

**General Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board
Minfor Surgery

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Minfor Surgery at Park Road, Barmouth, Gwynedd LL42 1PL on 25th January 2017. Our team, for the inspection comprised of a HIW inspection manager (inspection lead), one GP, one practice manager peer reviewer and a lay reviewer.

HIW explored how Minfor Surgery met the standards of care set out in the Health and Care Standards (April 2015). Inspections of General Medical Practice (GP) inspections are announced and we consider and review the following areas:

- Quality of the patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect
- Delivery of safe and effective care - We consider the extent to which, services provide high quality, safe and reliable care centred on the person
- Quality of management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Minfor Surgery currently provides services to approximately 4,600 patients in the Meirionnydd area of Gwynedd. The practice forms part of GP services provided within the area served by Betsi Cadwaladr University Health Board.

The practice employs a staff team which includes a practice manager, three doctors, two practice nurses, assistant practitioner, two health care assistants and five reception/administrative staff.

The practice offers placements for medical students.

The practice provides a range of services, (as cited on the practice website), including:

- Asthma management
- Diabetes management
- Coronary prevention
- Dietetics
- Child health and immunisations
- Advice on smoking, weight, exercise, diet and alcohol
- Antenatal and postnatal services
- Minor Surgery
- Phlebotomy
- Cervical smears
- Immunisation,
- Blood pressure monitoring
- Private medicals, eg insurance and driving licence,

3. Summary

HIW explored how Minfor Surgery met standards of care as set out in the Health and Care Standards (April 2015).

Overall, we found evidence that Minfor Surgery provides safe and effective care.

This is what we found the practice did well:

- Patients were happy with the service provided
- Patient records were of a good standard
- Good internal communication and information sharing systems
- Good risk management systems
- Open and transparent culture
- Staff were happy in their roles and felt well supported
- Staff were proactive in making improvements to services and we could clearly see where changes had been made.

This is what we recommend the practice could improve:

- The practice should continue with the plans to re-furbish the reception area and whilst doing so further enhance patient privacy and confidentiality through the provision of screens on the reception desk and re-locating the self service check-in screen.
- Improve patient access to services and health promotion information
- Provide additional training to staff and record all training undertaken
- Improve patient participation and their ability to comment on the quality of the service
- Assess the suitability of the wooden framed examination couches used in some of the consulting rooms to ensure that they are fit for purpose
- Consider employing a pharmacy technician or training up of staff to undertake more of a role in processing prescriptions.

- Proactively audit urgent cancer treatment referrals to ensure timely follow up and intervention
- Instigate and undertake internal audits and not rely solely on audits undertaken by the 'cluster'
- Introduce a more robust 'read-coding' process to ensure that information is correctly referenced, easily accessed and to reduce the need for changes to be made later on in the process
- Formalise the staff recruitment process to ensure that application forms are retained on file and that a record is maintained of the background checks undertaken on staff prior to employment.

4. Findings

Quality of patient experience

We spoke with patients and used questionnaires to obtain patients' views.

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

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

Dignified care

Standard 4.1 Dignified care

People's experience of healthcare is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.

We found that people were treated with dignity and respect by staff.

We observed staff greeting patients, both in person and by telephone, in a polite, friendly and welcoming manner and treating them with dignity and respect.

We considered the physical environment and found that patient confidentiality and privacy had been considered and the physical environment had been adapted, as much as would allow. The reception area was separated from the waiting area by a built up desk. However, there were no screens fitted to the desk thus making maintaining confidentiality during face to face or telephone discussions with patients difficult.

There was a 'self service' check-in screen located on the reception desk so that people could enter their details without having to speak to a receptionist. Due to the location of the check in screen, it could not be guaranteed that patients were able to input information in privacy and without being overlooked by other people waiting in reception.

There was a small room just off the waiting area for patients to discuss any sensitive or confidential issues with staff. Staff could attend to patients using wheelchairs at the reception desk, through side door access from the reception

area into the waiting area. We were informed of plans to refurbish the reception area in order to provide better access and to provide a lowered desk area for wheelchair users.

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

In the records we reviewed, we saw that GPs had documented patients' consent to examinations, the use of chaperones and full details of the advice offered to patients. The right to request a chaperone was advertised through posters in patient areas and in consulting/treatment rooms. There was a written policy on the use of chaperones and staff told us that, in the main, only the nurses and health care assistants acted as chaperones. However, on occasions, reception/admin staff will be asked to act as chaperones so as to ensure that the service is available at all times. The practice manager was aware of the need to ensure that training was made available to reception/admin staff who undertake chaperone duties. However, such training was said to be difficult to access locally. We were told that the availability of training was being addressed through the 'Cluster'¹ group.

Improvement needed

The practice should continue with the plans to re-furbish the reception area and whilst doing so further enhance patient privacy and confidentiality through the provision of screens on the reception desk and re-locating the self service check-in screen.

Consideration should also be given to providing a low level desk area in reception for wheelchair users.

The practice should continue in their efforts to secure chaperone training for reception/admin staff.

¹ A practice Cluster is a grouping of GPs and Practices locally determined by an individual NHS Wales Local Health Board. They bring together GP practices, District Nursing, Frailty, Public Health Wales, Primary and community mental health services and the voluntary sector.

Standard 4.2 Patient information

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them make an informed decision about the care as an equal partner.

Standard 3.2 Communicating effectively

In communicating with people health services proactively meet individual language and communication needs.

Information for patients about the practice's services was available in leaflet form and on the practice's web-site. This provided useful information, including details of the practice team, opening hours, out-of-hours arrangements and appointment system. We were told that the website had only recently been developed and that more work was required to provide more information to patients and to make the complaint procedure more accessible.

A range of information was displayed and readily available within waiting areas. This included information on local support groups, health promotion advice and self care management of health related conditions. We found that there was an absence of information leaflets relating to sexual health meaning that patients would have to approach staff for advice on what is, for many people, a very sensitive subject.

Patients were able receiving care in a language of their choice. There was Welsh and English speaking staff working at the surgery. Staff told us that they had access to interpreting services if needed.

We found that information was generally available in both Welsh and English and that translation services could be accessed for those people who required information or services in other languages.

We saw that there were bilingual information posters displayed in the waiting area. However, we saw that information booklets and leaflets were in English only.

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

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

Improvement needed

The practice should review the information leaflet and web-site to ensure that they provide additional information for patients, to include information on sexual health, and to ensure that the complaints procedure is accessible.

The practice must continue in their efforts to provide information leaflets and booklets in Welsh.

Timely care

Standard 5.1 Timely access

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

We found access to care services to be very good.

Patients were able to book appointments in person at the practice or by telephone. The practice did not have an online booking facility at the time of the inspection although we were told that such a facility was being considered. Staff told us that they prefer to speak with patients directly in order to determine who within the staff team, or other external professional such as pharmacist or optometrist, is best placed to deal with them. Reception staff were able to refer patients directly to other services better placed to deal with their ailments such as the local pharmacy, optometrist and in-house physiotherapy, thus freeing up GP time.

Patients could access 'same day' appointments if needed.

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

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

Individual care

Standard 6.1 Planning care to promote independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.

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

The practice was housed in a purpose built building. Consulting rooms were located on the ground floor.

There was a parking area to the front of the building with one designated disabled space.

Access to the building was generally good. However, at the time of the inspection, people who required assistance to enter the building had to ring a bell and wait for a member of staff to attend to them. As previously mentioned, access could be improved by the provision of automatic doors.

Improvement needed

The practice should consider installing automatic doors to the main entrance during future refurbishment work.

Standard 6.2 Peoples rights

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

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

Arrangements were in place to protect the privacy of patients.

Standard 6.3 Listening and learning from feedback

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.

The practice was in the process of undertaking a patient satisfaction survey by means of a questionnaire. It is anticipated that the feedback will be discussed at team meetings to address any issues and further improve the service.

There was a box located in the waiting area for people to post comments or concerns about the service.

We were told that the practice were considering setting up a patient participation group as an additional means of gathering feedback about the service provided.

There was a formal complaints procedure in place. However, we found that the procedure did not fully reflect the 'Putting Things Right² guidelines nor did it include Healthcare Inspectorate Wales contact details. Information about how to make a complaint was posted in the reception/waiting area and also included in the patient information leaflet. However, it was not possible to easily access the complaints procedure on the practice web-site.

Putting Things Right information posters were available within the reception/patient waiting area.

Emphasis was placed on dealing with complaints at source in order for matters to be resolved as quickly as possible and to avoid any need for escalation. All complaints are recorded whether received verbally or in writing. All complaints were brought to the attention of the practice manager who will deal with them in line with the practice's policy.

² **Putting Things Right** is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

Improvement needed

The practice should continue with their plans to set up a patient participation group as an additional means of gathering feedback about the service provided.

The practice must review the complaints procedure to ensure that it fully reflects the 'Putting Things Right' guidelines and includes Health Inspectorate Wales contact details.

Delivery of safe and effective care

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

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

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

There was a robust internal communication system in place to ensure that there are no unnecessary delays in processing referrals, correspondence and test results.

There was a safeguarding of children and vulnerable adults policy in place and staff had completed e-learning in this subject.

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

Staying healthy

Standard 1.1 Health promotion, protection and improvement

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities.

There was a good range of reading material available in the form of posters and leaflets in relation to the promotion of health and wellbeing. A diverse range of booklets and posters were available which provided information and promoted people to take responsibility of their own health and wellbeing. As previously mentioned, information leaflets should be made available in Welsh and information about sexual health should be made available.

People who have caring responsibilities e.g. for spouses, partners, children or other relatives, were identified on the practice's records system so that additional support could be offered. Information was available for such carers on the notice board in the waiting area. The practice manager was the

designated 'carer's champion' and met with the Carers' Outreach service every six months to discuss the needs of carers supported by the practice.

Safe care

Standard 2.1 Managing risk and promoting health and safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented.

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

General risk assessments were undertaken on a regular basis in line with the practice's written policies and procedures. All staff members take responsibility for health and safety within the practice.

We found that safety checks i.e. electrical equipment and fire safety were being undertaken on a regular basis and records maintained.

We found examination couches in some of the consulting rooms to be unsuitable, as they were fixed to the wall and not height adjustable, making it difficult for people with mobility problems and also restricting clinical staff access to both sides.

Business continuity had been considered and there was a plan and formalised arrangements in place to manage staff vacancies/absences, disasters and significant health emergencies. There were appropriate policies and procedures in place to deal with significant health emergencies such as 'swine flu'. We were told that staff would also liaise with the health board when managing such events.

Significant events were dealt with effectively with staff encouraged to report issues so that they could be discussed at the daily practice meetings. Significant events were also discussed during Cluster meetings so that other practices could learn from the findings.

Improvement needed

The practice should assess the suitability of the wooden framed examination couches used in some of the consulting rooms to ensure that they are fit for purpose.

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.

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

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

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

Discussion with nursing staff confirmed that all instruments used during minor surgery procedures were purchased as sterile, single use packs. This avoided the need for the use of sterilisation/decontamination equipment.

There was a clear and detailed infection control policy in place. Staff told us they are responsible for carrying out assessment of their own working environment for infection control risks.

The practice manager maintains a register of staff Hepatitis B immunisation status.

Standard 2.6 Medicines management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

We found that suitable arrangements were in place for the safe prescribing of medicines to patients and that this was in line with the health board's prescribing protocol.

Patients could access repeat prescriptions by calling into the surgery in person.

Any queries relating to medication were logged on the computer system and reviewed by one of the doctors.

We were told that there was a good working relationship in place with a local pharmacist who was said to be very supportive and accessible. Some of the administrative staff were responsible for processing repeat prescription requests. The practice should explore increasing pharmacy support through the employment of a pharmacy technician or training up of staff to undertake more of a role in medication reviews and processing repeat prescriptions. This may help to reduce GP workload.

A recent audit, undertaken by the Cluster, showed the practice rated low on the number of antibiotics prescribed. Nevertheless, the practice are considering purchasing a C-Reactive Protein³ testing machine in order to further reduce incidences of unnecessary prescribing of antibiotics.

Improvement needed

Medication management systems could be improved through the employment of a pharmacy technician or training staff to undertake more of a role in processing prescriptions. This may also relieve some work pressures for the GP.

³ **C-reactive protein (CRP)** is an annular (ring-shaped), pentameric **protein** found in blood plasma, whose levels rise in response to inflammation.

Standard 2.7 Safeguarding children and adults at risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

We found that there were child protection and adult safeguarding policies in place and information displayed, including local contact numbers for reporting.

Child and adult safeguarding cases are flagged up on the electronic records system so that staff were aware of such issues. Child safeguarding meetings took place on a regular basis with the Health Visitor who had an office within the surgery. Registers were in place identifying those patients who were vulnerable due to mental health needs, learning disabilities and those with caring responsibilities.

It was positive that the practice had a designated lead GP for both child protection and vulnerable adults' issues. The role included providing updates and ensuring procedures were implemented.

We found that all staff at the surgery had undertaken safeguarding children training up to Level 2. The designated lead GP was in the process of arranging safeguarding training up to Level 3. Consideration should be given to providing Level 3 safeguarding training to all GPs, nursing staff and health care assistants.

Improvement needed

Staff should have up to date training, at a level appropriate to their role, in the safeguarding of vulnerable adults and children.

Effective care

Standard 3.1 Safe and clinically effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

There were robust systems in place to ensure that people receive good and timely care through effective internal and external communication, clear decision making processes and delegation of tasks. This could be further

enhanced through the proactive audit of urgent cancer treatment referrals to ensure timely follow up and intervention.

Various audits were seen to be undertaken through the Cluster. However, there was little evidence of independent audits being instigated and undertaken within the practice.

The practice manager was in the process of developing a system whereby clinicians will be able to gain easy access to health alerts, guidance and publications via the internet.

Improvement needed

The practice should proactively audit urgent cancer treatment referrals to ensure timely follow up and intervention.

The practice should instigate and undertake internal audits and not rely solely on audits undertaken by the Cluster.

Record keeping

Standard 3.5: Record keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.

We found that the internal communications systems were good, which included the use of the internal electronic messaging system.

The practice had established systems for the management of external and internal communications. Arrangements were in place to ensure clinical information received at the practice was recorded onto patients' records and shared with relevant members of the practice team in a timely manner.

Staff told us that they received discharge summaries from secondary care electronically within Betsi Cadwaladr University Health Board and the Welsh Clinical Communications Gateway (WCCG) electronic system was used to manage referrals. GPs met regularly to review referrals and outcomes which worked as a monitoring mechanism.

An electronic system was in place to pass patient information to the out-of-hours service and ensure that information received from the out-of-hours service, via the WCCG, were read and actioned in a timely way.

We found that the practice could benefit from introducing a more robust READ-coding⁴ process to ensure that information is correctly referenced, easily accessed and to reduce the need for changes to be made later on in the process.

Improvement needed

The practice should introduce a more robust READ-coding process to ensure that information is correctly referenced, easily accessed and to reduce the need for changes to be made later on in the process.

⁴ **READ codes** are the standard clinical terminology system used in General Practice in the United Kingdom. It supports detailed clinical encoding of patient information including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms etc

Quality of management and leadership

The practice had a clear management structure in place. We found a patient-centred staff team who told us they were well supported. Staff were also positive about the training opportunities available.

We found that there was a staff recruitment process in place supported by written policies and procedures. However, the staff recruitment process required formalising to ensure that application forms are retained on file and that a record is maintained of the background checks undertaken on staff prior to employment.

There were some cluster generated clinical and general audit systems in place which allowed staff to reflect and make changes and improvements to practice. However we suggested that the practice develop additional audits specific to the practice.

Governance, leadership and accountability

Health and Care Standards, Part 2 - Governance, leadership and accountability
Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

We found effective leadership and a stable, patient-centred staff team who were committed to providing the best services they could to their patients. Staff were positive about the working environment and felt ownership over the practice, taking responsibility over different areas. Staff told us they felt well respected and supported by their colleagues.

The practice had a range of relevant written policies and procedures to guide staff in their day to day work. This included a whistleblowing policy in place and staff told us they felt able to raise concerns with senior staff.

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

We saw minutes from a number of meetings held confirming that mechanisms were in place to aid communication between staff and across the practice. The daily meeting after morning surgery is an example of noteworthy practice as it involves admin staff, doctors and both practice and community nurses. During

this meeting, discussion are held about how to deal with patients who cannot be accommodated in the daily allocation of appointments, requests for home visits and the management of some of the more unwell patients at home in the community. This shows excellent collaborative working providing very responsive care to the patients.

We found that some Cluster generated audits were being undertaken on a regular basis in order to monitor, compare and improve practice. However, as previously mentioned, the practice should consider instigating and undertaking more internal audits rather than rely on those undertaken through the Cluster.

The senior GP partner is the appointed Cluster lead. We found that there was excellent engagement with the Cluster group with senior staff from the practice attending the Cluster meetings and this forum was used to generate quality improvement activities and to share good practice.

There was a practice development plan in place which was overseen by the practice manager and reviewed annually.

Improvement needed

The staff recruitment process requires formalising to ensure that application forms are completed and retained on file and that a record is maintained of the background checks undertaken on staff prior to employment.

Staff and resources

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

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

Staff were able to describe their roles and responsibilities and indicated they were happy in their roles. All staff we spoke with confirmed they had opportunities to attend relevant training. Staff told us that annual appraisals were conducted and records supported this.

We saw evidence of the training completed in the form of certificates retained on staff files. The recording of staff training could be strengthened through the development of a staff training matrix. This would enable the practice manager

to see at a glance what training staff have completed, where there are gaps and when refresher training is needed.

Improvement needed

The recording of staff training could be strengthened through the development of a staff training matrix.

5. Next steps

This inspection has resulted in the need for the GP practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Minfor Surgery will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



During the inspection we reviewed documentation and information from a number of sources including:

- Information held to date by HIW
- Conversations with patients and interviews of staff including doctors, nurses and administrative staff
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures

- Exploration of the arrangements in place with regard to clinical governance.

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

We provide an overview of our main findings to representatives of the practice at the feedback meeting held at the end of each of our inspections.

Any urgent concerns emerging from these inspections are brought to the attention of the practice and the local health board via an immediate action letter and these findings (where they apply) are detailed within Appendix A of the inspection report.

Appendix A

General Medical Practice: Improvement Plan

Practice: Minfor Surgery

Date of Inspection: 25/01/17

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
7.	The practice should continue with the plans to re-furbish the reception area and whilst doing so further enhance patient privacy and confidentiality through the provision of screens on the reception desk and re-locating the self service check-in screen.	4.1	In future refurbishment the practice will endeavour to adhere to the guidelines in the Disability Act 2010, ensuring a low level desk area is created for ease of use, the practice has already gained quotes for power assisted doors, however the practice is limited by budget constrains to allow for the progress of this at this stage. The practice will also consider the use of screens and the relocation of the check-in screen.	SL	5+ Years for refurbishment

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
7.	The practice should continue in their efforts to secure chaperone training for reception/admin staff.	4.1	New chaperone training has been arranged by BCULHB on 27 th April 2017 relevant staff will be booked to attend.	SL	1 Month
7.	Consideration should also be given to providing a low level desk area in reception for wheelchair users.	4.1	Please see reception refurbishment		
9.	The practice should review the information leaflet and web-site to ensure that they provide additional information for patients, to include information on sexual health, and to ensure that the complaints procedure is accessible.	4.2	The current website needs to be reviewed, one option would be to move over to a dedicated company in order to improve upon the information available for patients. Currently the system is limited to password protect documents uploaded such as the complaints procedure, the practice is currently investigating the reason for this and will rectify as swiftly as possible.	SL	1 Month
9.	The practice must continue in their efforts to provide information leaflets and booklets in Welsh.	3.2	The practice endeavours to deliver information bilingually whenever possible. Dolgellau outpatients are keen to assist the practice with information displays within the reception area, area of topic to be	SL	1 Month

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			changed on a monthly basis.		
10.	The practice should consider installing automatic doors to the main entrance during future refurbishment work.	6.1	Please see reception refurbishment.		
12.	The practice should continue with plans to set up a patient participation group as an additional means of gathering feedback about the service provided.	6.3	The practice will continue to implement a patient participation group in order to directly communicate with the patient cohort and gain valuable feedback regarding the service provided.	SL	6 – 12 months
12.	The practice must review the complaints procedure to ensure that it is fully reflects the ‘Putting Things Right’ guidelines and includes Health Inspectorate Wales contact details.	6.3	The practice complaints procedure should now reflect both the Putting Things Right guidelines and HIW contact details.	SL	complete
Delivery of safe and effective care					
15.	The practice should assess the suitability of the wooden framed examination couches used in	2.1	As a practice we had risk assessed the wooden framed couches, we do identify the need for new couches, the risk assessment was graded low	SL	12 months

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	some of the consulting rooms to ensure that they are fit for purpose.		as currently steps utilised in order for patients to get on and off. As needed the main treatment room couch can be accessed if required. The practice will invest in new couches when budget is allocated from central funding.		
16.	The practice should consider employing a pharmacy technician or training up of staff to undertake more of a role in processing prescriptions.	2.6	Currently the cluster has committed to financial one day per week of a pharmacists time. It is envisaged that this time could be utilised for prescription processing/transcribing along with seeing patients during the course of the placement.	SL	3 – 6 months
17.	The practice must ensure that staff have up to date training, at a level appropriate to their role, in the safeguarding of vulnerable adults and children.	2.7	The practice will continue to endeavour to source the most appropriate level of training available.	SL	ongoing
18.	The practice should proactively audit urgent cancer treatment referrals to ensure timely follow up and intervention.	3.1	As part of the cluster working the practice currently undertakes significant event analysis of all digestive cancers diagnosed in the year. To build upon this we intend to audit all USC referrals in order to	SL	1 – 2 Months

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
			ensure timely intervention has occurred.		
18.	The practice should instigate and undertake internal audits and not rely solely on audits undertaken by the Cluster.	3.1	The practice has undertaken an AF audit to identify patients not on anticoagulation. This proactively allowed the practice to ensure patients are on correct treatment for their conditions. The practice will aim to continue to audit and review patient data to allow reflection of the results.	SL	ongoing
19.	The practice should introduce a more robust 'READ-coding' process to ensure that information is correctly referenced, easily accessed and to reduce the need for changes to be made later on in the process.	3.5	The practice manager has collated a list of popular read code to be used. This list is kept centrally in order for all members of the team to be able to access it, while ensuring only one list needs to be regularly updated. This will allow for improved data quality.	SL	completed
Quality of management and leadership					
21.	The practice must formalise the staff recruitment to ensure that application forms are completed and retained on file and that a	7.1	The practice will now keep a copy of applications forms along with references for all newly appointment staff.	SL	completed

Page number	Improvement needed	Standard	Practice action	Responsible officer	Timescale
	record is maintained of the background checks undertaken on staff prior to employment.				
21.	The recording of staff training could be strengthened through the development of a staff training matrix.	7.1	The practice manager has created a staff training matrix for quick reference.	SL	complete

Practice representative:

Name (print): Sean Langridge

Title: Practice Manager

Date: 06/03/2017