

Quality Check Summary

Ystwyth Medical Group

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Ystwyth Surgery as part of its programme of assurance work. Ystwyth Surgery forms part of GP services provided within Hywel Dda University Health Board.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting NHS - Health and Care Standards. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the practice manager and GP member of staff on 7 February 2022 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How are you ensuring that patients (including vulnerable/at risk groups) are able to access services appropriately and safely? In your answer please refer to both the practice environment and processes to enable patients to access appointments.
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How has the practice and the services it provides, adapted during this period of COVID-19? What is the practice road map for returning to pre-COVID-19 levels of services?
- How do you ensure that equality and a rights based approach are embedded across the service?
- What arrangements are in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussion and decision making is undertaken appropriately and sensitively?
- How effectively are you able to access wider primary care professionals and other services such as mental health teams, secondary care and out of hours currently?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- The most recent environmental risk assessments / audits
- Waste Management Policy

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

We found that relevant risk assessments have been conducted and policies and procedures have been updated to reflect the additional demands stemming from the COVID-19 pandemic.

We were told that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed and the following changes were made:

- A one way system was implemented
- Fabric chairs were replaced with wipeable chairs
- Social distancing signage was implemented
- Perspex screens were installed in reception area and waiting rooms
- Yellow stickers identified appropriate waiting spots for patients in line with social distancing requirements
- All children's toys were removed from the waiting area.

We were told that the practice has remained open throughout the COVID-19 pandemic. The practice arranged for patients to receive consultations over the phone if needed. All calls were handled by reception staff and triaged by a GP or an advanced Healthcare Professional. Any patients who needed to see a clinician face to face attended the practice by pre-booked appointment.

In the event a patient who had tested positive for COVID-19 or was displaying symptoms needed to see a clinician, we were informed that patients were permitted to enter the practice and wait in the waiting room which was designated for those with suspected COVID-19 known as the 'red area'. This waiting area was thoroughly cleaned by staff after the patient had left and allowed appropriate time to ventilate.

We were told the practice ensured patients could access GP appointments in different ways, for example, over the phone or face to face. Appointments pre COVID-19 could also be made by accessing the 'My health online' service. Patients could also use a consent form to designate a relative to create appointments and discuss medication on their behalf. We were told many vulnerable patients preferred this method.

We were told that all staff carried out a risk assessment to assess the personal risks of continuing to carry out their role during the pandemic and to highlight any adjustments needed to working practices.

We were told that the practice provides services to patients residing in care homes. Clinical staff follow the care home's procedures when entering the premises.

We were also told that the practice has procedures in place for any clinicians who are undertaking home visits. Clinicians wear full personal protective equipment (PPE) and take their own equipment which is later cleaned and sanitised on return to the practice.

We were told that there are several staff members who are fluent Welsh speakers at the practice and that the practice endeavour to always put up information for patients bilingually.

No areas for improvements were identified.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Copy of cleaning policy
- Copy of cleaning schedules
- Infection prevention and control policy
- Data for staff training in infection prevention and control.

The following positive evidence was received:

We saw that the practice had a policy in place for the prevention and control of infection. The policy has been amended to reflect the management of COVID-19. The practice manager confirmed that cleaning schedules have been increased and adequate PPE stocks sourced these are monitored on a regular basis. We also saw evidence that all staff have completed relevant Infection Prevention and Control training.

We were told that all staff at the practice have received training on the correct use of PPE, including donning, doffing¹ and the safe disposal of used equipment.

We were told that staff are allocated areas of cleaning and high touch areas are cleaned throughout the day. There is a cleaning team that thoroughly clean the practice in the evenings and regular fogging² occurs every fortnight to ensure that the practice is sanitised regularly.

We were informed by the practice manager that the practice created different colour coded entrances to ensure those who were considered vulnerable waited separately to the usual waiting room and a 'red' waiting area for those with suspected COVID-19 symptoms. Shelters were purchased to ensure those who needed to wait outside during the pandemic could wait comfortably. We were told by the Senior GP Partner that this has been a positive addition with the patients.

No areas for improvements were identified.

¹ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

² Fogging is the **work of a specialist contractor using specialised products and cleaning methods**. Fogging uses an antiviral disinfectant solution (to BS EN 14476 standard) which cleans and sanitises large areas of a building quickly and effectively. It can kill off the virus and other biological agents in the air and on surfaces

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored how the service is working with other primary care teams (or services) and managing risks associated with Covid-19.

The key documents we reviewed included:

- Business continuity plan
- Staff meeting minutes from the previous 3 months.

The following positive evidence was received:

It was apparent throughout the quality check that the practice had planned well and made improvements to support staff in meeting the challenges brought on by the COVID-19 pandemic. We saw that the practice had a business continuity plan which had been reviewed. This helped to ensure continuity of service provision and safe care of patients during the pandemic.

We were told that staffing levels had been well managed during the pandemic. Both the Senior GP Partner and Practice Manager spoke very highly of the practice staff in how they have responded to the needs of the practice, the patients and in supporting each other. The practice joined another practice in creating a 'buddy'³ system to assist each other should staffing become an issue during the COVID-19 pandemic. We were informed that waiting times for primary and secondary care services have increased during the pandemic which has placed more demand on the practice.

We were told that regular cluster⁴ meetings are taking place virtually via Microsoft Teams. We were told that monthly team meetings are held and we saw evidence that detailed records were being maintained.

No areas for improvements were identified.

³ The practice of working or travelling together with at least one other person, especially when undertaking something potentially risky or hazardous. The buddy system is a procedure in which two people, the "buddies", operate together as a single unit so that they are able to monitor and help each other.

⁴ A **Cluster** is a grouping of GPs working with other health and care professionals to plan and provide services locally. **Clusters** are determined by individual NHS Wales Local Health Boards (LHB's). GPs in the **Clusters** play a key role in supporting the ongoing work of a Locality Network.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.