

General Practice Inspection (Announced)

Kinmel Bay Medical Centre, Betsi
Cadwaladr University Health
Board

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2018

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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**

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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 Kinmel Bay Medical Centre, within Betsi Cadwaladr University Health Board on the 25 September 2018.

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

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

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

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. Appropriate action had been taken to address the vast majority of the areas for improvement highlighted during the previous inspection. 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:

- Addressed the majority of areas for improvement identified during previous inspection
- Record keeping
- Medication management and pharmacy support
- Staff support and supervision
- Inclusive approach and good communication
- Forward planning.

This is what we recommend the service could improve:

- Access to appointments and answering of telephone calls
- Some aspects of the environment
- Develop website
- Nominate a Carers' Champion

3. What we found

Background of the service

Kinmel Bay Medical Centre provides services to approximately 7,000 patients in the Kinmel Bay, Towyn, Pensarn, Belgrano and Bodelwyddan areas of Conwy and Denbighshire. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board.

The practice staff team includes four GP partners, one retainer GP¹, three practice nurses, one health care assistant, reception/administration staff and a practice manager. The practice was also engaged in training doctors in general practice and a GP registrar regularly formed part of the team.

The practice provides a range of services, including:

- General health advice and treatments
- Diabetes management
- Antenatal care
- Cardiovascular disease management
- Immunisations and child development
- Asthma and Chronic Obstructive Pulmonary Disease (COPD) management
- Acupuncture
- Chronic kidney disease
- Cryotherapy

¹ The GP Retainer Scheme is intended as short term support for GPs who have family commitments or health problems which restrict them from working in General Practice in the usual way as partners or salaried GPs.

- Registration medical checks
- Cervical screening
- Coils and contraceptive implants
- Holiday vaccinations
- Minor surgery
- Phlebotomy.

The practice was last inspected by HIW in February 2016. It is positive to note that appropriate action had been taken to address the vast majority of the areas for improvement highlighted during the previous inspection and the staff at the practice should be commended for undertaking this work at a time when the practice was facing severe doctor staffing issues beyond their control. The only outstanding issues are those relating to aspects of the environment. These are mentioned in more detail within the body of this report.

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 and 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.

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 at the practice.

In total, we received 31 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 in the questionnaire to rate the service provided by this GP practice. Responses were positive; just over three quarters of patients rated the service as either 'excellent' or 'very good'. Patients told us:

"All of the doctors are very thorough and professional at all times. Every appointment I have attended was on time"

"The doctors and the nurses are very caring. The receptionists are very helpful"

"The doctors "listen" to the patient and never rush a consultation. They explain findings clearly and advise on medication. The doctors never rush decisions. Receptionists are polite and helpful and try to accommodate patient needs at all times"

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 at the practice. Other suggested improvements included:

“By having appointments in future rather than on 8:30am phone calls”

“More phone lines, more staff on counter at busy times”

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. Reception staff had received training to signpost patients to other professionals and organisations better placed to assist them to ease the pressure on the clinical staff within the practice.

People with caring responsibilities were identified and given advice and information about other organisations and services that may be able to provide them with support. We suggested that consideration be given to nominating a member of staff as a Carers' Champion who would support with the identification of carers and act as a voice for carers within the practice and be a key point of contact for carer information.

Improvement needed

Consideration should be given to nominating a member of staff as a Carers' Champion.

Dignified care

Without exception, all of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff at the practice.

Around two thirds of patients who completed a questionnaire told us that they could only 'sometimes' get to see their preferred doctor. We do not know whether this relates to urgent or non- urgent appointments.

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 telephone calls were taken away from the reception area, and that they could use one of the consulting rooms, if available, to discuss any sensitive issues with patients, should the need arise.

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.

Patient information

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. There was a designated leaflet holder containing information specifically for carers located in the main entrance foyer. We recommended that the practice website could be enhanced in order to include additional information relating to the management of long-term conditions and to provide patients with advice on their illnesses and signposting to other resources and organisations available to support them.

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.

More than three quarters of the patients who completed a questionnaire told us that they would know how to access the out of hours GP service.

Information relating to practice opening times was advertised on the practice website, patient leaflet and on the notice posted by the main entrance.

Improvement needed

The practice website should be enhanced to include additional information relating to the management of long-term conditions, and to provide patients with advice on their illnesses and signposting to other resources and organisations available to support them.

Communicating effectively

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

The vast majority of patients who completed a questionnaire felt that things were always explained to them during their appointment in a way that they could understand, and also told us that they were involved as much as they wanted to be in decisions made about their care.

We were told that there were very few Welsh speaking patients registered with the practice. However, every effort was made for people to receive a service in a language of their choice. Translation services were available for people wishing to communicate in languages other than English. We recommended that steps be taken to ensure that patient information leaflets and posters be made available bilingually, in Welsh and English, where possible.

The practice did not have a hearing loop to aid communication with those patients with hearing difficulties. We recommended that consideration be given to providing such a facility.

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

Steps should be taken to ensure that patient information leaflets and posters be made available bilingually, in Welsh and English, where possible.

Consideration should be given to providing a hearing loop within the practice to aid communication with those patients with hearing difficulties.

Timely care

The majority of patients who completed the questionnaire told us that they were 'very satisfied' or 'fairly satisfied' with the hours that the practice was open. However, patients did comment in the questionnaires that they would like to see the practice open for longer; comments included:

"Open until 6pm to allow easier access for those that work Mon-Fri 9-5 to access care including screening tests (smear) asthma reviews etc."

"Stay open longer i.e. 8am - 8pm and look into opening weekends"

When asked to describe their overall experience of making an appointment, the majority of patients who completed a questionnaire described their experience as 'very good' or 'good'. However, almost a half of patients who completed the questionnaire said that it was 'not very easy', or 'not at all easy', to get an appointment when they needed one. Patients raised concerns in the questionnaires about the difficulties in getting through on the telephone to book an appointment, and about the system in place for emergency appointments, where patients queue outside; patients told us:

"More phone lines needed can't get through and when you do appointments always gone. More appointments for afternoon"

"The appointment system is very poor but I do normally get an appointment but it is a bit of an obstacle course. I came down at 7:55 this morning and they were already 7 or 8 people in front of me. There were probably 20-25 in the queue by the time surgery opened at 8:30. I have tried in the past to phone for an appointment but have spent up to 20 minutes on continuous re-dial before getting through, sometimes to be told all the appointments had gone"

"A late night would be good and waiting outside in rain & cold for appointment isn't good. Some sort of system to allow people under cover with a ticket for queue"

We found that patients were able to pre book routine appointments in advance, Monday to Friday. Same day, urgent appointments were also available.

The practice made use of My Health Online² facility for repeat prescriptions and test results. However, this facility did not extend to making appointments. Consideration should be given to extending the My Health Online facility to enable patients to book appointments electronically. This could ease pressure on telephone lines.

The nursing team see patients presenting with some minor illnesses. The nursing team also run 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.

Patients at the practice also had access to pharmacy support with a pharmacy technician and a prescribing pharmacist available on most days. This was seen as a very valuable aspect of the service not only in terms of direct patient care and consultation, but also in terms of the support provided to the doctors and nurses working at the practice.

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

Improvement needed

Consideration should be given to extending the My Health Online facility to enable patients to book appointments electronically.

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.

All of the patients who completed a questionnaire felt that it was easy to get into the building that the GP practice is in.

² <https://www.myhealthonline-inps.wales.nhs.uk/mhol/home.jsp>

The practice was located within a purpose built building. There was good disabled access to the building with a number of parking spaces within the adjoining car park. However, the practice building was considered by those working there to be too small and in need of some refurbishment. In particular, the chairs in the waiting room needed replacing. The chairs were all of the same height, set out in rows and fixed together in groups of 2, 3 and 4. None of the chairs had arm rests (which can be helpful for people with mobility/transfer problems). There was no additional room for people using a wheelchair and the space to manoeuvre a pram or pushchair in between the rows of chairs was restricted. This matter was highlighted as an area for improvement during the previous inspection of the practice. We were informed that a request for additional funding to replace the chairs had been presented to the health board. However, this request had been declined.

There were two toilets located within the waiting area for use by patients and a disabled access toilet located on the corridor adjacent to the consulting rooms. The two toilets located in the waiting area were very small and we suggested that, during any future refurbishment, these be altered to form one large disabled access toilet.

All the GP consulting rooms and treatment rooms were located on the ground floor. The consulting rooms and treatment rooms were spacious and well equipped.

The reception desk provided a shielded, lowered section for wheelchair users or for patients to hold confidential discussions with staff. However, wheelchair users would find it difficult to access this lowered area due to the protruding partition wall. We suggested, during any future refurbishment, that a section of the main reception desk be lowered to provide better access for wheelchair users.

Improvement needed

As was the case during the last inspection, the practice should liaise again with the health board to agree and expedite a long term solution with regard to the unsuitability of the current environment, given the large volume of patients and increased demand for the service.

Consideration should be given to replacing the chairs in the waiting area.

Consideration should be given, during any future refurbishment, to replace the two existing patients' toilets with one large disabled access toilet.

Consideration should be given, during any future refurbishment, to providing a

lowered section within the reception desk to provide better access 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.

Staff we spoke with were aware of their responsibilities in relation to equality and diversity. There was an equality and diversity protocol in place and staff had completed training on the subject.

Listening and learning from feedback

There was a formal complaints procedure in place and information about how to make a complaint was posted in the reception/waiting area. Putting Things Right³ posters were also available 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 recorded whether received verbally or in writing. All complaints were brought to the attention of the practice manager who would deal with them in line with the practice's policy.

³ Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

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, and staff had completed training in this subject.

General and more specific risk assessments were undertaken, and any areas identified as requiring attention were actioned.

Safe care

Managing risk and promoting health and safety

During a tour of the practice building, we found all areas to where patients had access to be clean and uncluttered, which reduced the risk of trips and falls.

General and more specific health and safety risk assessments were undertaken annually.

We suggested that the security within the building could be enhanced by provision of suitable locks to doors leading into non clinical areas such as the admin office.

Improvement needed

Consideration should be given to the provision of suitable locks to doors leading into non clinical areas such as the admin office.

Infection prevention and control

No concerns were expressed by patients over the cleanliness of the GP practice. Most patients who completed a questionnaire felt that, in their opinion, the practice was very 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 sanitizers were also readily available around the practice. We noted that the hand wash basins in the consulting rooms were small, and that the sink surround in consulting room one was broken and in need of replacing.

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 formal waste collection and disposal arrangement in place.

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.

Improvement needed

Consideration should be given to replacing the hand wash basins in the consulting rooms and to replacing the sink surround in consulting room.

Medicines management

We found that medication management systems were robust and safe.

As previously mentioned, a prescribing pharmacist and pharmacy technician were available at the practice most days. This was seen as a very valuable aspect of the service.

We found that regular audits were being undertaken in order to ensure consistency of prescribing across all clinicians.

Patients could access repeat prescriptions by calling into the surgery in person, online, or using the managed repeat prescription services provided by the local chemists.

Safeguarding children and adults at risk

We found that there were child protection and adult safeguarding policies in place, and flowcharts which included local contact numbers for reporting.

One of the GPs assumed a lead role in the safeguarding of adults and children within the practice and had received training at an appropriate level on the subject. We also found that all other staff had received safeguarding training to a level appropriate for their roles.

Adult and child safeguarding cases are flagged up on the electronic records system. There were also good systems in place to identify and highlight those patients regarded as hard to reach, who may require additional help due to social isolation, mental health needs and learning disabilities.

Medical devices, equipment and diagnostic systems

Emergency drugs and equipment kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried on a regular basis.

Portable electrical appliance testing was being undertaken on a regular basis.

Effective care

Safe and clinically effective care

The practice had suitable arrangements in place to report patient safety incidents and significant events. Significant events were being recorded and discussed at GP meetings. We recommended that, where appropriate, learning from significant events be shared with all staff and not just the clinical staff.

Improvement needed

Where appropriate, learning from significant events should be shared with all staff employed at the practice.

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.

There was sufficient storage space available for patient records with archived, paper based records being stored securely off site.

Record keeping

We looked at a sample of patient records and found a 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.

We found that there were adequate records management, auditing and reviewing processes in place.

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.

We found that there was a formal staff recruitment process in place with background checks undertaken, as necessary, prior to employment.

There were clinical and general audit systems in place which allowed staff to reflect and make changes and improvements to practice.

Governance, leadership and accountability

We found a patient-centred staff team who were committed to providing the best services they could. There was good support from the lead GP and practice manager.

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.

There was a practice development plan in place. This was being reviewed and updated on a regular basis.

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

Staff and resources

Workforce

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.

We were provided with information relating to mandatory training which showed that all staff had completed mandatory training over the past two years.

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 attend relevant training. We found that individual annual appraisals were being undertaken.

We saw that there were formal recruitment policies and procedures in place with background checks undertaken, as necessary, prior to employment.

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 summarises 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 during this inspection.			

Appendix B – Immediate improvement plan

Service: Kinmel Bay Medical Centre

Date of inspection: 25 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 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: Kinmel Bay Medical Centre

Date of inspection: 25 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				
Consideration should be given to nominating a member of staff as a Carers' Champion.	1.1 Health promotion, protection and improvement	This point was discussed with the whole team at the Protected Time meeting shortly after the inspection (27.9.18) and doctors/nurses/staff were invited to consider if they would like to take on this role within the practice. This will be followed up at the next Protected time meeting. Carers Outreach host a stall regularly at the practice and will be here next on 13 November, which will be an opportunity for interested staff to talk to them about the role. The Carer's Outreach representative has been advised that staff would like to speak to	Practice Manager	6 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
		her at that time.		
<p>The practice website should be enhanced to include additional information relating to the management of long-term conditions and to provide patients with advice on their illnesses and signposting to other resources and organisations available to support them.</p>	4.2 Patient Information	<p>We have started to research companies to take over website provision, to include information for patients about staying well, information about chronic disease management, links to other resources and links to translation of the information on the website. Our current contract expires mid-September therefore would plan to have a new website ready by end August 2019.</p>	Practice Manager	10 months
<p>Steps should be taken to ensure that patient information leaflets and posters be made available bilingually, in Welsh and English, where possible.</p>	3.2 Communicating effectively	<p>Cluster funding has been secured for provision of a TV screen for the waiting room (the Cluster team administrator is in the process of purchasing the equipment). This will enable us to make use of the bilingual information which is provided electronically by the Health Board and associated groups. In the meantime we continue to order and display bilingual leaflets and posters when these are available.</p>		9 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Consideration should be given to providing a hearing loop within the practice to aid communication with those patients with hearing difficulties.</p>		<p>We have contacted Action on Hearing Loss to arrange an audit of the premises and advise on appropriate hearing loops for waiting room and consulting rooms. Dependent on costs this might be suitable for grant funding from the Health Board and if so we will apply for funding to assist.</p>	<p>Practice Manager</p>	<p>12 months</p>
<p>Consideration should be given to extending the My Health Online facility to enable patients to book appointments electronically.</p>	<p>5.1 Timely access</p>	<p>This will be discussed at the next doctors' meeting (November) and then with all staff at the following protected time meeting (December) and a simple survey of patients will then be conducted over a period of weeks (Jan/Feb 2019) to gauge opinion on this matter. We currently have 1578 patients registered to use MHOL, ie 22%, so it is important to ensure that the remaining 78% are not discriminated against by not being able to access appointments electronically. We continue to promote and proactively to encourage patients to register with MHOL.</p>	<p>Practice Manager</p>	<p>9 months</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>As was the case during the last inspection, the practice should liaise again with the health board to agree and expedite a long term solution with regard to the unsuitability of the current environment, given the large volume of patients and increased demand for the service.</p>	<p>6.1 Planning Care to promote independence</p>	<p>Previous meetings with the Health Board Estates team (February 2018) had concluded that there is no facility to extend the current premises in any way. The practice was informed by the Estates team that there is currently no funding available to consider either a move to a new build, or to refurbished alternative premises. A meeting has now taken place with the Health Board Contracting Team (October 2018) and premises were discussed further. The Contracting Team assured the practice that, despite the current lack of funding they are nevertheless still putting together a business case for new premises. A further meeting is being planned for the practice to meet with Contracting and Estates teams all together within the next few months.</p>	<p>Practice Manager</p>	<p>9 months for meetings</p>
<p>Consideration should be given to replacing the chairs in the waiting area.</p>		<p>An application was put to the Health Board in the 2018-19 grant application for funding for a range of chairs of different heights/widths/style.</p>	<p>Practice Manager</p>	<p>18 months</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Unfortunately the application was declined, but a further application will be submitted when the next grant application opens.		
Consideration should be given, during any future refurbishment, to replace the two existing patients' toilets with one large disabled access toilet.		This improvement will be added to the agenda for discussion at the doctors' meeting and opinions and estimates will be sought from at least 3 professionals for the work which would be involved. If appropriate, an application for funding from the Health Board will be submitted when grant applications are open.	Practice Manager	18 months
Consideration should be given, during any future refurbishment, to providing a lowered section within the reception desk to provide better access for wheelchair users.		This improvement will be added to the agenda for discussion at the doctors' meeting and opinions and estimates will be sought from at least 3 professionals for the work which would be involved. If appropriate, an application for funding from the Health Board will be submitted when grant applications are open.	Practice Manager	18 months

Delivery of safe and effective care

Improvement needed	Standard	Service action	Responsible officer	Timescale
Consideration should be given to the provision of suitable locks to doors leading into non clinical areas such as the admin office.	2.1 Managing risk and promoting health and safety	This will be discussed at the next full staff meeting during Protected Time to ascertain how staff feel this would work and what options would be available, and to consider the risks/benefits.	Practice Manager	2 months
Consideration should be given to replacing the hand wash basins in the consulting rooms and to replacing the sink surround in consulting room.	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Estimates are currently being obtained for replacement of the sink, taps and counter in Room1 where the worktop has lifted due to water damage, as this needs replacement soon.</p> <p>Opinions and estimates for replacement of all other wash hand basins will be sought within the next 12 months for consideration of the work and cost involved.</p>	Practice Manager	<p>2 months</p> <p>18 months</p>
Where appropriate, learning from significant events should be shared with all staff employed at the practice.	3.1 Safe and Clinically Effective care	Significant Events are currently discussed at either clinical or admin meetings. Significant event reports will now also be included for discussion in the whole team meetings where appropriate. The next opportunity will be in December 2018		2 months and ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
No areas for improvement identified.				

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): JENIFER WHYLER

Job role: Practice Manager

Date: 5 November 2018