



General Practice Inspection (Announced)

The Rogerstone Practice,
Newport, Aneurin Bevan
University Health Board

Inspection date: 18 September
2018

Publication date: 19 December
2018

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	15
	Quality of management and leadership	21
4.	What next?	24
5.	How we inspect GP practices.....	25
	Appendix A – Summary of concerns resolved during the inspection	26
	Appendix B – Immediate improvement plan	27
	Appendix C – Improvement plan	28

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 The Rogerstone Practice, Chapelwood Primary Care Centre, Western Valley Road, Rogerstone, Newport, NP10 9DU, within Aneurin Bevan University Health Board on the 18 September 2018.

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

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

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

2. Summary of our inspection

Overall, we found evidence that The Rogerstone Practice provided safe and effective care. The practice presented as a cohesive team, with an emphasis on providing a positive experience for patients. On this occasion we found a small number of areas where improvements could be made.

This is what we found the service did well:

- Clean and tidy environment
- Positive and friendly interactions between staff and patients
- An overall good standard of record keeping
- Good communication between the whole practice team, and the wider clinical network
- Proactive and supportive management team, including training opportunities provided to staff.

This is what we recommend the service could improve:

- Increased promotion of the chaperone service
- Appropriate protection in all treatment rooms to maintain patient dignity at all times
- Arrangements for the storage and recording of controlled drugs
- Consistency across practitioners in some aspects of record keeping
- Records and maintenance of staff training records to ensure renewal dates are not missed.

3. What we found

Background of the service

The Rogerstone Practice currently provides services to approximately 11,700 patients in the Newport area. The practice forms part of GP services provided within Aneurin Bevan University Health Board.

The practice employs a staff team which includes seven GP partners, two GP registrars, six practice nurses, two health care assistants, a practice manager, deputy practice manager and eleven administrative staff. The practice is also a training practice and at the time of inspection had two medical students.

The practice provides a range of services, including:

- Anti-Coagulant Monitoring
- Cervical Screening
- Child Health Surveillance
- Childhood Immunisation and Pre-School Booster
- Contraceptive coil fitting and implants
- Contraception Service
- Flu Vaccines
- Health Checks
- Maternity Medical Service
- Minor Surgery - injections, incision/excision
- Near patient testing - ECG, spirometry
- Vaccination and Immunisation.

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 we spoke to told us they were treated with dignity and respect by the practice team, and we saw positive interactions between staff and patients. The practice placed an emphasis on positive patient experience.

The practice had a system in place to obtain patient feedback, and we saw appropriate processes in place to manage any patient concerns.

We recommended that the chaperone service could be better promoted to patients, to enhance their experience further.

Prior to our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. On the day of the inspection our inspectors also spoke to patients to find out about their experiences.

In total, we received 37 completed questionnaires. The majority of the patients that completed a questionnaire were long term patients at the practice (those that had been a patient for more than two years).

Patients were asked in the questionnaire to rate the service provided by this GP practice. Responses were positive; more than three quarters of patients rated the service as either 'excellent' or 'very good'. Patients told us:

"I am impressed with the staff here at the practice. Always helpful with a smile on their face. I have to give blood regularly and the blood nurses are fantastic! Thank you for all your hard work"

"Nurses are excellent, very good professional, very knowledgeable. Prefer a nurse to doctor"

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 waiting times to get an appointment at the practice. Other patient comments included:

“Improve the number of doctors in the practice to avoid waiting 2 weeks for an appointment”

“More flexibility when booking appointments. Possibly weekend opening or later days”

“More appointments with a lesser wait time

Staying healthy

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

We saw that there was a variety of posters and information leaflets for patients to read and take away with them in the waiting area of the practice. This meant that the practice helped to provide information to patients about taking responsibility for their own health and well-being.

The practice had a designated carers board in the waiting area, which provided information and advice specifically for carers. The practice also had a nominated Carers Champion who carers could contact for advice and support.

Dignified care

We saw staff greeting people in a professional yet friendly manner at the reception desk and during telephone conversations. We observed one member of staff assisting a fragile patient into a treatment room with dignity and kindness.

All of the patients that completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice. However, some patients raised concerns about the way staff spoke to them; patients told us:

“I realise all the doctors, nurses are busy, but one or two are abrupt. They do not put patient at ease and do not investigate fully the person’s problem”

“When making appointments some staff are very rude, think they are more important than the doctors or nurses”

“Not pleased with the attitude of one of the doctors. They don’t have good communication skills with patient; just sees the text book!”

Around two thirds of the patients that completed a questionnaire told us that they only ‘sometimes’ get to see their preferred doctor. One patient suggested the following improvement at the practice:

“Maybe to have more continuity with doctors”

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 a room could be used for patients to discuss any personal or sensitive information in order to protect their privacy.

We saw that doors to individual consultation and treatment rooms were kept closed when staff were attending to patients. Curtains were available around most of the treatment couches; however they were not available in one treatment room where coil fittings were conducted. The practice must ensure that measures are put in place to uphold patient privacy and dignity at all times. The practice agreed to address this.

There was a written policy on the use of chaperones. The right to request a chaperone was advertised through a television screen in the waiting area on a loop basis. We recommended that this could be better advertised to patients to by increasing the amount of literature and/or posters in the waiting area and in the treatment rooms. The practice agreed to address this.

Improvement needed

The practice must consider how it can best protect patient privacy and dignity in all treatment rooms by the use of curtains or a screen.

The practice should ensure that the chaperone service is prominently advertised to patients.

Patient information

The practice had a website and a practice leaflet containing useful information for patients about the practice and the services it offered. There was also a

television screen in the waiting area displaying health promotion information, and general information about the practice on a loop system.

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

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

Communicating effectively

We were told that there were no patients who requested Welsh communication 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.

All but two of the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

The practice had a hearing loop to aid communication with those patients with hearing difficulties.

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

Arrangements were described for ensuring that incoming correspondence to the practice had been read and acted upon. Staff also explained the arrangements in place to ensure that messages (from patients and others) were brought to the attention of the doctors, nurse or other visiting professionals, in a timely way.

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.

Patients were able to pre book routine appointments, Monday to Friday, up to two weeks in advance via the telephone and also using an online booking system. Same day, urgent appointments were also available. A telephone consultation service with a GP was also available for those patients who had been unable to obtain a same day appointment, this acted as a form of triage where the GP was able to offer an appointment and/or signpost to another health care professional or service. The practice provided a text message reminder service to help ensure patients accessed their appointments.

All patients that completed the questionnaire told us that they were 'very satisfied' or 'fairly satisfied' with the hours that the practice was open. One patient suggested the following improvements in the questionnaire:

"Longer opening and weekend appointments. Online bookings"

When asked to describe their overall experience of making an appointment, the majority of patients that completed a questionnaire described their experience as 'very good' or 'good'. However, almost a third of patients that completed the questionnaire said that it was 'not very easy', or 'not at all easy', to get an appointment when they needed one. Some patients suggested the following improvements at the practice in the questionnaires:

"Easier to get appointments (quicker)"

"Availability of appointments; 2 weeks to wait seems a long time"

"Shorter waiting times for appointments"

The practice was actively engaged with the Choose Well¹ scheme helping to promote to patients the most appropriate service to enable them to get access to timely care, specifically promoting Choose Pharmacy for minor ailments.

We considered a number of patient records and found that there was a robust process in place for referring patients to specialists, and that these were acted upon in a timely manner. The GPs also had an opportunity to discuss patients

¹ <http://www.choosewellwales.org.uk/pharmacist>

on a daily basis, including referrals and second opinions, as routine morning meetings were held every day.

Individual care

Planning care to promote independence

The practice was located within a purpose built building. There was good disabled access to the building with a number of parking spaces directly opposite the practice, including a designated disabled parking space.

All of the treatment rooms were located on the ground floor of the practice. There was an automatic door to access the main entrance and a fixed ramp leading up into the practice to enable wheelchair users and/or those patients with mobility difficulties to access the practice. The reception desk had a lowered side which would enable patients who used a wheelchair to speak with staff.

The practice provided GP services to two nursing homes registered within the locality. The practice had a rota in place whereby the nursing homes were visited on a weekly basis by a GP, helping to promote active care and support.

People's rights

Our findings that are described throughout this section indicate that the practice was aware of its responsibilities around people's rights.

Listening and learning from feedback

There was a formal, internal complaints procedure in place, and information about how to make a complaint was posted in the waiting area. 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/deputy practice manager who would deal with them in line with the practice's policy. We saw records of complaints that demonstrated this.

Information regarding 'Putting Things Right'² was displayed within the waiting area, as was information about the Community Health Council advertising support to patients.

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

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

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.

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 of a very good standard.

Effective communication was demonstrated both internally and with the wider clinical team, for the safety and benefit of patients.

We found evidence that child protection records were maintained to a high standard, and staff had received appropriate child safeguarding training.

Whilst not unsafe, the storage of controlled drugs and some elements of recording required improving.

Updates to staff CPR training were also required.

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. Overall we found the practice building was suitably maintained both externally and internally. We did note where part of the flooring in the patient toilet had started to lift away from the skirting boards. The practice agreed to rectify this.

We found that the practice had an accident book in place to record any incident, and spillages and falls were appropriately recorded. We were told that during an induction programme staff were shown fire exits and shown how to use fire safety equipment. We saw records to show that a fire drill had been undertaken in July 2018.

We were told that staff were aware of their responsibilities and would report any concerns to the practice manager to address.

Improvement needed

The practice must ensure that the flooring in the patient toilet is secured.

Infection prevention and control

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.

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

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

We found the curtains in the treatment rooms were not disposable, and we recommended that the practice consider replacing these to promote effective cleaning and infection control. The practice agreed to do this.

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.

There was a clear and detailed infection control policy in place. We saw that an audit of the infection control arrangements had been carried out in February 2018 to support ongoing improvements.

We saw that individual staff records had been kept with regard to their Hepatitis B immunisation status, to help protect both staff and patients. This was maintained securely by the deputy practice manager.

Improvement needed

The practice should consider replacing the curtains within treatment rooms with disposable curtains to promote effective infection control.

Medicines management

Discussions with staff and consideration of recorded patient information revealed that the system and processes in place regarding medicines management was of a good standard.

We saw that there was a record of regular checks of equipment and drugs to be used in an emergency. We advised that one drug, glucagon³, should be kept in the fridge to maintain its lifespan. Whilst we saw Staff training records to show that all staff had received training in cardiopulmonary resuscitation (CPR), we found where some had not been completed within the last 12 months as recommended by the Resuscitation Council (UK)⁴. The practice agreed to address this.

Whilst we found that drugs were stored securely on the premises, we recommended that the practice should consider purchasing a new lockable box as it was unable to be easily accessed, with one of the GPs key not opening the box. We also found that whilst the practice had a process in place for recording controlled drugs on the premises, we suggested a more robust process should be considered, by means of a controlled drugs book, to ensure information is correctly and consistently recorded. The practice should also ensure that its process for dispensing of controlled drugs is more robust, and suggested contacting the health board to make appropriate arrangements. We did not find the current processes unsafe, but recommended that where they could be improved. The practice agreed to address these issues.

³ Glucagon is indicated as a treatment for severe hypoglycemia (low blood sugar)

⁴ <https://www.resus.org.uk/quality-standards/primary-care-quality-standards-for-cpr/>

Patients could access repeat prescriptions by calling into the surgery, via letter or by requesting through the My Health On-Line system.

Improvement needed

The practice must ensure that staff receive appropriate CPR training in line with the guidelines of the Resuscitation Council (UK).

The practice must ensure that appropriate storage is in place for controlled drugs within the practice.

The practice must ensure that suitable and robust arrangements are in place for the disposal of controlled drugs including the recording and monitoring of such drugs.

Safeguarding children and adults at risk

We found that there were child and adult safeguarding policies and procedures in place and a GP who was appointed as the safeguarding lead for the practice.

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

Whilst we saw that staff had received training in child safeguarding, we were unable to see adult safeguarding training had been provided. A recommendation about this is made within the Management and Leadership section of the report.

Effective care

Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events. The sharing of safety alerts received into the practice was appropriately managed. We found that any significant incidents were discussed as a team to ensure learning could be shared, this included a review of patient records (where appropriate), during multidisciplinary team meetings.

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.

Quality improvement, research and innovation

We were informed that the practice had participated in a number of pilots in the locality, such as the using the Welsh Clinical Portal, demonstrating a commitment to improving systems and processes.

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 patient records were appropriately stored and protected to prevent unauthorised access.

Record keeping

We looked at a sample of patient records and overall found them to be of a high standard, supporting the care and treatment provided to patients. We recommended where some improvements could be made to ensure that all records are maintained to a consistent standard. This included:

- Consistent use of why patient medication has been stopped
- Consistent use of READ⁵ code headings

Improvement needed

The practice must ensure that patient records are consistently maintained in respect of the following:

- Reasons for stopping prescribed medication

⁵ READ codes are the standard clinical terminology system used in General Practice in the United Kingdom.

- Use of READ code headings.

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 cohesive team who demonstrated a drive to provide a positive experience for patients.

We found that regular meetings were held within the practice, giving opportunities for staff to discuss concerns and patient issues, on both an informal and formal basis.

Staff told us they felt supported by the management team and had good access to training opportunities.

We recommended that a more robust process should be considered to monitor staff training, to help ensure that mandatory training is conducted in line with appropriate guidelines.

Governance, leadership and accountability

We found a patient-centred staff team who were committed to providing services of a high standard. We found that the practice as a whole worked as a cohesive team, with good opportunities for all staff to communicate and contribute to the development of the practice. Staff we spoke to told us that they felt supported by the management team and had good access to training opportunities.

We saw that regular meetings were held, including clinical, partnership, administrative and all staff practice meetings. Meeting minutes were produced for these meetings and shared with staff should they not be able to attend. Staff told us that they felt able to raise any concerns, or raise any issues during these meetings and felt that they would be listened to and any concerns or issues addressed by the management team.

We were told that the practice actively engaged with the local cluster group, with meetings being attended by the lead GP, practice manager and deputy practice manager on a regular basis.

The practice had a three year practice development plan in place, which was created in conjunction with the GP partners and the practice manager.

The practice undertook a range of audits to help drive improvement; these included patient records, workflow optimisation, waste management, appointments and other clinical audits conducted by the GPs.

An area of concern raised by the management team related to the physical size of the practice and the increasing demand on their services. We were told that due to local housing developments patient numbers were increasing. Whilst the practice had a good number of clinical staff to provide services to patients, they told us they were unable to physically accommodate any extra staff to meet the demands of the patients. Both clinical and administrative staff told us that this was creating issues for both staff and patients. The management team was in the process of looking at expansion of the practice, but this was proving to take some time.

Staff and resources

Workforce

We found that the practice was well-established as a team with many staff members being employed for a number of years.

Staff were able to describe their roles and responsibilities in detail and demonstrated a good understanding of the practice workings. This was supported by flexible working for administrative staff, meaning that they worked on a rota basis to cover different roles. Staff told us this worked well, helping to ensure that during periods of absence the impact on patients was very limited.

Staff told us that they had good access to training, with a combination of online and in-house training sessions arranged. We looked at a sample of staff files and found some certificates to evidence training attended. The practice manager maintained an overall spreadsheet which contained core training topics for both clinical and non-clinical staff, however dates of completion or dates to be renewed were not included. We recommended that to ensure core training subjects, such as CPR, were not missed within recommended guidelines that a training matrix with dates of completion and renewal dates be created. The practice manager was open to this suggestion. Whilst we found

that child safeguarding training had been attended by staff, adult safeguarding training had not. The practice agreed to address this issue.

Staff had regular appraisals and training opportunities identified as a result. We were told that the practice has a weekly email to all staff where recognition of good work and/or positive comments from patients are communicated to all staff. We found this an area of good practice, promoting positive working, and staff told us they found this encouraging

We saw that there was a locum information pack in place to assist medical professionals when working at the practice.

Improvement needed

The practice must ensure that all staff attend appropriate adult safeguarding training relevant to their roles.

The practice should consider a robust process for maintaining staff training records to help ensure core training is attended in a timely manner.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect GP practices

GP inspections are usually announced. GP practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

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

We check how GP practices are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within GP practices.

Further detail about how HIW inspects the [GP practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: The Rogerstone Practice

Date of inspection: 18 September 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 identified on this inspection.				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: The Rogerstone Practice

Date of inspection: 18 September 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
Quality of the patient experience				
The practice must consider how it can best protect patient privacy and dignity in all treatment rooms by the use of curtains or a screen.	4.1 Dignified Care	All clinical rooms now have curtains or screens available.	Dr V Hurle	Completed 25/09/18
The practice should ensure that the chaperone service is prominently advertised to patients		Notices advising patients of the chaperone service are now on display in all consulting/treatment rooms and in the reception area.	David Harris	Completed 07/11/18
Delivery of safe and effective care				

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that the flooring in the patient toilet is secured.	2.1 Managing risk and promoting health and safety	The flooring in the patient toilet was repaired on 21st September 2018	David Harris	Completed 21/09/18
<p>The practice must ensure that staff receive appropriate CPR training in line with the guidelines of the Resuscitation Council (UK)</p> <p>The practice must ensure that appropriate storage is in place for controlled drugs within the practice</p> <p>The practice must ensure that suitable and robust arrangements are in place for the disposal of expired controlled drugs including the recording and monitoring of such drugs</p>	2.6 Medicines Management	<p>A training plan will be drawn up to ensure all clinicians receive CPR training 12 monthly and administration staff are trained within every 36 months.</p> <p>We have ordered a new controlled drugs box.</p> <p>We have ordered a new controlled drugs register book which is now in use. We will liaise with the Health Board's controlled drugs manager when disposing of controlled drugs.</p>	<p>David Harris</p> <p>David Harris</p> <p>Dr</p>	<p>Completed 06/11/18</p> <p>Completed 26/10/18</p> <p>Completed 28/09/18</p>
<p>The practice must ensure that patient records are consistently maintained in respect of the following:</p> <ul style="list-style-type: none"> Reasons for stopping prescribed medication 	3.5 Record keeping	<p>All clinicians are aware of the need to ensure that the reason for stopping prescribed drugs medication is recorded in the patient record.</p> <p>All staff are now aware that when</p>	<p>Dr V Hurle</p> <p>Dr V Hurle</p>	<p>Completed 25/09/18</p> <p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Use of READ code headings 		medication is prescribed it should be allocated under a READ code heading to help with problem medication linkage.		25/09/18
Quality of management and leadership				
<p>The practice must ensure that all staff attend appropriate adult safeguarding training relevant to their roles.</p> <p>The practice should consider a robust process for maintaining staff training to help ensure core training is attended in a timely manner.</p>	7.1 Workforce	<p>We have appointed Dr H Thomas as the new adult safeguarding lead who will undertake on-line adult safeguarding courses and attend local training when this becomes available. All staff will receive adult safeguarding training annually.</p> <p>A more robust training plan/record will be produced to include dates for all staff training undertaken to ensure core training is completed and recorded.</p>	<p>Dr H Thomas</p> <p>David Harris</p>	<p>31/12/18</p> <p>Completed</p> <p>08/11/18</p>

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): David Harris Job role: Practice Manager

Date: 08/11/2018