of whom was the inspection lead), a GP peer reviewer and practice manager peer 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 in all areas.

This is what we found the service did well:

- Clean and tidy environment
- Good internal communication systems
- Robust child protection process and clinical records
- Good day to day informal staff support and supervision.

This is what we recommend the service could improve:

- Provision of patient information and engagement with hard to reach patients
- Appointments and repeat prescription arrangements
- Risk assessments
- Review and update practice development and emergency plans
- Formalise peer reviews and auditing of patient care records
- Review and update Adult Safeguarding policies and procedures
- Produce a Consent policy
- Formalise delegation of responsibilities and decision making
- Some aspects of staff training.

## 3. What we found

### Background of the service

Greenhill Medical Centre currently provides services to approximately 4,270 patients in the Swansea area. The practice forms part of GP services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice employs a staff team which includes two GPs, two practice nurses, a practice manager, three part time and three full time receptionists.

The practice has a branch surgery located at 88 Mynydd Garnlwyd Road, Clase, Swansea.

The practice provides a range of services, including:

- Chronic disease management
- Cervical screening
- Blood pressure testing
- Blood tests
- Dressings and suture removal
- Ear syringing
- Flu immunisations
- Childhood immunisations
- Joint injections
- Stress counselling
- Care of asylum seekers.

## Quality of patient experience

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

Patients told us that they were treated with dignity and respect by staff. The practice had a system in place to enable patients to raise concerns/complaints and the practice was able to demonstrate that they considered patient feedback to improve services.

Patients made positive comments, particularly about the relationships they had with staff.

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received 39 completed questionnaires. The majority of the patients who completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

Patients were asked to rate the service provided by this GP practice; around three quarters of patients rated the service as either 'excellent' or 'very good'. A couple of patients provided the following positive comments in the questionnaires:

*"Happy with the service, thanks"*

*"Other than appointments overall the GPs & surgery is very good"*

*"Just keep it the way it is, it works so why change anything"*

Patients were asked in the questionnaires how the GP practice could improve the service it provides. A number of patients raised some common issues with us, notably around the difficulty in making an appointment. Patient comments included:

*"Answer phones more quickly, plus the lines are always engaged, they must take phones off the hook"*



*“Allocate more GPs to the practice for easier arrangement of appointments”*

*“Make more appointment available of different times, like early mornings and late nights”*

## **Staying healthy**

Patients told us that staff talked to them and helped them understand their medical conditions.

We found that patients were being encouraged to take responsibility for managing their own health through the provision of health promotion advice from staff and written information within the waiting area.

People with caring responsibilities were given advice and information about other organisations and services that may be able to provide them with support. There was no designated Carers' Champion within the practice and we recommended that a member of staff be delegated the role in taking a lead and providing a point of contact for people with caring responsibilities.

### **Improvement needed**

Consideration should be given to establishing a Carers' Champion with the practice with a member of staff delegated to take the lead and providing a point of contact for people with caring responsibilities.

## **Dignified care**

We saw staff greeting people in a professional yet friendly manner at the reception desk and during telephone conversations.

We considered the physical environment and found that patient confidentiality and privacy had been considered and the physical environment had been adapted, as much as would allow. Reception staff told us that patients could use an area within the reception office to discuss any sensitive issues with patients, should the need arise. We saw reception staff taking a telephone call whilst greeting another patient at the reception desk. This should be discouraged. Reception staff should be encouraged to use the other telephone, which was located away from the main reception desk, to maintain confidentiality.

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

There was a written policy on the use of chaperones. The right to request a chaperone was advertised through posters in the waiting area and in consulting/treatment rooms. However, the offer of a chaperone was not routinely recorded in patients' notes. Staff had received training on this subject.

All of the patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

Just under two thirds of the patients who completed a questionnaire said that they were always able to get an appointment with the doctor they prefer to see.

#### Improvement needed

Staff should be encouraged to use telephones located away from the main reception desk to conduct private, sensitive or confidential conversations.

The offer of a chaperone should be recorded within patients notes.

#### Patient information

The practice has a website and a practice leaflet containing useful information for patients. However, we recommended that the website be reviewed and updated in order to include more information about how to raise a concern or make a complaint. We also recommended that the practice leaflet be reviewed and updated to make it easier to read.

As previously mentioned, information for patients on health related issues was available in leaflet form within the waiting area. This included information on local support groups, health promotion advice and self care management of health related conditions.

A television screen was available within the waiting area. However, this was not in use at the time of the inspection. We discussed ways in which the practice could use the television to display health promotion information. The practice manager agreed to give this further consideration.

The majority of the patients who completed a questionnaire told us they would know how to access the out of hours GP service.

There was little evidence of formal contact with house bound patients or those that do not attend the surgery on a regular basis. The practice manager informed us that they were looking at providing a newsletter which would be sent to all patients to keep them informed of health promotion initiatives and developments within the practice.

### Improvement needed

The practice website should be reviewed and updated in order include more information about how to raise a concern or make a complaint. Also the practice leaflet be reviewed and updated to make it easier to read.

Consideration should be given to making use of the television in the main waiting area to display health promotion information and other information about the practice that would be of benefit to patients.

Consideration should be given to providing a newsletter which could be sent to all patients, in particular those who are hard to reach, to keep them informed of health promotion initiatives and developments within the practice.

### Communicating effectively

We were told that there were no Welsh speaking patients registered with the practice. However, every effort would be made for people to receive a service in a language of their choice. One of the staff employed at the practice was Welsh speaking and translation services were available for people wishing to communicate in languages other than Welsh or English. We found that there was very little patient health promotion information provided in Welsh and other languages. We recommended that more could be done to ensure that equal emphasis was placed on the availability of leaflets etc in Welsh, and that consideration be given to providing information in other languages reflective of patient demographic.

The majority of patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

All but one of the patients who completed a questionnaire felt that things are always explained to them during their appointment in a way that they can understand. Patients also told us that they are involved as much as they wanted to be in decisions made about their care.

The practice did not have a hearing loop to aid communication with those patients with hearing difficulties. We suggested that consideration be given to installing a hearing loop.

We found that there were robust processes in place to manage incoming correspondence and information was appropriately entered onto the electronic records management system.

#### Improvement needed

The practice must ensure that equal emphasis was placed on the availability of information leaflets etc in Welsh.

Consideration should be given to installing a hearing loop.

### Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of patients who completed the questionnaire told us that they were satisfied with the hours that the practice was open. However, a third of patients that completed a questionnaire told us that they did not find it easy to get an appointment when they needed one.

When asked to describe their overall experience of making an appointment, 8 of the 39 patients who completed a questionnaire described their experience as 'poor'.

Patients were able to pre book routine appointments in advance, Monday to Friday. Same day, urgent appointments were also available.

An online booking facility was not available. We suggest that the practice should actively encourage patients to register and use My Health Online<sup>1</sup>, identifying member(s) of staff to champion the service. This would assist to ease pressure on telephone booking lines.

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

The nursing team see patients presenting with minor, general illnesses. The nursing team also ran a number of clinics for patients with chronic health conditions so that they could access the care and treatment they needed without having to see a doctor.

We found that referrals to other specialists were made in a timely fashion.

#### Improvement needed

The practice should continue to explore ways of reducing telephone answering times.

## Individual care

### Planning care to promote independence

The practice team knew patients well and made adjustments according to people's individual needs based on this knowledge.

The practice was located within a purpose built building. There was adequate disabled access to the building with a number of parking spaces within the adjoining car park. There was one designated disabled parking space located directly in front of the main entrance.

All of the patients who completed a questionnaire felt that it was easy to get into the building that housed the GP practice. However, we recommended that consideration be given, during future alterations, to installing automatic doors leading into the practice and providing a lowered section of the reception desk for wheelchair users.

All the GP consulting rooms were located on the ground floor. The consulting rooms were spacious and well equipped with height adjustable examination couches.

#### Improvement needed

Consideration should be given, during future alterations, to installing automatic doors leading into the practice and providing a lowered section of the reception desk for wheelchair users.



## People's rights

The practice had made arrangements to make services accessible to patients with different needs and language requirements, as described above.

## Listening and learning from feedback

The majority of patients told us in the questionnaires that they would know how to raise a concern or complaint about the services they receive at the practice.

There was a formal, internal complaints procedure in place and information about how to make a complaint was posted in the waiting area, within the practice leaflet and on the practice website. Emphasis was placed on dealing with complaints at source in order for matters to be resolved as quickly as possible and to avoid any need for escalation. All complaints were brought to the attention of the practice manager who would deal with them in line with the practice's policy.

We did not see any information relating to 'Putting Things Right<sup>2</sup>' within the practice. We recommended that Putting Things Right posters and leaflets be made available within the waiting area.

There was a comments box located waiting area and paper slips for patients to fill in.

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<sup>2</sup> <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

### Improvement needed

Putting Things Right posters and leaflets should be made available within the waiting area.

## Delivery of safe and effective care

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

We found that the practice had arrangements in place to promote safe and effective patient care. We found a staff team who were patient centred and committed to delivering a high quality service to their patients.

Information was available to patients to help them take responsibility for their own health and well-being.

Suitable arrangements were in place to ensure the safe prescribing of medicines and to learn from any patient safety incidents. The sample of patient records we reviewed were generally of a very good standard.

There was an effective internal communication system in place.

There was a safeguarding of children and vulnerable adults policy in place. However, the adults safeguarding policy was in need of reviewing and some staff required additional training in this subject.

We did not see any documented evidence to show that risk assessments were being undertaken on a regular basis and that any areas identified as requiring attention were being actioned.

## Safe care

### Managing risk and promoting health and safety

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

We found no documented evidence to show that general and more specific health and safety risk assessments were being undertaken on a regular basis. We discussed this with the practice manager who agreed to conduct regular



risk assessment and to maintain records of outcomes and actions taken to address any issues highlighted.

#### Improvement needed

General and more specific health and safety risk assessments must be undertaken on a regular basis and records of outcomes and actions maintained.

#### Infection prevention and control

There were no concerns expressed by patients over the cleanliness of the GP practice; all but one of the patients who completed a questionnaire felt that, in their opinion, the GP practice was clean.

Staff confirmed they had access to personal protective equipment such as gloves and disposable plastic aprons to reduce cross infection. The clinical treatment areas we saw were visibly clean.

We saw that hand washing and drying facilities were provided in clinical areas and toilet facilities. Hand sanitisers were also readily available around the practice.

We saw that waste had been segregated into different coloured bags/containers to ensure it was stored and disposed of correctly. Clinical waste was securely stored until it could be safely collected.

We were informed that minor surgery procedures were taking place at the practice and 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.

There was a clear and detailed infection control policy in place. Named staff had responsibility for specific aspects of the infection control and waste management processes. However, we were informed by the member of staff with lead responsibility for overseeing infection control within the practice that they would benefit from refresher training on this subject.

#### Improvement needed

Refresher training should be arranged for the member of staff with lead responsibility for infection control.

## Medicines management

We found that there were generally safe medication prescribing practices in operation.

A pharmacist employed through the local cluster group<sup>3</sup> attended the practice on a regular basis to provide guidance and support to staff, and to ensure that prescribing and dispensing activities were in line with local and national guidelines.

We were informed that there were also good links between the practice and the pharmacy located next door.

Patients could access repeat prescriptions by calling into the surgery, by letter or telephone. We discussed the possibility of moving away from taking repeat prescriptions over the telephone and setting up a system whereby patients could order repeat prescriptions online. This would greatly reduce the number of telephone calls to the practice and free up telephone lines for appointments and would reduce the risks involved in taking repeat prescriptions over the telephone.

### Improvement needed

Consideration should be given to enabling patients to order repeat prescriptions online. This would greatly reduce the number of telephone calls to the practice and free up telephone lines for appointments and would reduce the risks involved in taking repeat prescriptions over the telephone.

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<sup>3</sup> A locality cluster is a group of GP Practices determined around a population of about 60,000 patients. Supported by a NHS Wales Local Health Board, the cluster brings together GP practices, Community Nursing, Frailty services, Public Health Wales, community mental health and the voluntary sector to improve patient care through a united approach.

## Safeguarding children and adults at risk

We found that there were child and adult safeguarding policies and procedures in place. However, the adult safeguarding policy and procedure required updating to reflect current all Wales guidance.

On inspection of a sample of patients' records we were able to confirm that adult and child safeguarding cases were flagged up as necessary. We found records relating to children at risk to be particularly well maintained.

The lead GP assumed a lead role in the safeguarding of adults and children within the practice and had received level 2 training on the subject. We found that other staff had undertaken level 1 adult safeguarding training on-line. We recommended that all staff be offered appropriate training on the safeguarding of children and that all clinical staff, and in particular the lead GP, be trained to level 3 in the safeguarding of adults and children.

### Improvement needed

The adult safeguarding policy should be updated.

Staff must undertake training on the safeguarding of children at a level appropriate to their roles.

## Medical devices, equipment and diagnostic systems

Emergency resuscitation equipment was available and regular checks were being undertaken to ensure that the equipment remained in date and safe to use. We recommended that the practice review the range of emergency drugs kept in the resuscitation bag, to ensure that staff are able to respond effectively to varying emergency situations.

We found that staff should be given refresher training on resuscitation.

### Improvement needed

The practice should review the range of emergency drugs kept in the resuscitation bag to ensure that staff are able to respond effectively to a varying emergency situations.

Staff should be given refresher training on resuscitation.

## Effective care

### Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events. However, more could be done to share learning from safety incidents and significant events with all staff employed at the practice and not just those directly involved in incidents.

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

#### Improvement needed

The practice must ensure that learning from safety incidents and significant events is shared with all staff and not just those directly involved in incidents.

### Information governance and communications technology

We found that there were clear information governance policies and procedures in place. Staff members we spoke with were aware of how to access this information.

We found that there was sufficient storage space available for patient records.

### Record keeping

We looked at a sample of patient records and found a generally good standard of record keeping. Notes contained sufficient detail of consultations between clinical staff and patients and it was possible to determine the outcome of consultations and the plan of care for the patient. However, we found that the consistency and quality of record keeping could be further improved through the implementation of a formal peer review and auditing process.

The practice nurse was responsible for the summarising of notes and there was a written protocol in place to support the process. However, this protocol required reviewing and updating, and an auditing process implemented. The practice nurse also told us that they would benefit from undertaking refresher training on notes summarising.

We suggested that more questions needed to be asked of patients at the point of registration with the practice to ensure that a comprehensive record of patients' medical histories is gained.

We also recommended that medication be routinely linked to long term conditions in the medical notes.

We found evidence that clinicians sometimes provided patients with printed information during consultations to help them understand and better manage their condition. However, we found that there was scope to increase the provision of information. We also recommended that a record be maintained within patients' notes of any supporting information given to them.

We found that the practice did not have a written policy on obtaining patients' consent to examination and treatment. We advised the practice to draw up such a policy. We also found that a record was not maintained in patients' notes when verbal consent to examination and/or treatment was sought.

#### Improvement needed

Regular, formal peer review and auditing processes should be set in place to ensure the consistency and quality of record keeping.

The notes summarising protocol should be reviewed and updated, and an auditing process implemented.

Refresher training should be arranged for the staff member responsible for the summarising of notes.

The new patient registration form should be reviewed and amended in order to include additional questions to ensure that a comprehensive record of patients' medical histories is gained.

A system should be set in place to link medication to long term conditions within patients' notes.

A record should be maintained, within patients' notes, of any supporting information given to them on consultation.

The practice should draw up a policy on obtaining patients' consent to examination and treatment and a record maintained in patients' notes when verbal consent to examination and/or treatment is sought.

## Quality of management and leadership

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

We found a patient-centred staff team who told us they were well supported by colleagues within the practice.

There was a formal staff recruitment process in place with background checks undertaken, as necessary, prior to employment.

Decision making within the practice was informal and very little documented evidence to reflect discussions and outcomes.

We found that risk assessments were not being undertaken routinely and the practice development plan lacked detail and required reviewing.

## Governance, leadership and accountability

We found a patient-centred staff team who were committed to providing the best services they could. Staff told us that they were well supported by the lead GP and practice manager and that they were approachable.

Staff were positive about the working environment and told us that they felt well respected and supported by their colleagues.

There was a whistleblowing policy in place and staff told us they felt able to raise concerns with senior staff.

Staff had access to all relevant policies and procedures to guide them in their day to day work.

Staff working within the practice often took on dual roles and worked flexibly. This meant that staff could provide cover for each other during absences, reducing the risk of disruption to services for patients.

There was an open and inclusive culture within the practice with evidence of informal communication taking place on a regular basis between staff members.

The practice was part of a local cluster group. The engagement with the cluster group was reported as being very good with the lead GP and practice manager attending cluster meetings on a regular basis.

We found that very little formal auditing was taking place within the practice. We found decision making within the practice to be informal with little or no formal records maintained. We recommended that decision making be formalised and records maintained of discussions and outcomes. We also recommended that the delegation of responsibilities within the practice be formalised.

We found that general environmental risk assessments were not being undertaken routinely. Such assessments should form part of the practice's emergency planning process.

There was a practice development plan in place. However, this lacked detail and required reviewing.

#### Improvement needed

The decision making process within the practice should be formalised and records maintained of discussions and outcomes.

Delegation of responsibilities within the practice should be formalised.

General environmental risk assessments should be undertaken routinely. Such assessments should form part of the practice's emergency planning process.

The practice development plan should be reviewed and updated.

## Staff and resources

### Workforce

There was a well established staff team in place.

Discussions with staff and a review of a sample of staff records indicated they generally had the right skills and knowledge to fulfil their identified roles within the practice.

Staff were able to describe their roles and responsibilities and indicated they were happy in their roles. All staff we spoke with confirmed they had opportunities to undertake relevant training, mostly on-line. There was a formal staff appraisal process in place. However, we found that annual appraisals had lapsed of late.

#### Improvement needed

Measures must be set in place to ensure that all staff receive a formal appraisal of their performance on an annual basis.



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

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

## Appendix B – Immediate improvement plan

**Service:** Greenhill Medical Centre

**Date of inspection:** 19 June 2018

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 during 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:** Greenhill Medical Centre

**Date of inspection:** 19 June 2018

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
<b>Quality of the patient experience</b>				
Consideration should be given to establishing a Carers' Champion with the practice with a member of staff delegated to take the lead and providing a point of contact for people with caring responsibilities.	1.1 Health promotion, protection and improvement	We have appointed a Carers Champion in the Practice, and have provided a point of contact. This information has been displayed in the waiting area	Mrs R Bohra	3 months
Staff should be encouraged to use telephones located away from the main reception desk to conduct private, sensitive or confidential conversations.	4.1 Dignified Care	We have encouraged staff not to use the telephone located at the Reception desk when there are patients waiting in the waiting room to maintain confidentiality	Mrs R Bohra	1 months
The offer of a chaperone should be recorded within patients' notes.		The Practice will record the offer of a chaperone in the medical records	Dr Bohra Dr Eadala	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice website should be reviewed and updated in order include more information about how to raise a concern or make a complaint. Also the practice leaflet be reviewed and updated to make it easier to read.	4.2 Patient Information	We are in the process of reviewing and updating our website to include our Complaints Procedure	Mrs R Bohra	3 months
Consideration should be given to making use of the television in the main waiting area to display health promotion information and other information about the practice that would be of benefit to patients		The Practice will obtain Health Promotion material and display it during Surgery hours for waiting patients to view	Mrs R Bohra	3 months
Consideration should be given to providing a newsletter which could be sent to all patients, in particular those who are hard to reach, to keep them informed of health promotion initiatives and developments within the practice.		Practice will produce a Newsletter which will be posted to patients who are non-attenders informing them of Health Promotion Initiatives	Mrs R Bohra	6 months
The practice must ensure that equal emphasis was placed on the availability of information	3.2 Communicating effectively	The Practice will produce Health Promotion leaflets in the Welsh language	Mrs R Bohra	6 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
leaflets etc in Welsh.				
Consideration should be given to installing a hearing loop.		The Practice will obtain and install a Hearing Loop	Mrs R Bohra	6 months
The practice should continue to explore ways of reducing telephone answering times.	5.1 Timely access	The Practice will look into how to help reduce telephone answering times. Once we have My Health Online it will reduce the telephone answering time	Mrs R Bohra	6 months
Consideration should be given, during future alterations, to installing automatic doors leading into the practice and providing a lowered section of the reception desk for wheelchair users.	6.1 Planning Care to promote independence	Automatic doors and a low level Reception desk. We are unsure when this will happen. At present wheelchair users are usually accompanied by their Carers or relatives who help them to communicate with Reception staff	Mrs R Bohra	Indefinite
Putting Things Right posters and leaflets should be made available within the waiting area.	6.3 Listening and Learning from feedback	The Practice will display the "Putting Things Right" poster in the waiting area	Mrs R Bohra	1 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
General and more specific health and safety risk assessments must be undertaken on a regular basis and records of outcomes and actions maintained.	2.1 Managing risk and promoting health and safety	The Practice will carry out Health and Safety risk assessments on a regular basis and will maintain the records of assessments, outcomes and actions taken on a yearly basis	Mrs R Bohra	6 months
Refresher training should be arranged for the member of staff with lead responsibility for infection control.	2.4 Infection Prevention and Control (IPC) and Decontamination	The Practice will provide refresher training to the Staff with lead responsibility for infection control	Mrs R Bohra	3 months
Consideration should be given to enabling patients to order repeat prescriptions online. This would greatly reduce the number of telephone calls to the practice and free up telephone lines for appointments and would reduce the risks involved in taking repeat prescriptions over the telephone.	2.6 Medicines Management	Practice will undergo training for My Health Online. and once operational will encourage patients to request repeat prescriptions online. It will free up telephone lines for appointments and will reduce the risks involved with taking repeat prescription requests by telephone	Mrs R Bohra	6 months
The adult safeguarding policy should be	2.7 Safeguarding	The Practice will review the Adult Safeguarding Policy	Mrs R Bohra	3 months



Improvement needed	Standard	Service action	Responsible officer	Timescale
updated.	children and adults at risk			
Staff must undertake training on the safeguarding of children at a level appropriate to their roles.		The Practice will provide training for Safeguarding of Children for the Staff appropriate to their level	Mrs R Bohra	6 months
The practice should review the range of emergency drugs kept in the resuscitation bag to ensure that staff are able to respond effectively to a varying emergency situations. Staff should be given refresher training on resuscitation.	2.9 Medical devices, equipment and diagnostic systems	The Practice will review the provision of emergency drugs for the resuscitation bag and will provide CPR training for Staff	Mrs R Bohra	6 months
The practice must ensure that learning from safety incidents and significant events is shared with all staff and not just those directly involved in incidents.	3.1 Safe and Clinically Effective care	The Practice will share the learning from safety incidents and significant events with all Staff who are responsible for delivering Healthcare	Mrs R Bohra	6 months
Regular, formal peer review and auditing processes should be set in place to ensure the consistency and quality of record keeping.	3.5 Record keeping	The Practice will regularly record and audit peer reviews	Dr Bohra Dr Eadala	6 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
The notes summarising protocol should be reviewed and updated and an auditing process implemented.		The Practice will review and update the summarising protocol and will implement an auditory process	Mrs R Bohra	6 months
Refresher training should be arranged for the staff member responsible for the summarising of notes.		The Practice will arrange refresher training for the Staff who do the summarisation of medical records	Mrs R Bohra	6 months
The new patient registration form should be reviewed and amended in order to include additional questions to ensure that a comprehensive record of patients' medical histories is gained.		The Practice will review and amend the new patient questionnaire to include additional information	Mrs R Bohra	6 months
A system should be set in place to link medication to long term conditions within patients' notes.		The Practice will set the system to link medication to long-term conditions on the computer system so that it is clear to everyone that which particular medication is being taken for which condition	Mrs R Bohra	6 months
A record should be maintained, within patients'		The Practice will encourage Doctors and Locums to give supporting information	Dr Bohra Dr Eadala	Immediate & ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
notes, of any supporting information given to them on consultation.		during Consultations		
The practice should draw up a policy on obtaining patients' consent to examination and treatment and a record maintained in patients' notes when verbal consent to examination and/or treatment is sought.		The Practice will draw up a Policy for obtaining patients consent, the Practice will record verbal consent in the patients' medical record	Mrs R Bohra	3 months
<b>Quality of management and leadership</b>				
The decision making process within the practice should be formalised and records maintained of discussions and outcomes.	Governance, Leadership and Accountability	The Practice will develop a decision making process for day to day running of the Practice and will keep records of discussions and outcomes	Mrs R Bohra	3 months
Delegation of responsibilities within the practice should be formalised.		The Practice will formalise the delegation of responsibilities	Mrs R Bohra	3 months
General environmental risk assessments should be undertaken routinely. Such assessments		The Practice will develop contingency plans for General Environmental risks	Mrs R Bohra	6 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
should form part of the practice's emergency planning process.				
The practice development plan should be reviewed and updated.		The Practice will update the Practice Development Plan	Mrs R Bohra	1 year
Measures must be set in place to ensure that all staff receive a formal appraisal of their performance on an annual basis.	7.1 Workforce	Practice will put in place the procedure to do annual appraisements of all Staff	Mrs R Bohra	1 year

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): Mrs R Bohra**

**Job role: Practice Manager**

**Date: 09/08/18**