Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Setting Name: Dyfi Valley Health

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Dyfi Valley Health as part of its programme of assurance work.

Dyfi Valley Health provides general practitioner (GP) services to the population of North Powys (Machynlleth and surrounding areas). The practice proides a number of clinics for the management of chronic diseases such as asthma and diabetes and offer a wide range of other medical services including antenatal and postnatal care, minor surgery, minor injuries, childhood vaccinations and well-person check-ups

HIW's quality checks form part of a new tiered 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 other relevant regulations). 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 settings. 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 inspections can be found here.

We spoke to the Practice Manager on 9 December 2020 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- 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 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?
- 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.

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We questioned the practice on how they are making sure all patients have safe and appropriate access to services.

The following positive evidence was received:

The practice told us that an early decision was taken to close public access to the practice in an effort to protect staff and patients. However, they continued to place an emphasis on managing patient expectations and ensuring access to services. These included:

- Ensuring clear communication through bi-lingual signage on the exterior of the premises and an updated website. There was a marked increase in the number of patients signing up to the practice text messaging service as a result
- Installation of video door bells at the entrance to the building and at the dispensing window in order to maintain some level of face-to-face contact
- Continued use of post boxes for patients to drop off prescription requests or samples
- Providing a shelter on the outside of the premises for patients who were required to queue or who arrived by foot.

We found that the practice had trialled and implemented systems which enabled the practice to undertake virtual and remote consultations. The practice manager told us that this had worked well for a number of patients due to the ability to send and receive images and messages through the platform. For older and vulnerable patients, or those with sensitive issues, the practice told us that patients could still call to speak to a member of the practice staff who would triage their call as appropriate.

We looked at the process the practice had in place for the triage of patients. We reviewed a draft call handling guide, which covered a range of conditions, with nominated individuals and a clear timeframe in which to respond. Given that this was a draft document, we would advise the practice to adopt a final triage protocol and policy once approved, ensuring that all staff then receive an appropriate level of training for their role.

For patients who were required to attend an appointment inside the practice, we were told that a number of other measures had been introduced to support staff and patient safety. These included:

- Ensuring all patients and visitors were temperature checked at the entrance to the building and were provided with Personal Protective Equipment (PPE), where necessary

- Ensuring that Test, Trace and Protect details were taken via a QR[1] code, on mobile phone devices, or manually upon entry
- Implementing a one-way system with appropriate floor marking and signage
- Closure of waiting rooms and toilet facilities (unless required)
- Designating two clinical rooms with direct access from the outside of the premises, allowing non-COVID patients to be seen without the need to pass through the main building
- Designating an external repurposed area of the practice into a 'hot hub' for patients who may be displaying suspected COVID-19 symptoms to be seen safely and separately to other areas of the practice. We confirmed that this area contained no unnecessary equipment. Appointments were managed in a way so that clinicians were able to leave at the end of day, without the need to re-enter the practice.

The practice told us that a limited number of clinic activities and services, such as cervical screening, were suspended as a result of the pandemic. These suspended services have now been re-introduced. We found that the practice had adapted the delivery of other clinics, such as prescribing B12 to be taken orally rather than through an injection at the practice. However, the practice emphasised that there was no blanket approach to the delivery of care and that patients would be asked to attend in-person, as determined by clinical need.

The practice told us that they had good links with the district nursing team, which had enabled the practice to maintain effective links with patients within the community. It was positive to note that the practice took part in a daily General Practitioner (GP)-led call with the district nursing team. Specialists, such as palliative care at home services, were invited where required, to discuss the needs of patients within the community.

No improvements were identified.

Infection prevention and control

During this process, we reviewed infection control policies, cleaning schedules and staff training. We also questioned the setting about how the changes they have introduced to make sure appropriate infection control standard are maintained. We reviewed key systems including the use of PPE.

The following positive evidence was received:

We found that the practice followed an Infection Prevention and Control (IPC) procedure and a Pandemic Policy, both of which had been recently reviewed and tailored to meet the needs

[1] QR Code is a two-dimensional version of the barcode, typically made up of black and white pixel patterns.

of the practice. We saw evidence to show that this procedure had been read and understood by all staff, including emails between staff identifying IPC and pandemic related updates.

We were told that all staff had access to appropriate PPE and that the pressures on obtaining PPE had eased throughout the pandemic. The practice policy outlined to staff how to don and doff PPE correctly and the practice manager confirmed that all staff had received demonstrations from the GP partner.

We saw evidence of recent risk assessments for a range of areas within the practice, including clinical areas, which focused on limiting the transmission of COVID-19. We also saw evidence that some audit activity had been undertaken by the practice manager and had been communicated to all staff. However, the practice is advised to consider adopting a more formal tool when undertaking audit activity in order to effectively monitor and evidence outcomes.

We saw confirmation that formal IPC training had been undertaken by a number of staff, including GP's, nursing and cleaning staff, and the practice manager confirmed that IPC training was mandatory for staff. However, IPC training records were not immediately available for us to view.

It was positive to note that a dedicated cleaner was employed by the practice and that they had undertaken training provided by the health board specific to their role. We saw that regular cleaning schedules had been maintained, including enhanced cleaning throughout the pandemic.

The following areas for improvement were identified:

The practice should compile a training skills matrix for all staff, to ensure there is sufficient oversight of training in IPC (and other areas) at a practice wide level.

Governance

As part of this standard, HIW reviewed policies and procedures for future pandemic emergencies. We also questioned the setting about how they have adapted their service in light of the COVID-19 pandemic, how they are interfacing with wider primary care professionals and their risk management processes.

The following positive evidence was received:

The practice formed part of the North Powys Primary Care Cluster[2], in which we found evidence of supportive cluster working arrangements. The practice manager told us that the cluster met on at least a monthly basis, but had met more frequently throughout the pandemic

[2] A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally.

in order to support staff and patient care.

In support of individual staff safety and wellbeing, we saw that the All-Wales COVID-19 Risk Assessment had been completed by staff in order to assess their personal circumstances in relation to the pandemic. The practice had also undertaken an additional risk assessment of the working environment, in order to further support staff and the management.

We were told that there had been a number of staff on leave throughout the pandemic due to issues of sickness or childcare. However, we found that all staff had now returned to work and that arrangements had been made for staff to work from home wherever possible.

It was expressed clearly to us that staff were beginning to feel the psychological effects of the pandemic, such as tiredness and fatigue. We were told that this had been heightened due to an increased demand on the services provided by the practice and other issues, such as difficulty in making referrals into various secondary care systems. The practice should continue to engage with the Health Board to ensure that staff well-being is fully supported.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it 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 Quality Check.

As a result of the findings from this quality check, 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.

Improvement plan

Setting: Dyfi Valley Health

Date of activity: 9 December 2020

The table below includes improvements identified during the Tier 1 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.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The practice should compile a training skills matrix for all staff, to ensure there is sufficient oversight of training in IPC (and other areas) at a practice wide level.	7.1 Health and Care Standards	Noted and will be actioned	LC – PM	By end February 21
2					
3					
4					

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.

Name: Lucy Cockram Date: 16 December 2020