Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

# Quality Check Summary
# Cambria Surgery
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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Cambria Surgery (Hwb Iechyd Cybi), Ucheldre Ave, Holyhead LL65 1RA as part of its programme of assurance work. The practice provides a range of primary care services to patients in the Holyhead and surrounding area.

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 the Health and Care Standards 2015 and associated guidelines.

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. Quality checks allow us to explore how services are meeting the relevant standards in an agile way, enabling us to provide fast and supportive improvement advice on the safe operation of services. More information on our approach to assurance and inspections can be found here.

We spoke to the Practice Manager, Deputy Practice Manager and Lead GP on 28 February who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How do you ensure there are appropriate arrangements in place that uphold current standards of IPC in order to protect patients, staff and visitors using the service?
- 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 do you ensure the practice maintains the expected quality of patient care and service delivery?
- How do you ensure that equality and a rights based approach are embedded across the service?
- How effectively are you able to access wider primary care professionals and other services? This may include mental health teams, secondary care and GP Out of Hours?

## Environment

During the quality check, we considered 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:

- Environmental risk assessments / audits
- Quality improvement reports
- Co-location project reports.

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 patients could access appointments through a telephone or online form service. Although we were told that there could be lengthy waits on the telephone for patients at peak times of the day, such as early morning. Same-day appointments were routinely provided, and a moderate number of pre-bookable appointments are offered. This approach was under review at the time of the quality check call to ensure that patient needs and expectations can be strengthened.

The practice had a signposting system in place of a traditional triage system to help ensure that patients access the most appropriate professional to meet their needs. This could involve an in-person or telephone consultation depending on the issue. This was dealt with by a duty GP who had protected time, and we were told that some administrative staff had recently received training to help signpost patients to the most appropriate clinician.

It was positive to note that the services provided to a local care home had been reintroduced through weekly ward rounds either virtually or in person. This was resourced by the lead GP and paramedic. It was reassuring to be told that the annual clinical reviews of patients living at the care home at recently been completed.

We were told that there are Welsh speaking clinical and non-clinical staff available to meet patient needs when known or if requested. We noted that there is a desire to provide a greater active offer to patients as part of the co-location project.

Aspects of health and safety related to the premises had been considered through a range of audits and risk assessments. We noted that several actions had been completed to minimise risk to staff, patients, and visitors. These audits were on-going with support from the health board to ensure continued to compliance.

## Infection prevention and control

During the quality check, we considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Generic infection control policies and Covid-19 specific policies
- Risk assessments undertaken in relation to infection prevention and control
- Cleaning schedules
- Mandatory training records.

**The following positive evidence was received:**

The practice followed a range of health board wide Infection Prevention and Control (IPC) procedures, which we confirmed had been reviewed and adopted as far as possible according to local practice needs.

We saw evidence that aspects of IPC had been considered in a risk assessment and the practice manager described a range of audits and spot checks which are completed to ensure on-going compliance.

The practice was supported by two domestic team members who were provided with localised procedures to follow to ensure cleanliness and hygiene of the environment was maintained. The practice manager emphasised it was the responsibility of all staff to maintain good IPC practices and we noted certain tasks were delegated to clinical members of staff where appropriate.

**The following areas for improvement were identified:**

We saw confirmation that formal IPC training had been completed by range of clinical and non-clinical staff appropriate to their roles. However, we noted that that completion was below the health board's own expected completion rate. The practice manager told us in advance of the quality check that allocated training time had been provided to clinical staff for them to complete the training as soon as possible. The health board must confirm to HIW that this has now been completed.

## Governance / Staffing

As part of this standard, HIW questioned the service representatives about how they manage their services to support the delivery of high quality healthcare. We explored how the service is working with other primary care teams (or services) and maintaining the quality of patient care.

The key documents we reviewed included:

- Escalation / business continuity policies
- Patient voice data
- Quality improvement reports
- Co-location project reports
- Staff meeting minutes
- Incident data.

**The following positive evidence was received:**

At the time of the quality check taking place, the intention of the health board was to co-locate this practice and neighbouring Longford Practice with the aim of improving the patient experience and sustainability of its services. This is an on-going project which falls outside the scope of this quality check, but is important to note for the context of these findings.

The practice team appears to have made notable progress in improving its position since the pandemic. We noted some increased stability of the clinical workforce, engaged clinical and non-clinical management and leadership, and a desire to improve patient access and clinical services available to patients. This included the introduction of additional clinics, clinical reviews, and a review of patient pathways.

The practice had undergone recent quality improvement exercises and audits. It was evident that this had supported the practice team to develop a sound knowledge of where they are doing well and areas which require strengthening. It was positive to see that a number of these areas were either marked as completed or were progressing as expected.

The practice team emphasised the improvement in team dynamics, which we were told had been achieved through the reintroduction of staff team meetings and joint training sessions. It was positive to note that patient feedback and any lessons learnt was included within these forums.

It was reassuring to note that the ability to engage with the local GP cluster had resumed following the appointment of a clinical lead.

**The following areas for improvement were identified:**

We were told that demand continues to exceed the capacity of the practice, which could potentially limit the level of proactive service the practice wishes to provide.

We noted that there were current and upcoming workforce gaps in both clinical and non-clinical staff groups. We saw evidence that recent workforce bids had been submitted, but had not been accepted by the health board despite a stated need, e.g. mental health resource. There also appeared to be a fragmented workforce in some staffing groups due to these gaps and the number of part-time positions. The health board must ensure that there is a robust workforce plan in place as part of the co-location project. The health board must consider how it can ensure that practice resource needs and, in turn, patient needs can be met in the interim.

We noted that there was a plan in progress to appoint a named clinical safeguarding lead for the practice. This role was currently being undertaken by the practice manager, with clinical support where required. However, we recommend that this post is allocated to a clinician at the earliest available opportunity, with training provided to an appropriate level.

We noted several examples of positive interface working with other services, such as secondary care. This included timely referrals into secondary care services, such as paediatrics and orthopaedics. However, we found that there were difficulties or inconsistencies in the referral process into other services across the health board. We noted that this has the potential to prevent patients from receiving timely care, whilst increasing the workload of practice clinicians. The health board must ensure that feedback is sought from practices and acted upon where appropriate.

# What next?

Where we have identified areas for improvements and immediate concerns during our quality check and require the service to take action, these are detailed in the following ways within the appendices of this report:

- Appendix A: 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 B: Includes any other improvements identified during the quality check where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

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.

# Appendix A – Immediate improvement plan

Setting:

Ward/Department/Service

Date of activity:

The table below includes any immediate concerns about patient safety identified during the quality check where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

| Immediate Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|---|---|---|---|
| **No immediate Improvements required.** | | | | |
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| | | | | |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

# Appendix B: Improvement plan

Setting: Health Board Managed Practice
Service: Hwb Iechyd Cybi
Date of activity: April 2023

The table below includes improvements identified during the quality check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the quality check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|---|---|---|---|
| The health board must confirm to HIW that IPC training has been completed by clinical staff as required. | Standard 2.4 | Much training and governance has been undertaken as part of IPC activity within each Practice over many months since the employment of the Managed Practice Matron; Staff will have allocated time to complete IPC training along with clear identification of IP champions. Records will be checked to ensure compliance is achieved across all team members | Matron for Managed Practices | 30th April 2023 |
| The health board must ensure that there is a robust workforce plan in place as part of the co-location project.<br><br>In the interim, the health board must consider how it can ensure | Standard 7.1 | Workforce Planning is a continuous activity driven by both demand on services and also the needs dictated through the GMS Contract.<br>A robust structure will be developed and implemented by the summer of 2023.<br><br>The Health Board remains committed to implementing the co-location project which | Head of Service for Managed Practices | 30th June 2023 |

| | | | | |
|---|---|---|---|---|
| that practice resource needs and, in turn, patient needs can be met. | | will bring all services to one site. | | |
| The health board must ensure that the safeguarding post is allocated to a clinician at the earliest available opportunity, with training provided to an appropriate level. | Standard 2.7 | The Safeguarding lead role has been identified, and appropriate training and resource will be provided.<br><br>Appropriate communication via practice website, Contracting Team, and Practice staff will be undertaken within a week of identification<br><br>All staff to ensure compliance with safeguarding (adults and children) at appropriate level within 1 month | Head of Service for Managed Practices | 31st May 2023 |
| The health board must ensure that feedback is sought from practices regarding the interface with secondary care services. | Standard 7.1 | This will be undertaken through the IHC Quality and Safety Governance group; the ongoing Secondary Care/Primary Care Interface Group and also through the IHC Directors Group | IHC Medical Director Primary Care | 31st May 2023, but ongoing |

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):** **Keith Amos**

**Job role:** **Head of Service for Managed Practices**

**Date:** **11th April 2023**