

# Quality Check Summary

## Mountain View Health Centre, Swansea.

### 30 May 2022

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Mountain View Health Centre, Swansea as part of its programme of assurance work. The practice consists of three GP partners, one nurse practitioner, two practice nurses and one practice manager who is supported by administration staff.

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.

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 on 30 May 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
- COVID-19 policies and guidance.

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 were told that at the beginning of the pandemic, a full environmental risk assessment was undertaken to maintain a safe environment at the practice. From this risk assessment, there were several environmental factors that had to be adjusted to adhere to government guidelines including social distancing. This included limiting the capacity in the waiting room, implementing a one-way system into the practice, and ensuring that all clinical rooms were compliant with social distancing guidelines. The practice also locked its doors at the beginning of the pandemic to allow the necessary changes to be made. Once the changes had been made, the practice re opened the door and placed a table at the entrance so that patients would not be allowed free access into the waiting area and could be seen and have any queries dealt with in a safe and effect manner.

We were told that prior to COVID-19, the practice operated a telephone system for accessing appointments. During the pandemic, the practice started using Ask My GP online consultation system alongside the telephone system. Both methods would be screened by reception staff and then a receptionist would transfer the patients details onto the duty list. A clinical member of staff would triage<sup>1</sup> the patient based on the information provided and arrange the best course of treatment with the most appropriate member of the practice.

We were informed that the practice provides a service to a limited number of care home residents and that there were no changes to the services provided throughout the pandemic. The practice manager informed us that throughout the pandemic, home visits were done by a paramedic employed by the GP cluster. Request for home visits were received by the reception staff and passed to the duty team to triage the request, and if required they would risk assess the need for the visit. Patients would be asked COVID-19 screening questions before the visit and guidance would be given over the phone about the way the home visit

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<sup>1</sup> the preliminary assessment of patients in order to determine the urgency of their need for treatment and the nature of treatment required

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would be undertaken. Patients would be told that they are to be in a room by themselves unless a carer was required. Enhanced risk assessments were carried out prior to any physical visits and all guidelines were adhered to.

The practice manager described the process that was in place for treating vulnerable or at-risk patients. We were told that if a vulnerable patient required treatment at the practice, they would arrive at the practice at the given time and would then be escorted directly into a separate clinical room by a member of staff wearing enhanced PPE. Once treated the patient would be escorted back out of the practice minimizing contact with any other patients at the practice.

We also enquired about meeting the needs of Welsh speaking patients when accessing healthcare services. The practice manager told us that there are no patients registered with the practice whose first language is Welsh. We were told that there is a member of staff who speaks fluent Welsh, and the practice has use of a translation service provided by the Health Board if required. Additionally, we were informed that all signage and patient information is available bi-lingually.

**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:

- Generic infection control policies and Covid-19 specific policies
- Most recent hand hygiene audit results
- Most recent infection control risk assessments / audits
- Cleaning schedules

**The following positive evidence was received:**

We saw evidence of cleaning schedules and noted that there were enhanced cleaning procedures in place in response to the pandemic. The practice manager informed us that the practice utilised the services of an external company to undertake the cleaning of the

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environment at the practice. In response to the pandemic, a deeper clean of the environment is undertaken everyday including a deep clean of any rooms used for treatment of patient who displayed symptoms of COVID-19.

The practice manager told us that all staff have access to appropriate and sufficient personal protective equipment (PPE) and that clinical and non-clinical staff have received training around the use of PPE. The practice manager also confirmed that all staff had undertaken training to don and doff<sup>2</sup> PPE correctly and that there was a process in place promoting this.

We questioned the practice manager on how patients with suspected infectious illnesses access services safely. The practice manager explained that staff at the practice had received additional training to allow them to risk assess and screen patients to attend the practice where needed. The practice also has a clinical room that they use for any patients that urgently need a face-to-face consultation who may have COVID-19 or have symptoms. Patients would be escorted into the practice and taken directly into this clinical room, where they would be assessed and treated by the most appropriate member of clinical staff wearing enhanced PPE such as aprons, gloves, face mask and face visor. Once the patient had been treated, they would be escorted out of the building and the clinical room would be deep cleaned using a canister that releases an air born disinfectant into the room.

We confirmed that IPC arrangements were considered in the home visits procedure created by the practice. This included use of correct PPE, risk assessing and symptom checking of the patient, regular lateral flow testing and ensuring only necessary members of staff and patients were present during the visit.

**No areas for improvements were identified.**

## 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 explore 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 plans
- Mandatory training records for all staff

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<sup>2</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

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- HIW self-assessment.

**The following positive evidence was received:**

We were told that at the beginning of the pandemic several services were suspended. We were told that services had to be switched to virtual appointments where possible and patient that required medication to be administered at the practice had to switch to alternative medication, for example, patients were no longer allowed to receive a B12 vitamin injections, the alternative was for patients to have tablet medication. At the time of the quality check the practice manager confirmed that most, if not all, suspended services were reinstated.

We saw that the practice had an adequate business continuity plan, which had been reviewed. We saw evidence that the practice had reacted to the challenges brought on by COVID-19 and had supported staff throughout the pandemic and planned for staff to work remotely when required.

We were told that staffing levels had been managed well during the pandemic and the practice manager spoke highly of the practice staff and how they have responded to the needs of the practice, patients, and each other.

The practice manager explained that they attend cluster<sup>3</sup> and described the working of the cluster group. The practice manager explained that due to the additional needs of the cluster, extra cluster meetings took place throughout the pandemic so that additional support could be offered and issues that arose were dealt with in a timely manner. The practice manager described a robust and effective cluster where the practice manager felt supported.

**No areas for improvements were identified.**

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<sup>3</sup> 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 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.