

General Practice Inspection Report (Announced)

Forest View Medical Centre, Cwm
Taf 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 healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

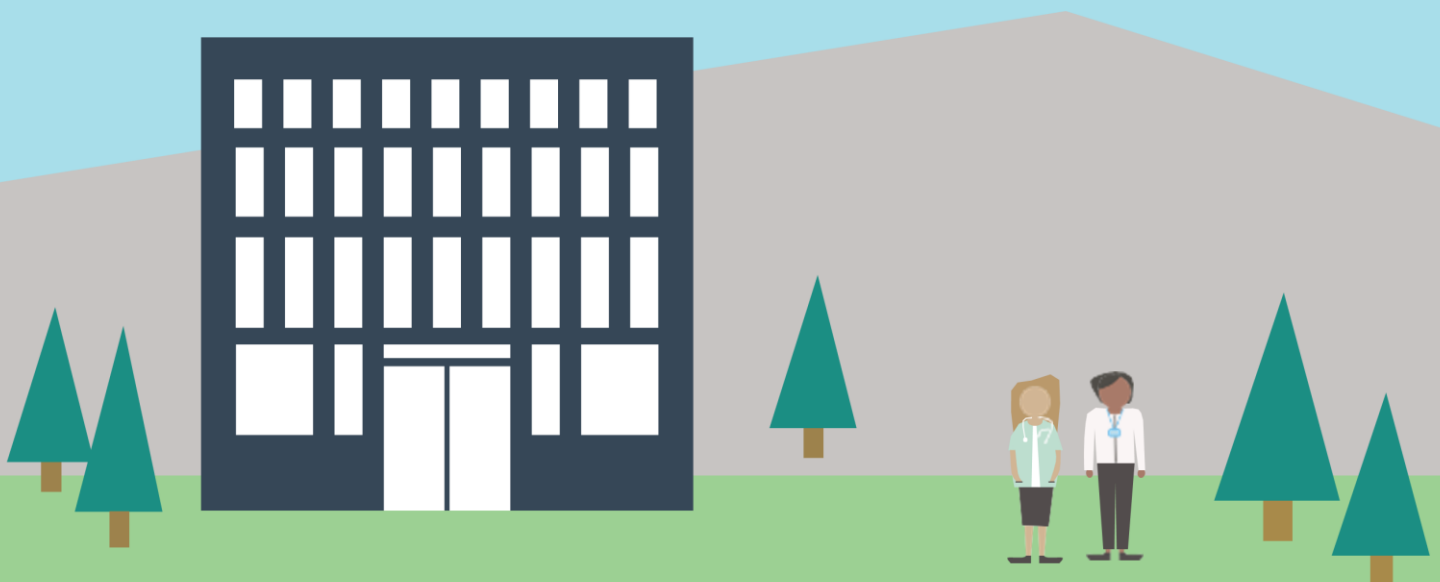
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	17
• Quality of Management and Leadership	23
4. Next steps.....	30
Appendix A - Summary of concerns resolved during the inspection	31
Appendix B - Immediate improvement plan.....	32
Appendix C - Improvement plan	36

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Forest View Medical Centre, Cwm Taf Morgannwg University Health Board on 12 July 2023.

Our team for the inspection comprised of one HIW Senior Healthcare Inspector, one Practice Manager Peer Reviewer and one GP Peer Reviewer. The inspection was led by the HIW Senior Healthcare Inspector.

Before the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 187 questionnaires were completed by patients or their carers and 29 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients provided mixed feedback about the service provided by the practice.

The main frustrations expressed by patients were around their difficulty in being able to contact the practice and to obtain an appointment at a time to suit them. However, from the comments we received there had been some improvement in this regard more recently.

This is what we recommend the service can improve:

- Arrangements need to be made to identify patients who are carers and to signpost them to relevant information and support
- Arrangements need to be made to evaluate the effectiveness of the changes made to the appointment system
- Arrangements need to be made to ensure Care Navigators are suitably supported in their roles.

This is what the service did well:

- Staff at the practice treated patients with dignity and respect and we saw measures were taken to protect their privacy
- The practice had a multidisciplinary team approach to providing services and employed an Advanced Mental Health Practitioner, an Advanced Nurse Practitioner, an Advanced Paramedic and engaged a Physiotherapist
- Most patients who provided feedback told us they were given enough time to explain their healthcare needs and the GP had explained things well.

Delivery of Safe and Effective Care

Overall summary:

While we saw systems and processes were being introduced with the intention of providing patients with safe and effective care, there was lack of evidence to show the effectiveness of these.

We identified improvements were needed in relation to safe and effective care and required the practice to take immediate action in relation to emergency equipment and drugs.

Immediate assurances:

- The practice was required to provide HIW with details of the action to demonstrate staff were aware of the correct process for conducting checks of the emergency equipment, staff were aware of the location of all the emergency equipment and drugs and to monitor compliance with the process. A suitable immediate improvement plan was submitted to HIW within the agreed timescale.

This is what we recommend the service can improve:

- A general risk assessment needs to be conducted and recorded, and an action plan implemented to control any risks identified
- Arrangements need to be made to show best practice, national and professional guidelines are being regularly discussed and shared with the clinical team.

This is what the service did well:

- The practice premises was visibly well maintained, clean and free from obvious hazards
- Effective arrangements were described and demonstrated in relation to safeguarding
- We saw an effective records management system and the patient records we reviewed were clear, legible and of good quality.

Quality of Management and Leadership

Overall summary:

A Clinical Practice Manager and a Business Practice Manager were in post, and they were responsible for the day-to-day operation of the practice. Both were clear about their roles and responsibilities within the practice.

At the time of our inspection, the GP Partners and the managers described the practice was in period of transition. They described the challenges they faced, and the action being taken to make improvements where needed.

Staff provided mixed feedback about the management and leadership at the practice.

Comprehensive and up-to-date policies were readily available to support staff in their roles. However, records showed over 50% of staff had not read some of the policies.

Overall, we saw good compliance with mandatory training. However, not all staff were listed on the training matrix provided to us. In addition, most staff were due to attend update training on most topics within one month or less.

This is what we recommend the service can improve:

- Action needs to be taken to respond to the less favourable staff responses described in this report
- Arrangements need to be made to demonstrate staff are aware of the content of the practice's written policies and procedures
- Action needs to be taken to ensure new staff are recruited safely and to demonstrate that existing staff are suitable to work at the practice
- Action needs to be taken to ensure all staff are recorded on the training matrix
- Arrangements need to be made to show the effectiveness of the improvements implemented by the practice and how feedback has been shared with the wider practice team.

This is what the service did well:

- Comprehensive and up-to-date written policies were available to support staff in their work
- The Clinical Practice Manager demonstrated a good understanding of the Duty of Candour and staff told us they understood their roles in meeting the Duty standards.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

While some respondents who answered the question in the HIW patient questionnaire (71/180) rated the service they had received as ‘very good’ or ‘good’, most (109/180) rated the service as ‘poor’ or ‘very poor’.

Some of the comments we received included:

“Appointments are difficult to get.”

“It is difficult to get past reception but when you get to see a doctor the care is great.”

“It has been difficult in getting through to the surgery via telephone and not always easy to get an appointment. However, the last experience I had was much improved. When I get to see the GP, the treatment given is 100%.”

“The service has improved over the last few weeks. I was now able to get face to face appointment at a time suitable for me.”

“I find the main problems are being able to book the initial appointments to see a doctor. Confusion over repeat prescriptions and although ringing and calling at the surgery not being able to access my results after hospital tests.”

“I found the doctors I have seen polite and competent. However, getting an appointment has been extremely difficult.”

“Difficulty in getting phone calls answered and appointments take weeks to get. I feel that receptionists should have some experience in health care. I feel uneasy telling them my problem before seeing a doctor.”

Not all respondents answered all the questions in the questionnaire. For some questions, respondents told us they were either not applicable to them or unable to provide a view i.e. were not sure.

Person centred

Health Promotion

We saw written information displayed in the practice building advising patients of the other services they could access for health advice or treatment, such as their local pharmacy, NHS 111 and the Minor Injuries Unit.

When asked whether there was health promotion and patient information material displayed, the majority of respondents who answered the question (and who felt it was applicable to them or were able to provide a view) in the HIW patient questionnaire (88/100) told us it was.

Most staff who completed a HIW questionnaire told us health promotion advice and information about chronic conditions were offered to patients in a variety of mediums.

We were told patients could be offered lifestyle appointments with the healthcare support worker or the physician's associate, following a referral from the GP. In addition, the practice offered a range of services and clinics such as those for vaccinations, chronic disease management, warfarin monitoring and wound checks. We found patients with internet access could find information about a range of health conditions on the practice's website. However, some of the links on the Self-Help Video section of the website were 'broken' and therefore, these videos could not be viewed. The practice should review the content on its website and take action as appropriate to ensure links function properly.

Patients without internet access were advised to contact the practice so that a member of the team could provide assistance.

When asked whether they were offered healthy lifestyle advice, some respondents who answered this question (and who felt it was applicable to them) in the HIW patient questionnaire (50/134) told us they had. However, most respondents (84/134) told us they had not. Given this response, the practice should consider exploring whether further action is needed to ensure patients are provided with relevant healthy lifestyle advice, where appropriate.

Some patients (38/178) told us they were a carer for someone. However, few patients told us they had an assessment of their own needs as a carer (2/40) and had been given details of organisations or support networks that can provide information and support (2/40).

In addition, responses from staff who completed a HIW questionnaire, indicated not all staff were aware of the arrangements in place to support carers. Most staff told us they were not sure if the practice maintained a register of carers (19/28), if the practice had a carer's champion (20/28), whether carers had an assessment of their needs (17/27) and whether carers are signposted to support organisations (18/28). This meant carers may not have been provided with the help and support available to them.

The practice is required to provide HIW with details of the action taken to identify those patients with carer responsibilities and to provide them with information and support as appropriate.

The practice is required to provide HIW with details of the action taken to raise staff awareness of the practice arrangements in place to support carers.

Dignified and respectful care

During our inspection we found staff at the practice treated patients and their representatives with respect and kindness.

Most respondents who answered the question (and who felt it was applicable to them) in the HIW patient questionnaire (127/170) told us they had been treated with dignity and respect.

The majority of staff who completed a HIW questionnaire (27/29) told us they were satisfied with the quality of care and support they gave to patients.

We saw doors to clinical rooms were closed when patients were being seen by GPs or other healthcare staff, promoting their privacy and dignity. We also saw clinical rooms had privacy curtains that could be used to provide additional privacy when patients were being examined. Clinical rooms were located away from the reception and waiting room, which helped prevent conversations from being overheard by people in the waiting room.

The majority of respondents who answered the question (and who felt it was applicable to them) in the HIW patient questionnaire (84/98) told us measures had been taken to protect their privacy. Similarly, the majority of staff (28/29) who completed a HIW questionnaire told us appropriate measures were taken in this regard.

We saw an up-to-date written policy was in place in relation to the use of chaperones. Information was also displayed in the waiting room advising patients they could request a chaperone. A training matrix provided to us showed chaperone awareness training formed part of the practice's mandatory training programme. We saw most staff (approximately 80%) had attended such training. However, not all staff were listed on the matrix and there were some staff who had not been recorded as completing training.

All staff who completed a HIW questionnaire told us patients are offered chaperones where appropriate.

Similarly, most respondents who answered the question (and who felt it was applicable to them) in the HIW patient questionnaire (37/51) told us they had been offered a chaperone (for intimate examinations or procedures). However, a few (14/57) told us they had not. Given this response, the practice should explore whether further action is needed to make patients aware they may request a chaperone when being seen.

The reception desk was located in the waiting room. Therefore, there was potential for conversations to be overheard. We saw a room was available and could be used should patients wish to have private conversations with practice staff.

The majority of staff (25/29) who completed a HIW questionnaire told us measures were taken to protect patient confidentiality. However, the majority of respondents who answered the question (and who felt it was applicable to them) in the HIW patient questionnaire (100/118) told us they were unable to talk to reception staff without being overheard.

The practice is required to provide HIW with details of the action taken to reduce as far as practicable the likelihood of patients' confidential information being overheard when they talk to reception staff.

Timely

Timely Care

We saw the practice had an up-to-date written policy on how patients could access services provided by the practice. Information for patients on how they could access appointments with the GP, or another suitable healthcare professional was available on the practice website and in the practice information leaflet.

We were told patients could make an appointment either by phone, on-line via My Health Online or in person at the practice. The practice offered both face to face appointments and telephone appointments. In addition, housebound patients could request a home visit by a GP or other suitable healthcare professional. We were also told the practice provided services to a local care home, and regular care home rounds took place.

The majority of respondents who answered the question (and who felt it was applicable to them or were able to provide a view) in the HIW patient questionnaire (135/179) told us they were satisfied with the opening hours of the practice. In addition, the majority (159/187) told us they knew how to access out of hours services if needed.

However, few or very few respondents who answered the questions (and who felt they were applicable to them or were able to provide a view) in the HIW patient questionnaire told us they were able to contact the practice when they needed to (60/183), could get a same day appointment if they needed to see a GP urgently (46/180) and could get routine appointments when they needed to (32/181). When asked whether they could access the right healthcare at the right time, most patients who answered the question in the HIW patient questionnaire (109/176) felt they could not. The remainder felt they could (56/176) or preferred not to say (11/176). In contrast, most staff who completed a HIW questionnaire (20/29) felt patients could access the services offered in a timely way.

The majority of respondents who answered the question in the HIW patient questionnaire (133/186) told us they were not offered the option to choose the type of appointment they preferred. However, just over half were content with the type of appointment offered (96/182). Most respondents (123/187) told us their appointment was in person at the practice, with the remainder telling us they had a telephone appointment (62/187) or a remote appointment (2/187).

When asked whether their appointment was on time, less than half of respondents who answered the question (and who felt it was applicable to them) in the HIW patient questionnaire (79/173) told it was. The remainder (94/173) told us their appointment was not on time.

We were told significant work had been done to make improvements to the appointment system. Changes had been made so patients could either book an appointment on the day or book ahead. We were also told improvement had been made to the telephone system to help prevent patients waiting in a queue, sometimes resulting in increased telephone bill costs for patients. However, at the time of the inspection it was not possible to determine whether these changes had made a positive impact.

The practice is required to provide HIW with details of the action taken to evaluate the effectiveness of the changes made to the appointment system.

An Advanced Mental Health Practitioner (AMHP) was employed by the practice. The AMHP provided a variety of mental health services and would review patients requiring urgent mental health support. We were told the Advanced Mental Health Practitioner had effective links with both secondary and community mental health services and could direct and refer patients appropriately.

An Advanced Nurse Practitioner and an Advanced Paramedic were employed at the practice and could treat patients with a range of conditions, so they did not have to wait to be seen by a GP.

Patients could also access a physiotherapy service without having to be referred by a GP. We were told the practice had engaged a considerable number of additional physiotherapy sessions in response to the needs of the practice patient population.

The practice employed Care Navigators and we saw an up-to-date written policy was in place to guide decision making. The policy described Care Navigators could seek advice from a suitable clinician should they be unsure of the best course of action to meet patients' needs. Feedback from staff was mixed regarding how well this system was working. Some staff felt the current system worked well. However, others did not feel they were skilled enough to make decisions around which patients needed to be seen by a GP and those who didn't. Especially, when no appointments are available on the day a patient telephones requiring urgent help. Comments from some staff indicated a designated on-call doctor would be helpful in this regard.

The practice is required to provide HIW with details of the action taken to ensure Care Navigators are suitably supported in their roles.

We were told Care Navigators were trained to help them do their job. While we were provided with an example of an induction programme, there was no evidence of staff having received training to perform the Care Navigator role.

The practice is required to provide HIW with details of the action taken to demonstrate staff working as Care Navigators have received suitable training to perform the role.

Equitable

Communication and language

The practice had produced a practice information leaflet, which could be downloaded from the practice website. This provided useful information for patients, such as, the practice contact details and opening times, the services provided, how patients could register, appointment options, how patients could order repeat prescriptions and an overview of the practice team.

A range of information was also available on the practice website, which provided an option for patients to access information in English or Welsh.

Information was also displayed within the waiting room. We saw the majority of written information was displayed in English only.

Staff told us they could access a translation service to help communicate with patients whose first language is not English. In addition, staff told us they could

also access a British Sign Language (BSL) interpreter. The practice had a working hearing loop to help staff communicate with patients who are hard of hearing and wear hearing aids.

Most staff who completed a HIW questionnaire (21/29) told us there were alerts on patient records to make them aware of any communication needs.

Rights and Equality

The practice had an up-to-date written policy relating to equality and diversity.

A training matrix provided to us showed equality and diversity training formed part of the practice's mandatory training programme. We saw most staff (approximately 80%) had attended such training. However, not all staff were listed on the matrix and there were some staff who had not been recorded as completing training.

Most respondents who answered the questions (and who felt they were applicable to them) in the HIW patient questionnaire told us they were given enough time to explain their healthcare needs (104/168), the GP had explained things well and answered their questions (107/160), they felt listened to (97/167) and were involved in decisions about their healthcare as much as they wanted to be (94/156).

The majority of staff who completed a HIW questionnaire (28/29) told us patients, or their advocates are informed and involved in decisions about their care.

There was level entry to the premises, making it accessible for patients. There was free car parking directly outside the premises including designated car parking spaces for patients with mobility impairments, to help them access the premises safely.

All clinical rooms were located on the ground floor together with the waiting room and two toilets (including a wheelchair accessible toilet) with handwashing facilities, making them accessible for patients.

The majority of respondents who answered the questions (and who felt they were applicable to them or were able to provide a view) in the HIW patient questionnaire told us the premises was accessible (96/120), there were enough seats in the waiting area (106/120) and the toilets and handwashing facilities suited their needs (109/111). When asked whether the premises was 'child friendly', the majority of respondents who answered the question (and who felt it was applicable to them or were able to provide a view) in the HIW questionnaire (54/65) told us it was.

The majority of respondents who answered the question (144/168) in the HIW patient questionnaire told us they had not faced discrimination when accessing or using the services at the practice. The remainder (23/168) either told us they had on the grounds of age, disability, religion, sex, or they preferred not to say (9/168). The practice should explore why some patients feel they have faced discrimination when accessing services and take action as appropriate.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the premises were visibly well maintained both internally and externally. All areas patients could access were free from obvious hazards. We found the same for staff only areas.

We saw signage displayed to advise patients and visitors of staff only areas. We also saw signs were displayed to alert both patients and staff of rooms where Oxygen was stored.

We saw suitable designated boxes were used to store medical sharps prior to their disposal. These were seen to be used safely and located to reduce the risk of injuries.

The majority of staff who answered the question in the HIW questionnaire (21/27) told us they were content, overall, with the efforts made by the practice to keep both staff and patients safe.

We saw a fire risk assessment had been completed and was still valid.

However, senior staff confirmed a general risk assessment had not been completed. This meant HIW could not be assured potential or actual hazards associated with the operation of the practice had been identified and actions implemented to mitigate the risk of injury to staff or patients.

The practice is required to provide HIW with details of the action taken for a suitable risk assessment to be completed and to implement an appropriate action plan to control any risks identified.

We saw a risk assessment was in the process of being drafted in relation to staff conducting home visits. The practice needs to ensure this is implemented once agreed through its governance process.

We saw a designated room was available for patients who were waiting for an ambulance. Facilities were also available for their relatives or carers to stay with them while they waited for the ambulance.

Infection, Prevention, Control (IPC) and Decontamination

We saw the practice had an up-to-date written policy relating to infection prevention and control (IPC). However, staff we spoke with were not aware of how to access the written policy.

Those areas of the practice premises we saw were visibly clean and furnished to promote effective cleaning.

The majority of staff who answered the questions in the HIW questionnaire told us the practice implemented an effective infection control policy (22/26) and the environment allowed for effective cleaning (25/26). Most staff (19/26) told us there was an effective cleaning schedule in place.

The majority of respondents who answered the question in the HIW patient questionnaire (119/121) told us, in their opinion the premises were 'very clean' or 'clean'. The majority of respondents who answered the questions (and who felt they were applicable to them or were able to provide a view) in the HIW patient questionnaire told us signs were displayed explaining what to do if they had symptoms of infection (90/96), hand sanitisers were available (98/106), and staff washed their hands before treating them (63/78).

Suitable handwashing and drying facilities were available in the consulting rooms, the clinical rooms and in the toilets. We saw posters displayed near the handwashing sinks located in the patient toilets advising patients of the correct procedure to follow to ensure effective hand hygiene. Hand sanitiser was also readily available for both staff and patients to use.

We saw personal protective equipment (PPE) was readily available for staff to use. Staff we spoke with confirmed they always had access to PPE. The majority of staff who answered the question in the HIW questionnaire also told us appropriate PPE is supplied and used (25/26).

Staff we spoke with were aware of their responsibilities in relation to infection prevention and control but were not fully aware of infection control standards.

Some respondents who completed a HIW patient questionnaire (64) told us they had an invasive procedure at the practice such as having blood taken, injections or minor operations. The majority or all of the respondents who answered the questions (and were able to provide a view) in the HIW patient questionnaire told us staff wore gloves during the procedure (44/55), the instruments used were individually packaged or sanitised (60/60) and antibacterial wipes were used to cleanse the skin before the procedure (44/53).

A training matrix provided to us showed infection control training formed part of the practice's mandatory training programme. We saw most clinical staff

(approximately 68%) had completed IPC training at a level appropriate to their role (i.e. Level 2). We also saw most non-clinical staff (approximately 60%) had completed IPC training at a level appropriate to their role (i.e. Level 1). However, not all staff were listed on the matrix and there were some staff who had not been recorded as completing training.

The practice is required to provide HIW with details of the action taken to support those staff who are required to do so, to complete infection prevention and control training at an appropriate level.

Medicines Management

Senior staff described a suitable process for patients to request their repeat prescriptions. We were told patients could make a request in person at the practice, on-line via 'My Health Online' or through arrangements with a nominated pharmacy.

Prescription Clerks were employed by the practice, and we were told they had received appropriate training to allow them to do their jobs properly.

Services provided by the practice included the administration of vaccines to both children and adults. We were told there was a nominated person who had responsibility for maintaining the cold chain for all applicable vaccines.

We were told suitable arrangements were in place to store vaccines, which were in keeping with agreed guidelines.

We were told the practice did not store Controlled Drugs on site.

Safeguarding of Children and Adults

We saw the practice had up-to-date written policies and associated procedures relating to safeguarding children and adults at risk. The documents clearly identified the safeguarding leads and the contact details for local safeguarding teams were available.

Suitable arrangements were described to identify children on the child protection register.

When asked whether they knew who the safeguarding lead was for the practice, most staff who answered the question in the HIW questionnaire (16/26) told us they knew. In addition, the majority of staff (24/27) knew how to report safeguarding concerns.

A training matrix provided to us showed safeguarding training formed part of the practice's mandatory staff training programme. We saw those individuals

designated as safeguarding leads had completed safeguarding training at an appropriate level (i.e. Level 3). We also saw most staff (approximately 67%) had completed safeguarding training at a level appropriate to their role (i.e. Level 1, Level 2 or Level 3). However, not all staff were listed on the matrix and there were some staff who had not been recorded as completing training.

Most staff who completed a HIW questionnaire told us they were up to date with safeguarding training (19/27).

The practice is required to provide HIW with details of the action taken to support those staff who are required to do so, to complete safeguarding training at an appropriate level.

Management of Medical Devices and Equipment

We saw a range of equipment was available at the practice and this appeared to be in good condition and visibly clean. Staff we spoke with told us they had access to suitable equipment to allow them to do their job.

We were told suitable equipment and medicines for use in the event of an emergency were readily available at the practice. We saw a designated emergency trolley was available to store such emergency items and were told this had recently been introduced as an improvement measure. Signage was clearly displayed at the practice premises to inform staff of the location of the trolley. However, the practice should consider whether to use the standard sign for Automated External Defibrillators (AED) if appropriate and as recommended by the Resuscitation Council (UK).

We examined the records maintained at the practice in relation to checks of the emergency equipment and drugs. We saw evidence of recorded checks of emergency drugs generally being conducted monthly during 2022 and then in February, March, April and June 2023. However, the record did not include details of the drugs checked. There were no recorded checks of the emergency equipment during this period.

Comprehensive checklists which included details of both the emergency drugs and equipment to be checked, together with a new written policy/process for conducting checks was available on the day of our inspection. The checklists clearly instructed when staff needed to check both the emergency drugs and equipment. The frequency for conducting checks was in keeping with standards set by the Resuscitation Council (UK). The most recent recorded check of the emergency drugs was dated 10/11 July 2023.

The checklist for the emergency drugs indicated some were not available. There was no record to show what action had been taken to obtain the above items. We were told the reason for some items not being available was due to a supply issue by the manufacturer. We were also told other items were available but not stored on the designated emergency trolley. The staff member conducting the check had not been aware of the location of these items to confirm they were available.

While the checklist indicated a check of the emergency equipment had been conducted/due on 10 July 2023, the checklist had not been endorsed by the staff to show this had been done. In addition, it wasn't clear whether some equipment should have been stored on the trolley. Senior staff provided us with assurance these were readily available at the time of our inspection.

Our findings meant HIW was not assured staff were aware of where to locate those items not stored on the emergency trolley. We were also not assured staff were aware of the correct process for checking the emergency equipment. Both may result in delays when responding to an emergency at the practice.

The above was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

A training matrix provided to us showed anaphylaxis and resuscitation training formed part of the practice's mandatory training programme. From the information provided, we saw all clinical staff had completed anaphylaxis training, adult and paediatric resuscitation training. However, not all staff were listed on the matrix.

Effective

Effective Care

We were told clinical practice meetings were held and we were provided with minutes of the meetings held in January and May 2023. These showed significant incidents were discussed and where relevant, guidance had been circulated to the clinical team. However, the minutes did not show whether other best practice, national and professional guidelines were regularly shared and discussed at these meetings.

The practice is required to provide HIW with details of the action taken to demonstrate relevant best practice, national and professional guidelines are being regularly discussed and shared with the clinical team.

We were told urgent referrals to secondary care for patients with suspected cancer were managed effectively with all referrals being made by a GP using the Welsh Clinical Communications Gateway (WCCG) electronic system.

Most staff who completed a HIW questionnaire (18/29) told us they had adequate materials, supplies and equipment, and had access to suitable IT systems (23/29).

Patient records

We reviewed the care records of ten patients. We saw an effective records management system was in place and saw patients' records were secure against unauthorised access.

The records we reviewed were clear, legible and of good quality. From the records, it was clear who was making the notes of each contact, the date each contact was made and the type, such as a surgery consultation, a telephone consultation, or a house call, and who was making the entry in the record. We saw records had been completed contemporaneously. They also showed evidence of valid consent being obtained, where appropriate.

The records had notes of the care or treatment provided and the relevant findings. Where medication had been prescribed, we saw these were linked to the patient's medical condition. Patients' known allergies and adverse reactions to medications had been recorded. Where investigations had been ordered, a note had been made of these.

While the records showed when a chaperone was in attendance, they did not always show whether patients had been offered a chaperone and if the offer was accepted or declined by the patient.

The practice is required to provide HIW with details of the action taken to consistently record in the patient record whether a patient has been offered a chaperone and if the offer has been accepted or declined.

We saw the practice used a set of Read codes that provided a standard system for recording common conditions patients presented with.

Quality of Management and Leadership

Staff feedback

Responses from staff who completed a HIW questionnaire were mixed.

Just over half of the respondents (15/27) would recommend the practice as a place to work and the majority of staff that responded (27/29) were satisfied with the quality of care and support provided to patients. However, comments received indicated action was needed to improve the working relationship between management and some of the staff team.

The practice is required to provide HIW with details of the action taken to respond to the less favourable staff responses described in this report.

Some of the comments we received included:

“Excellent patient care is at the fore front of the practices mind. We have excellent staff including admin and the care Navigation team. The service needs improvement by employing more staff as there are departments within the practice that are really struggling, as a team and as individuals. This is having a detrimental effect on the wellbeing of staff.”

“Staff wellbeing is at a low and has been for the at least the past 4 years. Management and GP partner decision making and process improvement or changes have been often slow in the past or last minute impacting on staff and patient. Staff workload pressures are not always acknowledged and managed. Communication between management to staff and practice to patients in the past has very poor.”

“It is an uncomfortable environment not knowing from one day to the next if you’re doing the right thing. Unapproachable management.”

“Having to do online mandatory training in own time is very difficult when you have a busy home life. No time allocated in work time.”

“Having been through turbulent period which has been difficult for everyone the general feeling is one of optimism and positive change.”

“There is a desire by everyone working here to provide the best care possible for our patients.”

Leadership

Governance and leadership

The practice operated under a partnership agreement between three GP partners. The partners were supported by a management team consisting of a Business Practice Manager, a Clinical Practice Manager, and an Administrative Services Manager.

The Business Practice Manager and Clinical Practice Manager were present on the day of our inspection and were clear about their roles and responsibilities within the practice.

At the time of our inspection, the GP Partners and the managers described the practice was in period of transition. They described the challenges they faced, and the action being taken to make improvements where needed.

Around half the staff who completed a HIW questionnaire told us they were able to make suggestions to improve services. However, most staff (18/29) did not feel involved in decisions about changes introduced that affect their work.

We saw comprehensive written policies and associated procedures were readily available to support staff in their work. The sample of those we saw had been implemented during May or June 2023. Some of these referred to the Health and Care Standards, which had recently been replaced with the Health and Care Quality Standards. Therefore, arrangements should be made to update those policies to reflect the current standards framework.

We saw a suitable system was in place to record when staff had read the policies. However, at the time of our inspection the system showed over 50% of staff had not read some of the practice's policies/guidance, such as those relating to the use of chaperones, consent, safeguarding, whistleblowing, infection prevention and control and Duty of Candour.

The practice is required to provide HIW with details of the action taken to demonstrate staff are aware of the content of the practice's written policies and procedures.

The management team told us clinical management meetings had been held and we saw minutes of these for meetings held in January and May 2023. We were also told one of the GP partners had visited staff working at the practices operated by the GP partnership, earlier in the year. This was to share feedback following an engagement exercise with patients of the practice conducted by the local

Community Health Council (now Llais) and also to provide an update on the electronic patient information system used by the practices in the group.

The majority of staff who answered the questions in the HIW questionnaire told us care of patients is the practice's top priority (25/27) and would be happy with the standard of care provided by the practice for themselves or their friends/family (22/27).

Workforce

Skilled and enabled workforce

In addition to the GP partners and the management team, the practice team consisted of a salaried GP, a Pharmacist, Prescription Clerks, an Advanced Nurse Practitioner, an Advanced Paramedic, an Advanced Mental Health Practitioner, a Physiotherapist, Practice Nurses, Healthcare Support Workers, Care Navigators and administration staff. The practice team also worked closely with community-based healthcare teams, such as the local community nursing team and pharmacists.

The practice was a training practice and provided placements for trainee GPs and pharmacists.

While most staff who completed a HIW questionnaire (21/29) told us there was an appropriate skill mix at the practice, most (19/29) also told us there were not enough staff to allow them to do their jobs properly. Responses were more mixed when asked whether they could meet all the conflicting demands on their time at work, with about half the staff telling us they could and the remainder telling us they could not.

The majority of staff who answered the question in the HIW questionnaire (21/27) told us their current working pattern allowed them a good work-life balance. Responses were mixed when asked about whether the practice takes positive action on health and wellbeing, with 50% of staff telling us it does and the remainder telling us it doesn't. Most staff (16/27) who answered the question told us, in general, their job is not detrimental to their health. Most staff (17/27) told us they were aware of the Occupational Health and wellbeing support available.

We reviewed the files of six staff currently working at the practice. We saw Disclosure and Barring Service (DBS) checks had been requested and DBS certificates received for two staff. However, DBS checks had not been requested for the other four staff. In addition, there was no evidence of references being received for four of the staff.

We were told DBS checks for staff had not been routinely requested previously. We were also told action was being taken to request DBS checks at an appropriate level for all staff working at the practice and saw evidence of this. However, our findings meant we could not be assured that staff had been recruited safely.

The practice is required to provide HIW with details of the action taken to ensure new staff are recruited safely and to demonstrate that existing staff are suitable to work at the practice.

The practice used a training matrix to record and monitor compliance with staff training. We saw staff were expected to attend training on a range of topics relevant to their role. Overall, we saw good level of compliance with mandatory training. However, not all staff were listed on the matrix. In addition, most staff were due to attend update training on most topics within one month or less.

The practice is required to provide HIW with details of the action taken to ensure all staff are recorded on the training matrix.

The practice is required to provide HIW with an update on staff compliance with mandatory training, together with details of how training compliance will be maintained.

Responses from staff who completed a HIW questionnaire were mixed regarding whether they felt they had received appropriate training to do their jobs. Less than half (12/29) felt they had, with the remainder telling us either they felt 'partially' they had (10/29) or felt they had not received appropriate training (7/29).

When asked whether they had received an appraisal, annual review or development review of their work, the majority of staff who completed a HIW questionnaire (22/29) told us they had not. The remainder either told us they had (6/29) or they could not remember (1/29).

Senior staff also confirmed staff appraisals had not been conducted and had identified improvement was needed in this regard.

The practice is required to provide HIW with details of the action taken to ensure all staff have an annual appraisal of their work and to agree individual professional development plans as appropriate.

The majority of staff who answered the question in the questionnaire (20/25) told us they had not faced discrimination at work. However, a few told us they had or preferred not to say.

While most staff (17/25) told us the practice was supportive of equality, diversity and inclusion, a few told us it wasn't (7/25) or preferred not to say (1/25). Given this response, the practice should consider exploring whether further action is needed to show staff how the practice promotes equality, diversity and inclusion.

Culture

People engagement, feedback and learning

We were told the practice had an active Patient Participation Group (PPG) and the practice management had recently met with the group to discuss how they could best engage with patients. We were told the PPG were keen to support the practice in this regard.

Other than the annual access survey, we were told the practice did not have a well-established system for regularly seeking patient feedback. However, the local Community Health Council (now Llais) had produced a report in February 2023 following an engagement exercise with patients of the practice. This activity focussed on their experiences of accessing services at the practice. We were told the practice had taken action to make improvements in response to the findings described in the report. The practice's response and details of the action taken were available on the practice website.

The majority of the respondents who completed a HIW patient questionnaire (164/182) told us they had not been asked by the practice to provide feedback. The remainder either told us they had (7/182) or could not remember (11/182).

We saw an up-to-date written complaints procedure was in place for managing complaints about the care or treatment provided at the practice. This was in keeping with Putting Things Right. The procedure included the details of the contact person at the practice and the expected timescale for responding to complaints.

Information on the practice's complaints procedure was displayed in the waiting room. We also saw Putting Things Right leaflets were readily available at the reception desk. In addition, the complaints procedure was available on the practice website.

Details of other organisations patients could approach for help and support were included as part of the information displayed at the practice and on the practice website.

However, when asked whether they knew how to complain, under half of the respondents who answered the question in the HIW patient questionnaire (76/181) told us they did, and the remainder (105/181) told us they didn't.

The practice is required to provide HIW with details of the action taken to further make patients aware of the practice's complaints procedure.

We saw there was a system for recording complaints made to the practice. We reviewed the records of complaints received at the practice within the previous six months. Generally, we saw complaints had been responded to within the timescales set out in the practice's written procedure. Where this had not been possible, we saw evidence that patients had been informed of the delay.

The majority of staff who answered the question in the HIW questionnaire (25/27) told us they are encouraged to report errors, near misses and incidents. In addition, most staff told us the practice treats those involved in these fairly (19/27) and took action to learn from errors, near misses and incidents to ensure they do not reoccur (20/27). Most staff also told us they are provided with feedback about changes made in response to reported errors, near misses and incidents (17/27).

We saw the practice had an up-to-date policy on the Duty of Candour. This was in keeping with the guidance issued by Welsh Government. The Clinical Practice Manager demonstrated a good awareness of their responsibility under the Duty.

The majority of staff who answered the questions in the HIW questionnaire told us they knew and understood the Duty of Candour (21/27), understood their role in meeting the Duty standards (21/27) and they were encouraged to raise concerns and share these with patients (23/27).

Information

Information governance and digital technology

We saw the practice collected activity data and this was published on the practice website in a format that could be easily understood.

We were told the practice had a data protection officer and that staff were aware of who this person was and what their role was.

The practice information leaflet was available to download from the practice website. This referred to practice staff having a duty to protect patient information from unauthorised disclosure. While patients could request a copy of the privacy notice, this was not advertised at the practice premises, nor was the privacy notice available on the practice website. This meant patients may not be aware of how the practice use their personal data.

The practice is required to provide HIW with details of how the privacy notice is made freely available and easy to access by patients. Consideration should be given to guidance¹ published by the Information Commissioner's Office (ICO).

Learning, improvement and research

Quality improvement activities

We were told the practice engaged in quality improvement activity. However, there was little evidence to show the effectiveness of the improvements implemented by the practice and how feedback had been shared with the wider practice team.

The practice is required to provide HIW with details of the action taken to show the effectiveness of the improvements implemented by the practice (as a result of quality improvement activity) and how feedback has been shared with the wider practice team.

Whole system approach

Partnership working and development

The practice was one of the GP practices in the Rhondda Primary Care Cluster, located in the local health board area. Discussions with the management team indicated the practice worked collaboratively with the other health and care providers within the Cluster.

We were told the practice had been working closely with Llais, since the engagement activity exercise and subsequent publication of their report in February 2022.

We were also told the practice had a close working relationship with local providers for social prescribing including a bespoke Woodland Wellbeing Project, a scheme specifically for practice patients.

Suitable arrangements were described to receive and record information, such as discharge summaries, from secondary care and to direct this to an appropriate member of the practice for action as appropriate.

¹ <https://ico.org.uk/for-organisations/sme-web-hub/frequently-asked-questions/transparency-cookies-and-privacy-notices/#where>

4. Next steps

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 how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

Appendix A - Summary of concerns resolved during the inspection

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

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

Appendix B - Immediate improvement plan

Service: Forest View Medical Centre

Date of inspection: 12 July 2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Our findings mean HIW is not assured staff are aware of where to locate those items not stored on the emergency trolley. We are also not assured staff are aware of the correct process for checking the emergency equipment. Both may result in delays when responding to an emergency at the practice.	<p>The practice is required to provide HIW with details of the action taken to:</p> <ul style="list-style-type: none"> Demonstrate staff have been made aware of the correct process for conducting regular checks of the equipment for use in the event of an emergency (patient collapse) 	The practice has invested in a bespoke Emergency Trolley which is purpose built to allow easy access to all emergency equipment, drugs and supplies. This trolley features a tamper proof mechanism which shows, at a glance, whether the trolley content has been accessed. Clear procedures, including a checklist, have been documented and introduced and all relevant staff have completed face to face training to ensure clear	Rachel Davies	21 July 2023 - Action Complete*

	<ul style="list-style-type: none"> • Demonstrate staff are aware of the location of all the equipment and drugs for use in the event of an emergency (patient collapse) • Monitor staff compliance with the written process for conducting checks of the emergency drugs and equipment. 	<p>understanding of the trolley lay out, contents, checklist etc.</p> <p>As above. Trolley has a dedicated location and signage is posted throughout the surgery and on the door to the room it is located. Staff have completed face to face training to familiarise themselves with all Emergency Trolley contents and how to order/replace items which have expired or used following an incident.</p> <p>Full details shared at the Nurse Meeting (19 July 2023) and all relevant staff are required to formally sign off on training and a register of this will be maintained. Staff have committed to completing the online training (FVMC policies and procedures library hosted via Practice Index Training Hub) by 26th July</p>	<p>Rachel Davies</p> <p>Rachel Davies</p>	<p>21 July 2023 - Action Complete*</p> <p>Ongoing</p> <p>Minutes of Nurse Meeting held on 19th July sent as evidence.</p>
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		<p>2023. Emergency Procedures is included in Staff Induction programme for all relevant staff.</p> <p>Training records to be reviewed annually and/or as part of the appraisal/revalidation process as appropriate.</p> <p>The following supporting documents are included as part of this submission:</p> <ol style="list-style-type: none">1. Emergency Drug Stock Check Log - amended following feedback from the Nurse Meeting to be more user friendly.2. Flowchart - Emergency Drug Trolley Stock Check process3. Flowchart - Emergency Resuscitation equipment Trolley Stock Check process4. SOP for Auditing Emergency Drug Stock and		
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		Resuscitation Equipment Checks 5. Minutes of Nursing Meeting - 19/07/2023		
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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): Mark Gall

Job role: Business Manager

Date: 19 July 2023

Appendix C - Improvement plan

Service: Forest View Medical Centre

Date of inspection: 12 July 2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Our findings show patients with carer responsibilities may not routinely be signposted to the help and support available to them.	The practice is required to provide HIW with details of the action taken to identify those patients with carer responsibilities and to provide them with information and support as appropriate.	The Practice will identify a Carer Champion and engage with appropriate Carer Champion training. Carer information and support information will be shared in practice and on practice website. A social media campaign will be launched to promote Carer Services. Carers will be encouraged to tell us they are carers and appropriate Read Codes will be recorded on patient notes.	Practice Business Manager	November 2023
Our findings show staff may not be aware of the practice	The practice is required to provide HIW with details of the action taken	A staff training session, dedicated to the role of the	Practice Business Manager	March 2024

arrangements in place to support carers.	to raise staff awareness of the practice arrangements in place to support carers.	Carer, will be arranged using the UHB protected learning sessions once they have been agreed and scheduled.		
Our findings show patients confidential information may be overheard when they talk to reception staff.	The practice is required to provide HIW with details of the action taken to reduce as far as practicable the likelihood of patients' confidential information being overheard when they talk to reception staff.	A private room is available and used to discuss lengthy and/or sensitive issues away from the Waiting Room. Patients are encouraged to "stay behind the line" whilst queuing at Reception Desk. Clear signage will be displayed which promotes compliance with respecting patient's space, confidentiality and social distancing.	Practice Business Manager	October 2023
The practice needs to be able to evidence whether changes made to the appointment system are having a positive impact.	The practice is required to provide HIW with details of the action taken to evaluate the effectiveness of the changes made to the appointment system.	Feedback from local Councillors and MS/MP clearly suggest that the historical issues around access have been eradicated. Revised Appointment System, introduced May 2023, has been well received by patients. Practice reviews the balance between "On the Day" and	Practice Business Manager	31 st March 2024

		<p>“Book Ahead” appointments every month.</p> <p>Access Standards “Patient Experience” questionnaire will be completed in keeping with contractual obligation and the results analysed as appropriate. These results and subsequent recommendations will be discussed by the Practice Management team/Partners ahead of addressing specific issues identified.</p> <p>Findings will also be discussed at a Collaborative level and submitted to the Primary Care Information Portal as required.</p>		
Our findings show not all staff working as Care Navigators felt suitably supported in their roles.	The practice is required to provide HIW with details of the action taken to demonstrate staff working as Care Navigators have received suitable training to perform the role.	The Partners explained the recent history of the practice and clearly set out the ambitions of the Practice including the innovative approach of recruiting highly experienced and knowledgeable Clinical AND Business Managers, both of	Senior Management Team	October 2023

which are recent appointments to the Practice. The Partners acknowledge that staff may have felt unsupported during recent months and have committed to nurturing and developing the staff to ensure they are valued.

A comprehensive recruitment plan has successfully appointed new staff across many areas of the business (including Care Navigation) and dedicated training time set aside for all staff to complete appropriate training.

Weekly operational meetings take place with Management and Team Leaders and staff issues are addressed as they occur, where appropriate.

Relationship between staff and senior team members is excellent and staff are encouraged to raise issues and offer suggestions.

		In House Training and Development sessions will be utilised to explore issues as part of the UHBs contractual obligation to provide protected learning sessions.		
The practice could not evidence the training staff had received to work as Care Navigators.	The practice is required to provide HIW with details of the action taken to demonstrate staff working as Care Navigators have received suitable training to perform the role.	All staff have completed the relevant “Fundamentals of Care Navigation” e-Learning and any new staff complete this as part of the induction programme and as contractually required, within three months of start date. This obligation was achieved and verified under the contractual terms of the Access Standards.	Practice Business Manager	July 2023
We could not be assured potential or actual hazards associated with the operation of the practice had been identified and actions implemented to mitigate the risk of injury to staff or patients.	The practice is required to provide HIW with details of the action taken for a suitable risk assessment to be completed and to implement an appropriate action plan to control any risks identified.	The Practice have subscribed to a Compliance Service and a full independent review of all Health & Safety and Risk Assessment requirements will be undertaken. Any outstanding issues will be addressed, and appropriate	Practice Business Manager	December 2023

		actions completed, including the introduction of appropriate Risk Assessments.		
Not all staff were recorded as having completed IPC training.	The practice is required to provide HIW with details of the action taken to support those staff who are required to do so, to complete infection prevention and control training at an appropriate level.	All appropriate staff have completed their IPC training and an ongoing record is maintained to monitor and manage staff compliance.	Practice Clinical Manager	September 2023
Not all staff were recorded as having completed safeguarding training.	The practice is required to provide HIW with details of the action taken to support those staff who are required to do so, to complete safeguarding training at an appropriate level.	All staff have completed this training, as appropriate. An ongoing record is maintained to monitor and manage staff compliance.		
The practice could not evidence that best practice, national and professional guidelines are being regularly discussed and shared with the clinical team.	The practice is required to provide HIW with details of the action taken to demonstrate relevant best practice, national and professional guidelines are being regularly discussed and shared with the clinical team.	The practice hold monthly clinical meetings with all clinicians invited to participate. These meetings have an agenda and are minuted. Appropriate NHS Wales Alerts and clinical updates are regularly emailed to all clinicians. These will be recorded on the monthly Agenda as a reference point	Practice Clinical Manager	October 2023

		<p>for all incoming communications to highlight their importance and log safe receipt.</p> <p>Current Clinical Meeting structure and frequency will be reviewed to ensure dedicated time is available to discuss best practice and shared learning.</p>		
<p>Patient records did not always include details of whether a chaperone had been offered and whether the offer had been accepted or declined.</p>	<p>The practice is required to provide HIW with details of the action taken to consistently record in the patient record whether a patient has been offered a chaperone and if the offer has been accepted or declined.</p>	<p>All Clinicians have been reminded to Read Code the Offer of a Chaperone together with the appropriate response.</p>	<p>Practice Clinical Manager</p>	<p>September 2023</p>
<p>Our findings show the working relationship between management and the staff team needed to be improved.</p>	<p>The practice is required to provide HIW with details of the action taken to respond to the less favourable staff responses described in this report.</p>	<p>Open and honest meetings between Management and staff dispute these findings. Staff feedback has suggested that one individual submitted several Staff Feedback Forms which contained spurious and unfounded accusations. Stability within the workforce and the recent introduction of clear operational procedures</p>	<p>Partners & Management Team</p>	<p>September 2023</p>

		and processes has improved morale and a harmonious relationship is evident across all areas of the Practice		
Not all staff were recorded as having read some of the practice's policies/guidance.	The practice is required to provide HIW with details of the action taken to demonstrate staff are aware of the content of the practice's written policies and procedures.	Dedicated training time set aside for all staff to complete appropriate training. Each member of staff has 2 hours of Training Time set aside each month to complete outstanding training. Face to Face team sessions will be arranged once UHB agrees the dates and structure of the dedicated in house CPD sessions.	Management Team	October 2023
We could not be assured staff have been recruited safely.	The practice is required to provide HIW with details of the action taken to ensure new staff are recruited safely and to demonstrate that existing staff are suitable to work at the practice.	Recruitment of all staff now follows a checklist to ensure that all staff have a current DBS (or a DBS Check is completed with/on their behalf) and that references are requested. All job offers highlight the need for references and a DBS check.	Practice Business Manager	September 2023

		<p>Job Offer and Contract of Employment clearly states there will be a probationary period as appropriate.</p> <p>A full audit of all Staff Records will be conducted to identify if gaps are evident and a management control log will be introduced to ensure annual updates are followed up.</p> <p>Any anomalies will be address to ensure complete and accurate records exist.</p>		
<p>Our findings show not all staff were recorded on the staff training matrix.</p>	<p>The practice is required to provide HIW with details of the action taken to ensure all staff are recorded on the training matrix.</p>	<p>All staff are included on the Matrix.</p>	<p>Practice Business Manager</p>	<p>September 2023</p>
<p>Our findings show most staff were due to attend update training on most topics within one month or less.</p>	<p>The practice is required to provide HIW with an update on staff compliance with mandatory training, together with details of how training compliance will be maintained.</p>	<p>Dedicated training time set aside for all staff to complete appropriate training. Each member of staff has 2 hours of Training Time set aside each month to complete outstanding training.</p>		

<p>Our findings show not all staff had received an annual appraisal of their work.</p>	<p>The practice is required to provide HIW with details of the action taken to ensure all staff have an annual appraisal of their work and to agree individual professional development plans as appropriate.</p>	<p>All staff will receive an annual appraisal during the current year and annual reviews introduced.</p>	<p>Management Team</p>	<p>December 2023</p>
<p>Our findings show patients may not always be aware of the practice's complaints procedure.</p>	<p>The practice is required to provide HIW with details of the action taken to further make patients aware of the practice's complaints procedure.</p>	<p>The Practice follows Putting Things Right policy. Leaflets are available on the front desk and this is advertised on the website. Patients may complain in person, verbally, in writing or online.</p>	<p>Practice Business Manager</p>	<p>September 2023</p>
<p>Our findings show the practice's privacy notice was not freely available and easy to access by patients.</p>	<p>The practice is required to provide HIW with details of how the privacy notice is made freely available and easy to access by patients. Consideration should be given to guidance published by the Information Commissioner's Office (ICO).</p>	<p>A privacy notice is available and on display in Reception Waiting Room. An updated Privacy Notice will be reviewed and available via the new Practice Website, which will be live from October 2023. We will amend the current practice poster to include a QR code that allows access to the policy displayed on the website.</p>	<p>Practice Business Manager</p>	<p>October 2023</p>

<p>Our findings show the practice engaged in quality improvement activity. However, there was little evidence to show the effectiveness of the improvements implemented by the practice and how feedback is shared with the wider practice team.</p>	<p>The practice is required to provide HIW with details of the action taken to show the effectiveness of the improvements implemented by the practice (as a result of quality improvement activity) and how feedback has been shared with the wider practice team.</p>	<p>As described above. The Management Team has recently been recruited and has a clear vision on how to manage and structure all aspects of staff and operational management. The introduction of clear operational guidelines and process has been well received and the new structure includes dedicated operational meetings to review performance and address issues as they arise. New processes are monitored and reviewed and staff encouraged to feedback on their experiences.</p>	
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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): Mark Gall
Job role: Practice Business Manager
Date: 25th September 2023