Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

# General Practice Inspection Report (Announced)

## Cwm Gwyrdd Medical Centre, Cwm Taf Morgannwg University Health Board

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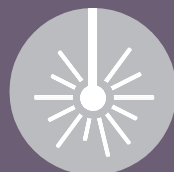

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# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## 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:

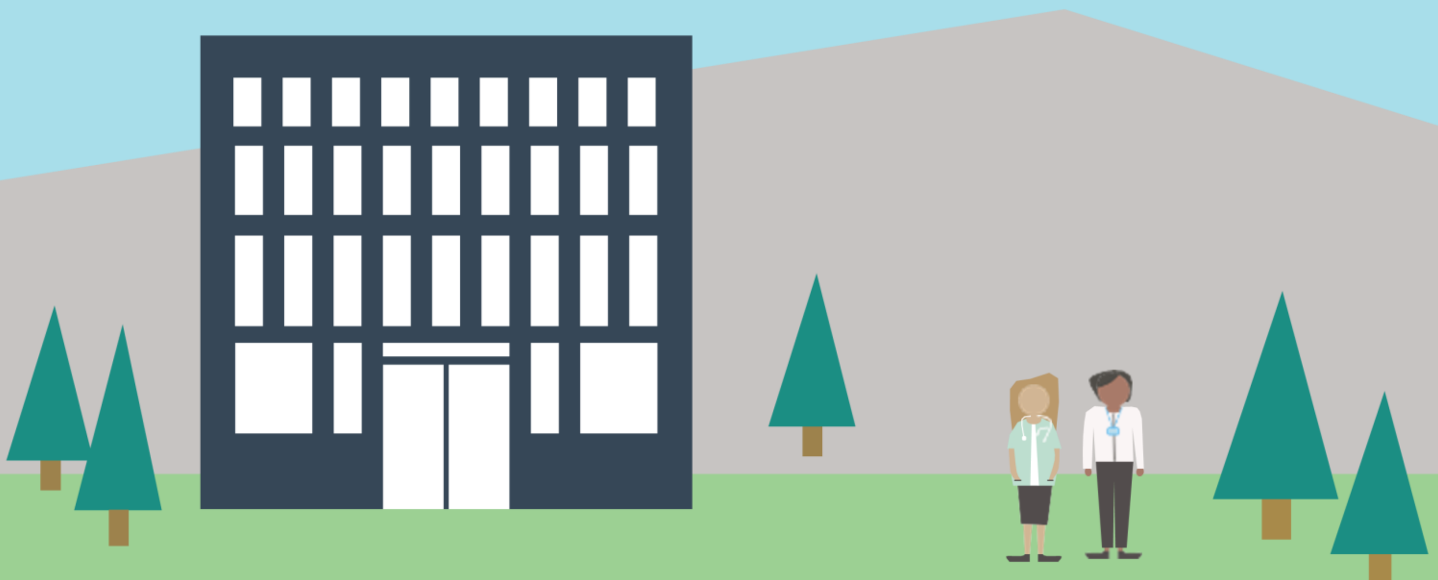
- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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.



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# 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 Cwm Gwyrdd Medical Centre, Cwm Taf Morgannwg University Health Board on 19 March 2024.

Our team for the inspection comprised of two HIW Healthcare Inspectors and three clinical peer reviewers. The inspection was led by a HIW Healthcare Inspector.

During 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 74 questionnaires were completed by patients or their carers, and 20 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.

# 2. Summary of inspection

## Quality of Patient Experience

Overall summary:
Overall, patient feedback received through HIW questionnaires was positive in regard to healthcare received with most patients rating the service as ‘good’ or ‘very good.’ However, patients did raise issues about accessing the GP and arranging appointments, especially for working patients.

Staff worked hard to provide a caring and professional service for patients and the practice engaged positively as a member of the local healthcare cluster to ensure a collaborative approach to serving the community.

We found a good range of information was available both within the practice and on the website to help patients improve their health and wellbeing. The practice website featured a Health Hub which included useful links and resources.

There was level access into the premises allowing patients with impaired mobility and wheelchair users easy access to facilities. The patient waiting room was clean and spacious with a separate room available for confidential discussions.

We saw a chaperone service was offered with relevant policies in place. However, some patients told us that chaperones had not been offered to them for intimate examinations or procedures.

This is what we recommend the service can improve:

- Ensure patients speaking at reception could do so in a way that upheld their privacy and confidentiality
- Develop an up-to-date care navigation pathway document
- Ensure all staff complete Equality and diversity training.

This is what the service did well:

- Good engagement with a local patient participation group (PPG)
- The Shared Decision Making policy provided a process to support patients in making healthcare decisions based on personal circumstances
- Good engagement with the local healthcare cluster to provide mental health care
- Large amount of bilingual patient information in the practice and several General Practitioners (GPs) who spoke Welsh.

## Delivery of Safe and Effective Care

Overall summary:
The practice team provided patients with safe and effective care in a spacious and clutter-free environment. The practice had developed a 'buddy' system with a nearby practice to ensure continuity of service in the event of an emergency at the practice.

Our review of infection prevention and control measures found an adequate policy in place with a lead appointed. Clinical waste and sharps bins were securely stored and needlestick flowcharts were available in each clinical room. Soap and hand sanitiser gel was available throughout the practice. We noted some cleaning issues within patient toilets.

Overall, medicines management was good with audits and reviews conducted. Prescription pads and medication were found to be securely stored. Whilst all drugs were found to be in date, there was no checklist of the drugs or vaccines retained by the practice.

There were comprehensive safeguarding procedures in place at the practice that complied with the All Wales Safeguarding guidelines. Appropriate alerts within medical records identified children at risk.

This is what we recommend the service can improve:

- Include business partnership risks to the business continuity plan
- Sanitary bins should be placed in patient toilets
- Implement a process for signing-out collections of prescriptions that relate to controlled drugs
- Introduce a process for formal safeguarding meetings.

This is what the service did well:

- Spacious, clutter free patient areas
- Buddy system with nearby practice as part of the business continuity arrangements
- Good links to health board multi-disciplinary team
- Patient records were clear and maintained to a good standard with comprehensive assessments noted.

## Quality of Management and Leadership

Overall summary:
We found the practice had good leadership and clear lines of accountability. The staff team worked very well together and were committed to providing a high standard of care for their patients. Staff had a good understanding of their roles and responsibilities.

There were regular formal and informal meetings held by the various teams at the practice which kept staff informed. However, we found several instances where reviews were conducted as informal discussions with no evidence of minutes recorded nor shared learning cascaded to the team.

We found a comprehensive induction process in place for new staff and an induction pack for locums. Training compliance was monitored, although we identified that training for some staff was incomplete.

The practice had a complaints policy in line with the NHS 'Putting Things Right' process and had various arrangements to gather feedback from patients. We saw a 'You Said, We Did' notice displayed within the waiting room to inform patients of changes made as a result of their suggestions.

This is what we recommend the service can improve:

- Ensure all staff have read and understood relevant practice policies
- Adopt a robust approach to obtaining written references prior to employing staff
- Ensure up-to-date mandatory training is completed by staff
- Display 'Putting Things Right' posters in patient areas
- Improve learning from reviews, audits and feedback formally, documented and disseminated to the wider team.

This is what the service did well:

- Lots of informal staff engagement and meetings
- Feedback mechanisms and analysis identified themes and issues for improvements in patient experience
- Digital Health and Care Wales (DHCW) service used to support the practice data protection governance.

# 3. What we found

## Quality of Patient Experience

### Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. Responses were mostly positive, with the main issue being accessing the GP and arranging appointments. Almost all of the respondents who answered rated the service as 'very good' or 'good'. Some of the comments we received about the service and how it could improve were:

> ***"Excellent surgery fantastic doctors, nurses and receptionists they always go that extra mile to make sure your able to be seen has quickly as possible."***

> ***"The surgery provides me and my family with an excellent service when needed. We have appointments mostly with the nurses and ANP for long term conditions. We are grateful for the help and support they give in managing our health needs."***

> ***"The staff are always great. The booking system has improved a huge amount."***

> ***"The care my mother and father received at the end of their lives was amazing. When my mother was diagnosed with Lung Cancer stage 4, we were kept informed, we were checked on regularly and were made to feel safe and looked after. They supported the whole family and not just the patient. I cannot thank the practice enough for everything. They went above and beyond what was expected. Our community is very lucky to have a very caring team, from the receptionists to the doctors."***

> ***"Fantastic team of doctors, nurses and clerical staff. Have always been seen with emergency matters and children always seen on the day. Never had a problem with referrals or further appointments."***

> ***"When I get to see the GP or nurse the service is excellent, but it is sometimes very difficult to get to see them or speak to them."***

## Person centred

### Health Promotion

During our inspection, we saw a wide range of written health promotion information available for patients within the practice waiting areas. Staff informed us that health promotion information was provided by the health board and third sector organisations. We saw healthcare posters in both Welsh and English and there was a display screen in the waiting area providing patient information on a continual loop. There was a patient information leaflet available which provided useful information about the practice.

The practice 'healthier living' clinic which included obesity management and reducing alcohol support was described. This could be accessed through self-referral or via the GP and was supported on the practice website with useful links and resources available for patients. The Health Hub webpage was advertised within the new registration pack and was easily accessed using the quick response (QR) code displayed.

We were told that the practice engaged with mental health promotion initiatives such as referrals to cluster funded MIND counsellors, and community psychiatric nurses (CPN) were available via the primary care mental health care team.

Most patients who responded to the question in the HIW questionnaire agreed that there was health promotion information on display at the practice. All except one member of staff in the questionnaire believed that they offered health promotion advice and information about chronic conditions to patients in a variety of mediums.

We were told that the practice monitored and reviewed patients who did not attend (DNA) appointments, with subsequent action determined by the individual circumstances of the patient. We saw that there was a Did Not Attend policy in place. Appropriate discussions between the safeguarding lead, school nurses and the health visitor would occur for child DNAs.

The process in place to manage the winter vaccination programme was described. We were told that vaccinations for over 65-year-olds was at 70 per cent, however, the practice was aware that patients had also gone to the local pharmacy for vaccinations.

### Dignified and respectful care

Reception staff were observed welcoming patients in a professional and friendly manner. To protect confidentiality, telephone calls were taken in the upstairs administration office, away from the reception desk.

To provide privacy, there were signs along with floor markings in reception to indicate to patients to maintain a respectful distance apart when reporting to reception staff. A sign at reception informed patients that a room was available behind reception if patients wanted additional privacy. However, over half of the respondents who answered the question felt that they were unable to speak with a member of reception staff without being overheard by all in the patient waiting area. Some of the comments we received about privacy in reception were:

> ***"Attitude and lack of privacy of the receptionists. Some are extremely rude also."***
>
> ***"The receptionists talk so loud you can hear them on the phone to patients, their names and reason for their call. This is the same for patients attending."***
>
> ***"Some receptionists need extra training in how they deal with people on the telephone."***

**The practice must ensure that patients speaking at the reception desk are enabled to do so in a way that upholds their privacy and confidentiality.**

Treatment rooms were closed and privacy curtains were in place to maintain patient's privacy and dignity. There was a practice chaperone policy in place for intimate examinations. We saw chaperone posters clearly displayed in the waiting area and in clinical areas and were told that GPs would offer either male of female chaperones to patients when necessary. However, we found that when used, chaperones were not annotating patient records in line with the practice policy, to confirm their attendance. Additionally, whilst most respondents to the patient questionnaire indicated they had been offered a chaperone when required, there were four patients who disagreed.

**We recommend the practice ensures chaperones annotate patient records accordingly in line with practice policy.**

**The practice should reflect on the issue raised in this feedback to ensure all patients are offered chaperones when appropriate.**

We noted that all patient areas including treatment rooms were located on the ground floor with level access from the car park and ramp access from the street, giving good accessibility for wheelchair users. A pharmacist was located in adjoining premises which was also easily accessible.

Almost all patients who answered the HIW questionnaire felt they were treated with dignity and respect and said measures were taken to protect their privacy.

All staff felt that the care of patients was the practices' top priority and that they would be happy with the standard of care provided for themselves, friends and family. Furthermore, all staff were content with the efforts of the practice to keep staff and patients safe.

## Timely

### Timely Care

The surgery was open between 8:00am and 6:30pm Monday to Friday with out-of-hours cover over the weekends. Patients were informed of options for accessing appointments via the practice website, social media or the local PPG. Access to appointments was either via telephone or as walk-in patients. E-consults were also available through the practice website. Patients could email photos of skin problems to the practice for GP assessment. The local health board access standards were displayed in the entrance and on the website.

The practice had an appointment booking procedure that covered all appointments. Patients requiring same day appointments were advised to call at 8:00am, whilst routine non-urgent appointments would be available from 12:00pm. Reception staff had checklists to aid signposting to various other services. However, we found there was no documented care navigation pathway for the staff to follow. We were advised that the practice was working on this.

**The practice must ensure a clear up-to-date care navigation pathway is documented and available to staff.**

Patients requesting face to face appointments were usually seen in person. However, once all appointments had been filled, requests were triaged by the GPs. We were told that all children were prioritised to be seen when an urgent appointment was requested.

Regarding access to their GP, the majority of patients were satisfied with the opening hours of this practice and agreed they were able to contact their practice when they needed to.

Over half of the patients who answered stated they were able to get a same-day appointment when they need to see a GP urgently. However, fewer felt they could get routine appointments when they need them. Very few of the patients (33 per cent) who answered were offered the option to choose the type of appointment

they preferred. We noted that ten respondents to the HIW questionnaire said their appointments were conducted either by video link or over the phone.

Some comments we received about accessing the GP are below:

> *"The phone system is absolutely ridiculous. Never able to get an appointment. Need to phone over multiple days to get an appointment. Unable to access an appointment for a young child."*
>
> *"Trying to get appointment is very difficult."*
>
> *"I find it difficult to see or even book an appointment. Trying to work around my shifts are really difficult. I always get told to ring back the next day at 8am to see if I can get an appointment."*
>
> *"I was refused an appointment at 10am. They said, 'All booked up.' My friend phoned at 10:20am and was given one because he does work for the lady giving out the appointments."*
>
> *"Should have either online or telephone appointments too."*
>
> *"Could have easily been done over the phone, suffering with an ongoing condition."*
>
> *"A lot of the time I can get the same outcome by speaking to my GP on the phone... Now the receptionists are very forceful about me seeing the GP in person.... This should be optional."*
>
> *"Never offer suitable appointments for full time working people. Poor customer service on the phone. Dreadful waiting times for an appointment. Waiting an hour on more than one occasion."*
>
> *"Don't cater for people who need appointments after work."*
>
> *"…working 9-5 Monday to Friday, I find it difficult to call the surgery at 8am to request and appointment due to travelling to work. Appointments when available are usually within my working hours which means taking time off work to attend…. Options of virtual or telephone appointments would be much more resourceful and flexible for myself as a working person to be able to attend."*

**We recommend the practice reflects on the issues raised in this feedback to ensure patients receive treatment in a timely manner.**

## Equitable

**Communication and language**
Staff informed us of the methods of communication used to provide information to patients. As well as face-to-face, information was displayed in the patient waiting area, on entrance foyer noticeboards and promoted through the practice website and social media. We were told a dedicated member of staff was responsible for keeping the online material up to date. However, we found some areas confusing to navigate with subject matters placed under incompatible headings, for example diabetes and mental health under the heading 'Respiratory Infections'.

**We recommend the practice reviews their website to enable easier navigation for patients and amend any outdated content.**

The practice had an active PPG which, alongside the practice, had organised a number of initiatives including making hearing aid batteries available at the practice and a podiatry service. We saw evidence of regular meetings taking place with the PPG and that minutes were recorded for reference. We spoke with a member of the PPG during the inspection about their work with the practice. Whilst we saw a leaflet about the PPG in a leaflet rack in reception, the practice should consider advertising the PPG on the practice website and publish the minutes of the meetings.

We were provided with a comprehensive consent policy. This ensured that all patients were able to give informed consent and those patients without capacity were appropriate protected.

The practice was proactive in ensuring individual patient needs were met. The practice had a Shared Decision Making policy in place which provided a collaborative process for clinicians to support patients in making decisions about their care and treatment based on their own personal circumstances.

We were told the practice placed alerts on their clinical notes system to notify staff if patients had hearing or sight issues, or if there were any issues regarding consent. The practice had access to translation services and a hearing loop was available for patient use.

There was a large amount of bilingual patient information in the practice and several GPs spoke Welsh. We saw staff wearing 'Iaith Gwaith' lanyards so that patients could identify them as Welsh speakers. However, we found that the reception staff were unaware of the 'Active Offer'.

**The practice must ensure all staff are made aware of the 'Active Offer' to provide services in the medium of Welsh.**

The practice ensured messages were communicated to the appropriate people by using emails and alerts on the practice IT system. The system allowed for messages to be marked as complete to ensure all messages had been acted upon.

There were appropriate processes for the flow of patient letters and documents circulated around the practice, with the document date stamped and scanned onto the practice IT system. We found information was shared with patients about their condition and care management options appropriately. All results were seen and acted on the same day and we saw that results waiting to be processed were all from the day of the inspection.

Almost all patients who answered the HIW questionnaire felt that the GP explained things well to them and answered their questions and most felt involved in decisions about their healthcare. Some comments we received about patient care were:

> ***"The care my family receives in the practice is outstanding. The staff are caring, thoughtful and professional. They always go above and beyond to get an appt that I need and are particularly conscientious when finding urgent appts for children. After care is also superb, when needing paperwork completed etc. The practice is well led and managed. We feel well looked after."***
>
> ***"Fantastic practice. We are very lucky to have the most caring staff in our little community."***

**Rights and Equality**

The practice offered good access. There was a large dedicated free car park with cars able to pull up outside the main doors to allow patients with impaired mobility easy access into the building.

Automatic doors to both the front and rear entrance of the practice, level access throughout and a lower reception desk area allowed for ease of access for patients in wheelchairs or with mobility access requirements. The patient waiting area was spacious and clean with plenty of seating available. All patients considered the building to be easily accessible.

Patients requiring reasonable adjustments to access the practice, such as an appointment at a particular time of day, were readily accommodated by the practice.

The practice was proactive in upholding the rights of transgender patients. We were told transgender patients were treated with sensitivity and it was confirmed preferred names and pronouns would always be used. We were told old records would be merged with new NHS records to ensure continuity of care.

We saw an equality and diversity policy was in place and that separate training to prevent bullying and harassment in the workplace was available. However, we found there were some staff who were listed as having not read this policy nor completed the equality and diversity or bullying and harassment training.

**The practice must ensure staff have read and understood the practice equality and diversity policy and complete any relevant mandatory training.**

There were five respondents to the HIW questionnaire who felt that they had faced discrimination when accessing or using this health service. One patient commented:

> *"They make you come to surgery even if you are unable to get there as you are disabled."*

**The practice must inform HIW of what further actions they are taking to prevent discrimination of patients.**

# Delivery of Safe and Effective Care

## Safe

**Risk Management**
We found the clinical treatment rooms at the practice to be well lit, clean and free from unnecessary clutter. Sharps bins were securely fixed in a safe location and were out of reach of children.

We found a wheelchair available for the use of patients with impaired mobility. However, we were told there were no servicing arrangement in place to ensure this was safe for patients to use.

**The practice is required to put in place servicing arrangements for the patient wheelchair to ensure it is safe for the use of patients.**

We were provided with a copy of the practice business continuity plan. This had been recently reviewed and contained all the necessary details to ensure appropriate action was taken in the event of an unforeseen incident including details of a 'buddy' system with a neighbouring practice, to ensure patient care could continue in the event of an emergency or adverse situation. However, we found that the plan did not cover business partnership risks. As there were several GPs at the practice, we did not consider there was an immediate risk at present. However, the practice should consider covering this risk within the plan.

We were told that emergency assistance was available in all rooms via a designated call button built into the clinical IT system that would alert all users once pressed. We were provided with an example where this had worked during an emergency at the practice the day prior to our inspection.

We saw good evidence of safe practice in relation to home visits. Patient needing admission to hospital were referred promptly and were clinically supervised while awaiting transport.

**Infection, Prevention, Control (IPC) and Decontamination**
We were provided with the practice IPC policy. This had been recently reviewed and was available to all staff both as a hard copy and on-line. We saw needlestick injury posters available in treatment rooms to advise staff of the course of action to follow in the event of a sharps injury.

An IPC audit had been completed recently by the practice and an action plan drafted. There were appropriate waste management procedures in place with

clinical waste bins securely stored and sharps bins managed by practice nurses. There was both an IPC lead and deputy appointed, staff indicated they were all aware of their role in upholding IPC standards. We were told that the practice was cleaned by the domestic team from the local health board, who shared the premises with the GP practice.

During our tour of the practice, we saw soap was available in patient and staff toilets and that hand washing posters were displayed in the treatment areas and toilets. Sanitising hand gel was seen throughout clinical areas. However, the patient toilet did not have a sanitary waste bin available. We also found dirty toilet brushes were openly displayed on a shelf next to the toilet. In addition, the fold-down baby changing table was dirty, presenting both a potential contamination risk as well as not being a good example of cleanliness for patients using the facility. We raised these issues with the practice manager, who rectified the cleaning matters immediately. We were informed that sanitary waste bins had been picked up on a recent IPC audit and were currently on order.

**The practice must ensure sanitary waste bins are available in patient toilets.**

**The practice must arrange for regular spot checks of the toilet facilities to ensure they are clean and fit for use by staff and visitors to the practice.**

Our observations of the clinical environment found this to be good overall. Flooring and work surfaces were of a suitable wipe design, allowing for effective cleaning and appeared to be in a good condition. However, desktop fans were found to be dirty and were missing from the cleaning schedule. We raised this with the practice manager for them to be cleaned at the earliest opportunity. We also noted that the portable privacy screens, baby changing table in patient toilet and wheelchair were not included as part of the cleaning schedule.

**The practice must ensure that cleaning schedules are revised to ensure all infection prevention and control risks are covered.**

Of the patients that responded to our questionnaire, all except one considered the practice was clean. Most told us that hand sanitisers were always available for them in the practice and agreed that staff washed their hands before and after delivering care.

In all, 36 respondents to the questionnaire indicated that they attended for an invasive procedure. All except one said that the equipment used was individually packaged and appeared sanitised, whilst the majority answered that staff wore gloves during the procedure and that antibacterial wipes were used to cleanse the skin prior to the procedure starting.

**Medicines Management**
Most requests for repeat prescriptions were made by patients dropping off request slips at reception. Appropriate arrangements were described for managing the requests, involving the practice prescribing clerk, GPs and pharmacist. The practice had a prescribing policy in place. This had been recently reviewed and contained references to the practice pharmacist but did not set out the scope of practice for this role.

**We recommend the practice review the prescribing policy to include information on the delegated responsibilities of the pharmacist.**

We looked at the practice procedure for issuing prescriptions for controlled drugs, especially where these are collected from reception. However, there was not a process in place for recording these collections.

**We recommend the practice implements a process for signing out collections of prescriptions that relate to controlled drugs.**

To ensure patients continued to be prescribed the most appropriate medications, patients had medication reviews as indicated on the repeat slip. The practice conducted data monitoring searches to ensure any medications no longer being taken were removed from their repeat prescribing list.

Prescription pads, along with a full log, were kept securely locked away to prevent unauthorised access. Appropriate arrangements were described for the disposal of prescription pads if a GP left the practice. Prescriptions that were destroyed were recorded in the log to identify that they were no longer in use.

Vaccines were stored appropriately within dedicated vaccine fridges which had annual maintenance checks. An up-to-date cold chain policy was in place to ensure safe storage of refrigerated medicines and we were assured that staff were aware of the action to take should there be a breach in the cold chain. Evidence of twice daily temperature checks were provided to us to confirm adherence to the policy.

The practice had a limited number of non-emergency drugs on site, all of which were stored securely. Whilst our review of medication found all to be in date, there was no checklist of the drugs or vaccines retained by the practice.

**The practice must keep a checklist of drugs and vaccines kept at the practice.**

**Management of Medical Devices and Equipment**
The practice manager held responsibility for arranging annual checks and calibration of devices and equipment, with staff reporting any emergency repairs

or replacements to the practice manager for action. On the day of our visit, we found that all were well maintained and in a good condition. We were told that the GPs managed their own clinical bags for any off-site patient visits.

Emergency equipment including oxygen and a defibrillator were available and well signposted so that staff could locate them in the event of an emergency. We saw evidence that regular checks on the equipment and emergency drugs was conducted. We found both adult and child defibrillator pads available and in date. Medication to manage exacerbation of asthma or hypoglycaemia was also available as part of the emergency kit.

**Safeguarding of Children and Adults**
We saw a comprehensive and up to date safeguarding policy in place at the practice that complied with the All Wales Safeguarding procedures. This identified the safeguarding lead at the practice and included details of actions to take should staff have a safeguarding concern along with the contact details for the local safeguarding team. However, quick reference guides with flowcharts and contact numbers were not readily available in clinical rooms. These would provide easy access to relevant information and guidance in the event of a concern.

**We recommend the practice place copies of safeguarding quick reference guides with contact numbers in each of the clinical rooms.**

Children not brought for appointments were followed up according to the safeguarding policy. A process was in place to ensure the medical records of children with a safeguarding status, together with their parents/carers and siblings were identifiable to staff by way of an alert marker within the patient records.

As the practice was in shared premises with the local health board, we saw staff had good safeguarding links to multi-disciplinary team (MDT) working, including liaison with the local health visitor. However, as contact was made as and when required, these were often informal discussions.

**The practice must introduce a process for formal safeguarding meetings to be conducted.**

We were provided with a training matrix to demonstrate compliance with appropriate levels of training in safeguarding. However, we found that up to date training had not been completed by several staff. Additionally, of the staff who responded to the HIW questionnaire, three said they were unaware who the safeguarding lead was at the practice and one said that they would not know how to report a safeguarding concern.

**The practice must ensure all relevant staff have completed the necessary safeguarding training and are fully aware of the practice arrangements for dealing with a safeguarding concern**.

## Effective

### Effective Care

We found the practice had a dedicated team that worked hard to provide patients with effective and safe care. The practice manager kept up to date with the latest best practice guidelines, by attending peer group and health board meetings and reading various healthcare media releases. We were told that some doctors subscribe to an online knowledge platform which provided healthcare updates for primary care providers. The practice described appropriate means for disseminating changes to guidelines and best practice to staff including emails, meetings and via the various online groups.

Discussions with senior staff described the mechanism for the dissemination of patient safety alerts. This was the responsibility of the deputy practice manager. We reviewed the significant events file and saw all events clearly recorded with lessons learned. We were informed significant events were discussed at both partners and staff meetings. This was confirmed by all staff who responded to the HIW questionnaire agreeing that the organisation took action to ensure that errors, near misses or incidents do not reoccur and that feedback was given in response to them. However, there was no evidence of formal shared learning across the practice.

**The practice must implement a process where the results from significant events reviews are formally shared across the practice to promote learning from incidents.**

We saw an appropriate process for making staff aware of diagnoses made by other doctors when seen out of hours. This ensured patient records were kept up to date. Incoming reports and results that required follow-up were actioned, although once the invite was sent, this was then marked as complete. There was no process in place to check that the follow-up had been completed.

**The practice must implement a process to ensure that follow-up activities are completed.**

Referrals to secondary care were sent via the Welsh Clinical Communications Gateway (WCCG). Referrals were appropriately categorised as routine, urgent and urgent suspected cancer, with the latter actioned within 24 hours. We were informed that whilst GP activity data identified increases in referrals, there was no

current review process in place to compare referral rates against other practices in the area to identify themes and trends.

**The practice should consider implementing a review of referral rates to help highlight key themes and trends.**

We found the practice telephone answer service directed callers with emergency conditions to dial 999 and also suggested attending a pharmacy for minor issues.

Suitable arrangements for assessment and referral to mental health services were described. This included daily face-to-face assessments of patients in crisis and access to a mental health practitioner based in the practice one day a week. We were told the practice made referrals to MIND and the primary mental health care team. However, the practice reported there were long waits when referring to the latter service. The practice provided an in-house substance misuse service. One patient commented:

> ***"I have recently visited the practice following a major upset in my life, and my mental health deteriorated considerably. The Dr in question took time to talk to me, advise me and asked what I wanted, needed, and didn't rush me at all."***

**Patient records**

We reviewed a sample of ten electronic patient medical records. These were stored securely and protected from unauthorised access in compliance with relevant legislation. Our review of the information technology (IT) systems demonstrated effective recording, storage and retrieval of patient clinical information.

Overall, we considered the patient records to be clear and maintained to a good standard. We found comprehensive assessments with appropriate history, examination, investigations, treatment and referrals recorded. All consultations that we looked at had clinical problems appropriately Read coded and we saw evidence of appropriate systems for recalling, monitoring, and managing patients with chronic diseases. Records indicated patients were appropriately reviewed when medication reviews were due and had blood tests and review appointments arranged as necessary.

# Quality of Management and Leadership

## Staff feedback

The response to the staff survey was generally positive. All respondents agreed that they were satisfied with the quality of care and support provided to patients at the setting and that they would recommend the setting as a place to work.

***Staff comments included the following:***

> ***"I feel Cwm Gwyrdd is a great place to work. The clinical and administrative teams are managed well and all care is taken to keep staff and patients safe and cared for."***
>
> ***"Good team environment with excellent peer support."***

## Leadership

**Governance and leadership**
Cwm Gwyrdd Medical Centre was operated by five GP partners and is an active member of the Rhondda Cluster of Cwm Taff Morgannwg University Health Board. It was evident that all staff were clear about their roles and responsibilities and there were clear lines of accountability in place at the practice.

We were told that the practice held formal partner meetings and engaged in cluster groups every two months, whilst the nursing team and administrative team meetings were held quarterly. These were supplemented with informal GP clinical meetings each lunchtime. However, whole team meetings were not being held on a regular basis due to a lack of protected time. We were advised that the practice was considering options to overcome this, including holding whole team meetings every six months on a Saturday.

The practice also had an open door policy with associated healthcare services such as the district nurse team and the Community Drugs and Alcohol Team (CDAT) to enable discussions as and when required. They also held regular meetings with the palliative care team and local health visitors, and planned to extend their scope of meetings to other teams such as mental health and social workers.

Information from these meetings would be shared with staff verbally, via staff emails and practice online groups. We saw evidence that formal minutes were taken, which would be disseminated by email to staff to ensure they remained up to date with work related matters.

The practice had a register of policies and procedures held on the practice IT system. These were regularly reviewed and staff had easy access to them via a shared drive. Any policy or procedural changes were communicated to staff promptly via the practice index hub which date stamped when staff had accessed the documents. We noted that there were numerous gaps indicating that polices were 'Not Read' by various staff. Additionally, we noted that several policies lacked a version history and review dates.

**The practice must ensure that:**

- **All staff have read and understood relevant practice policies to ensure compliance with practice processes**
- **Provide HIW with evidence once completed**
- **All policies contain version history, review dates and person responsible for reviewing the procedure.**

The practice manager stated that staff had access to cluster funded MIND resources and occupational health schemes. We were told that the practice arranged staff wellbeing and team building events.

At the time of our visit the main challenges and pressures faced by the practice was protected time not provided for staff training and development. As a result, the practice currently either had to remove team members from clinical sessions or plan activities in staff's own time. One staff member commented:

> ***"Would find it helpful if the UHB or HEIW put on face to face safeguarding level 3 training free for GPs to attend plus gave us time off clinical sessions to attend training courses as I have to do all my continuing professional development in my own time."***

## Workforce

**Skilled and enabled workforce**

We spoke with staff across a range of roles working at the practice. It was clear that they all had sound knowledge of their roles and responsibilities and were committed to providing a quality service to patients. Senior staff told us that staff appraisals had recently been completed. Almost all staff who responded to the HIW questionnaire agreed they had appropriate training to undertake their role. However, 30 per cent of staff said they had not had an appraisal or development review in the last 12 months.

**We recommend the practice reflects on the staff feedback and provide HIW with clarification regrading staff appraisals.**

Newly appointed staff were required to undertake a comprehensive induction programme. This would be documented and signed off by a senior member of staff. A customised induction pack was also in place for locums. Job descriptions were issued and held within staff files. However, we found that some pre-employment references were missing for some staff members.

**The practice must ensure they adopt a more robust approach to obtain the necessary written references prior to employing a person to work at the practice. We recommend all non-responses are documented.**

We reviewed staff training records which highlighted several gaps in mandatory training for both clinical and non-clinical staff including IPC and safeguarding training. We found that some staff were scheduled to undertake their annual BLS training.

**The practice must ensure staff are fully compliant with mandatory training and provide HIW with evidence when completed.**

There was a good understanding of individual roles within the practice. Staff felt that the workload allocation was appropriate and within their scope of practice and they had access to support from the GPs as and when required. Senior staff described how they consider workforce planning requirements, however, we found there was no formal workforce plan in place.

**We recommend the practice creates a formal workforce plan to ensure appropriate capacity and skill mix of staff is always available.**

The practice had two non-medical prescribers (NMP). We saw that appropriate and necessary training had been completed, that they were working within their competence and were able to discuss any queries with a member of the medical staff. However, we did not see any evidence of formal supervision of non-medical prescribers. Additionally, we were told there were clinical meetings, but the nurses did not attend these. The nurses should contact the NMP lead for the area and see if there were any prescribing meetings that they could attend.

**We recommend the practice introduce formal supervision of non-medical prescribers to include an audit of prescribing, a review of consultations and formal periodic meetings.**

We were assured that staff would be supported in raising a concern should the need arise and we were provided with the practice whistleblowing policy. This had been recently reviewed and was available to all staff.

## Culture

**People engagement, feedback and learning**

The practice had in place an appropriate complaints policy and procedure which was recently reviewed and in line with the NHS ‘Putting Things Right’ process. However, there was no ‘Putting Things Right’ poster displayed in the waiting area. The policy contained a timescale for response and a named member of staff responsible for investigating the complaint and details of how the complaint could be escalated should a resolution not be found.

**The practice must display ‘Putting Things Right’ posters in an area where they can be clearly seen by patients.**

We reviewed the practice complaints file and saw that the process to be robust and in line with the policy timescales. We saw that verbal complaints would be recorded using verbal complaints forms.

Feedback was gathered via patient experience surveys, a suggestions box, feedback from the PPG and checking social media reviews. Analysis of this feedback informed practice participation at cluster meetings and the annual complaints report where themes were identified and addressed. The practice acknowledged that access to appointments, care navigation and a perceived unhelpfulness had been identified as common issues. We were told that the practice has employed a pharmacist and healthcare assistant (HCA) and were introducing work friendly appointments. Care navigation training for reception staff had also been completed as a result. The practice advised patients about changes based on their comments or suggestions via a ‘You said, we did’ notice on a notice board in the waiting area and via the PPG.

Regarding feedback, 56 per cent of the patients who responded to the HIW questionnaire stated they had not been asked to provide feedback on the service experience. However, 58 per cent of respondents who answered said they would know how to complain about poor service if they wanted to do so.

Senior staff told us about the Duty of Candour arrangements to ensure compliance with the requirements. An up-to-date Duty of Candour policy was in place that met the requirements of the guidance and most staff had completed online training on the subject. The practice manager was monitoring the completion rate of the remaining staff.

Of staff who responded to the staff questionnaire, 95 per cent agreed that they knew about the Duty of Candour and understood their role in meeting the

standards. All respondents agreed that the practice encourages them to raise concerns if something has gone wrong.

## Information

**Information governance and digital technology**
We saw evidence of systems in place to ensure the effective collection, sharing and reporting of data and information. There were bilingual notices in the entrance area explaining the General Data Protection Regulations (GDPR) and how the practice used any personal information, such as the Health Observatory data collection scheme.

We were informed that the practice used the Digital Health and Care Wales (DHCW) service to support the practice manager as data protection officer. This service handled non-routine information requests to ensure compliance with the relevant regulations. Suitable arrangements were described for securely sharing sensitive personal data with external bodies such as palliative care handovers and significant events reporting.

We were told that patient details were verified when they arrived at the practice reception and prior to treatment with records audits conducted to ensure patient information was accurate.

## Learning, improvement and research

**Quality improvement activities**
We were provided with evidence of audits that had been completed to demonstrate quality improvement activities undertaken by the practice, including safety alerts, significant events and medicines management.

We discussed the practice process for mortality reviews where there was a death in the community or hospital when there was a primary care element present. We were advised that reviews were discussed informally, often during lunchtime meetings, and were not recorded.

We were told that learning was shared across the practice via meetings and the minutes being shared. However, as we found that some internal and external reviews were often discussed at informal lunchtime meetings, no formal notes were taken or disseminated to staff.

**We recommend the practice mortality review process is formally documented.**

**We recommend any learning from reviews, audits and feedback is discussed formally and suitably documented and disseminated.**

## Whole system approach

**Partnership working and development**

We reviewed the processes in place to identify how the practice worked with wider healthcare teams and external partners to develop a whole system approach to achieving effective outcomes that met the evolving needs of the community.

The practice was co-located with the local health board multi-disciplinary team (MDT). This helped them foster a close working relationship to support the delivery of services to keep patients at home rather than referring patients to secondary care as a default.

We were told that the practice worked closely within the local GP collaborative/ cluster to build a shared understanding of the challenges and the needs of the local population and to help integrate healthcare services for the wider Rhondda area.

# 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 |
|---|---|---|---|
| We found dirty toilet brushes were openly displayed on a shelf next to the toilet and the fold-down baby changing table and desk-top fans were dirty. | These pose an infection control risk to staff and patients at the practice. | We raised these issues immediately with the practice manager. | All items were cleaned and toilet brushes removed from shelf. |
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# Appendix B - Immediate improvement plan

**Service:** Cwm Gwyrdd Medical Centre

**Date of inspection:** 19 March 2024

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 |
|---|---|---|---|---|
| No immediate improvements identified on this inspection. | | | | |
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# Appendix C - Improvement plan

**Service:** Cwm Gwyrdd Medical Centre

**Date of inspection:** 19 March 2024

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 |
|---|---|---|---|---|
| Over half of the respondents who answered the question felt that they were unable to speak with a member of reception staff without being overheard by all in the patient waiting area. | The practice must ensure that patients speaking at the reception desk are enabled to do so in a way that upholds their privacy and confidentiality. | We have marked out a boxed area on the floor to ask patients to allow enough distance from the reception desk.<br><br>We have reminded the reception team by email and shared messaging service to encourage use of the private interview room when patients start to discuss more confidential matters.<br><br>Reminder notices are placed around the waiting area to encourage patients to ask for | Mrs Louise Duck | This has been completed 24.05.2024 |

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| | | a private conversation with the reception team.<br><br>Reception team will also verbally ask patients who do not allow the patient in front their privacy, to stay behind the yellow line. | | |
| We found that when used, chaperones were not annotating patient records in line with the practice policy. | We recommend the practice ensures chaperones annotate patient records accordingly in line with practice policy. | Reminder emails to all staff trained as chaperones of the importance of read coding the examination.<br><br>List of read codes given and what should be documented | Mrs Louise Duck | This has been completed 24.05.2024. |
| Whilst most respondents to the patient questionnaire indicated they had been offered a chaperone when required, there were four patients who disagreed. | The practice should reflect on the issue raised in this feedback to ensure all patients are offered chaperones when appropriate. | The practice will reflect on this and remind all clinicians to ensure that read coding of the offer is entered on the patient medical records. | Mrs Louise Duck | This has been completed 29.05.2024. |
| We found there was no documented care navigation pathway for the staff to follow. | The practice must ensure a clear up-to-date care navigation pathway is documented and available to staff. | We are in the process of completing this for our care navigators. | GP Partners and Mrs Louise Duck | 3 months |

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| Patient feedback indicated issues with type of appointments and accessing appointments especially for patients that work during daytime hours. | We recommend the practice reflects on the issues raised in this feedback to ensure patients receive treatment in a timely manner. | This was also fed back to us from the patient experience survey. We have reviewed the appointment plan and have changed some pre-bookable appointments to be more worker friendly. | GP Partners and Mrs Louise Duck | This has been completed 29.05.2024. |
| We found some areas of the practice website confusing to navigate with subject matters placed under incompatible headings. | We recommend the practice reviews their website to enable easier navigation for patients and amend any outdated content. | The website is currently under review and Dr Megan Edwards has taken lead on this, supported by the practice manager. | Dr Megan Edwards and Mrs Louise Duck. | 3 months |
| We found that the reception staff were unaware of the 'Active Offer'. | The practice must ensure all staff are made aware of the 'Active Offer' to provide services in the medium of Welsh. | All staff have been provided with the "delivering the active offer" information sheet | Mrs Louise Duck | 3 months |
| We found some staff listed as having not read the equality and diversity policy nor completed the equality and diversity or bullying and harassment training. | The practice must ensure staff have read and understood the practice equality and diversity policy and complete any relevant mandatory training. | Time has been allocated to all staff that have not completed their Equality and Diversity training and reminder to all to ensure that they read and familiarise themselves with the practice policy | Mrs Louise Duck | 3 months |

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| There were five respondents to the HIW questionnaire who felt that they had faced discrimination when accessing or using this health service. | The practice must inform HIW of what further actions they are taking to prevent discrimination of patients. | Time has been allocated to all staff that have not completed their Equality and Diversity training and reminder to all to ensure that they read and familiarise themselves with the practice policy | Mrs Louise Duck | 3 months |
| We found a wheelchair available for the use of patients with impaired mobility. However, we were told there were no servicing arrangement in place to ensure this was safe for patients to use. | The practice is required to put in place servicing arrangements for the patient wheelchair to ensure it is safe for the use of patients. | We have created a dedicated wheelchair cleaning schedule and a wheelchair maintenance checklist. | Mrs Louise Duck | This has been completed 29.05.2024. |
| The patient toilet did not have a sanitary waste bin available. | The practice must ensure sanitary waste bins are available in patient toilets. | Sanitary waste bins have been placed in patient toilets. | Mrs Louise Duck | This has been completed 29.05.2024. |
| We found dirty toilet brushes were openly displayed on a shelf and the fold-down baby changing table was dirty. | The practice must arrange for regular spot checks of the toilet facilities to ensure they are clean and fit for use by staff and visitors to the practice. | The toilet brushes that displayed rust on them have been changed. All other brushes have also been changed. | Mrs Louise Duck | This has been completed 29.05.2024. |

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| | | Toilet check sheets have been created and implemented for regular checking throughout the day. | | |
| We noted dirty desktop fans, portable privacy screens, the baby changing table in patient toilet and wheelchair were not included as part of the cleaning schedule. | The practice must ensure that cleaning schedules are revised to ensure all infection prevention and control risks are covered. | We have created a wheelchair cleaning schedule.<br><br>Fans have been cleaned and has been added to the cleaning schedules.<br><br>We will review our current cleaning schedules and update these. | Mrs Louise Duck | 3 months |
| The practice had a prescribing policy in place. This referenced the practice pharmacist but did not set out the scope of practice for this role. | We recommend the practice review the prescribing policy to include information on the delegated responsibilities of the pharmacist. | A scope of practice will be created and implemented. | GP partners | 3 Months |
| There was not a process in place for recording these collections of prescriptions for controlled drugs | We recommend the practice implements a process for signing out collections of prescriptions that relate to controlled drugs. | We have started developing a process for controlled drugs and this will be reviewed regularly to see its effectiveness. | GP Partners and Mrs Louise Duck. | 3 months |

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| Whilst our review of medication found all to be in date, there was no checklist of the drugs or vaccines retained by the practice. | The practice must keep a checklist of drugs and vaccines kept at the practice. | The practice will create a checklist of drugs and vaccines and time allocated to the nursing team to complete. | Mrs Louise Duck | 3 months |
| Quick reference safeguarding guides with flowcharts and contact numbers were not readily available in clinical rooms. These would provide easy access to relevant information and guidance in the event of a concern. | We recommend the practice place copies of safeguarding quick reference guides with contact numbers in each of the clinical rooms. | Quick reference guides for Adult and Child safeguarding have been placed in all clinical rooms. | Mrs Louise Duck | This has been completed 29.05.2024. |
| Staff had good safeguarding links to multi-disciplinary team (MDT) working. However, as contact was made as and when required, these were often informal discussions. | The practice must introduce a process for formal safeguarding meetings to be conducted. | The Practice has implemented and started quarterly formalised safeguarding meetings. First meeting was held on 17/04/2024. | Mrs Louise Duck | This has been completed 29.05.2024. |
| We found that up to date safeguarding training had not been completed by several staff. | The practice must ensure all relevant staff have completed the necessary safeguarding training and are fully aware of the practice | Individual reminders will be sent to all staff and time allocated to complete the necessary training. | Mrs Louise Duck | 3 months |

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| Three staff members who responded to the HIW questionnaire, three said they were unaware who the safeguarding lead was at the practice and one said that they would not know how to report a safeguarding concern. | arrangements for dealing with a safeguarding concern | We will remind all staff to read and familiarise themselves with the practice policy. | | |
| Significant events were discussed at both partners and staff meetings but there was no evidence of formal shared learning across the practice. | The practice must implement a process where the results from significant events reviews are formally shared across the practice to promote learning from incidents. | We currently share all SEA's via email to the whole team and encourage feedback or any questions. | Mrs Louise Duck | This has been completed 29.05.2024. |
| Incoming reports and results that required follow-up were actioned, although once the invite was sent, this was then marked as complete. There was no process in place to check that the follow-up had been completed. | The practice must implement a process to ensure that follow-up activities are completed. | We are in the process of developing a recall system which will be checked daily for follow up investigations and GP follow up appointments. | GP partners and Mrs Louise Duck | 3 months |
| We were informed that whilst GP activity data identified increases in referrals, there | The practice should consider implementing a review of referral | The practice will consider implementing an audit of referral rates and this will be | GP partners and Mrs Louise Duck | 3 months |

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| was no current review process in place to compare referral rates against other practices in the area to identify themes and trends. | rates to help highlight key themes and trends. | discussed at the next Partners meeting. | | |
| We noted that there were numerous gaps indicating that polices were 'Not Read' by various staff. Additionally, we noted that several policies lacked a version history and review dates. | The practice must ensure that:<br>• All staff have read and understood relevant practice policies to ensure compliance with practice processes<br>• Provide HIW with evidence once completed<br>• All policies contain version history, review dates and person responsible for reviewing the procedure. | We will remind all staff to read and familiarise themselves with the practice policies.<br>Once this has been completed we will send evidence.<br>We will be reviewing all policies over the next 6 months and will reflect this. | Mrs Louise Duck | 3 months |
| Senior staff told us that staff appraisals had recently been completed. However, 30 per cent of staff said they had not had an appraisal or development review in the last 12 months. | We recommend the practice reflects on the staff feedback and provide HIW with clarification regrading staff appraisals. | All staff have been offered appraisals and all have been completed except for 1 staff member who was unwell on both dates that we had scheduled this for. Another date will be provided. | Mrs Louise Duck | 3 months |

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| We found that some pre-employment references were missing for some staff members. | The practice must ensure they adopt a more robust approach to obtain the necessary written references prior to employing a person to work at the practice. We recommend all non-responses are documented. | We routinely ask for 2 references and write to both. We will in future document in the personnel record when we receive no response. | Mrs Louise Duck | Ongoing |
| Staff training records which highlighted several gaps in mandatory training for both clinical and non-clinical staff. We found that some staff were scheduled to undertake their annual BLS training. | The practice must ensure staff are fully compliant with mandatory training and provide HIW with evidence when completed. | We have 1 GP and 2 HCA's still awaiting face to face BLS. These staff members are booked on a face to face course 11.07.2024. Evidence supplied of current BLS staff list that have received training. | Mrs Louise Duck | 3 months |
| Senior staff described how they consider workforce planning requirements, however, we found there was no formal workforce plan in place. | We recommend the practice creates a formal workforce plan to ensure appropriate capacity and skill mix of staff is always available. | This will be discussed with the GP partners at the next meeting. | Mrs Louise Duck and GP Partners | 3 months |
| We did not see any evidence of formal supervision of non-medical prescribers. | We recommend the practice introduce formal supervision of non-medical prescribers to include an audit of prescribing, a review of | The practice has implemented a formal supervision process for all non-medical prescribers. | GP Partners and Mrs Louise Duck | ongoing |

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| | consultations and formal periodic meetings. | | | |
| There was no 'Putting Things Right' poster displayed in the waiting area. | The practice must display 'Putting Things Right' posters in an area where they can be clearly seen by patients. | This is now on display in the waiting area. | Mrs Louise Duck | This has been completed 29.05.2024. |
| We were advised that mortality reviews were discussed informally, often during lunchtime meetings, and were not recorded. | We recommend the practice mortality review process is formally documented. | We currently complete formal mortality review for all our care home residents, we will now implement the same proforma for all primary care deaths.<br><br>These will shared will all teams member. | GP partners | This has been completed 29.05.2024. |
| We found that some internal and external reviews were often discussed at informal lunchtime meetings, no formal notes were taken or disseminated to staff. | We recommend any learning from reviews, audits and feedback is discussed formally and suitably documented and disseminated. | A process of formalising these discussions has been implemented and will be documented. These reviews will be shared with all relevant staff. | Mrs Louise Duck | This has been completed 29.05.2024. |

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:**