

Quality Check Summary

Argyle Medical Group

05 January 2023

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Argyle Medical Group as part of its programme of assurance work. Argyle Medical Group forms part of GP services provided by 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 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. 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, a practice nurse and GP on 05 January 2023 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:

- COVID risk assessment

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:

Staff informed us of several changes made to the practice environment in line with COVID - 19 guidance. This included a significant increase in telephone triaging and the introduction of telephone appointments. Any immunosuppressed patients had access to an alternative entrance and exit to the practice. We were also told that all staff were risk assessed, and those deemed high risk would only undertake telephone appointments.

We were told by staff that a one-way system was implemented at the practice during Covid, which has only recently been removed. Staff also informed us that face masks and hand sanitizer are available for patients upon arrival at the practice.

Staff provided us information regarding how patients access healthcare advice. Nursing staff told us that they regularly give out leaflets containing information about various diseases and will print information out for patients to take away. Staff confirmed that any information given out is recorded in patient records. We were also told that reception staff have all received additional training to transfer calls successfully to the most appropriate staff member or department.

Staff told us that the practice also employs a carers champion who keeps in touch with all carers registered with the practice and provides relevant information when needed. This individual also has a separate phone line for carers to use.

Practice staff confirmed that all triaging is completed by GPs or advanced nurse practitioners. We were also told by staff that appointments can only be obtained over the phone, however patients can also email in pictures if relevant.

We were informed by staff that visits to care homes are carried out as and when needed. Until recently, this occurred on designated days by one staff member, however this individual recently left. The practice is currently recruiting to fill this role.

Staff outlined the ways in which the needs of Welsh speaking patients are met when accessing healthcare services at the practice. They confirmed that there are several Welsh speaking staff at the practice. The answerphone message and check-in screens are also bilingual and

we were told that there is a sign displayed in the waiting area informing patients that all information can be made available in Welsh.

The practice also had access to a translation service through the health board and we were told that there are good links between the practice and a sign language translator.

The following areas for improvement were identified:

We reviewed the COVID - 19 risk assessment for the setting, however staff stated that no environmental risk assessment has been carried out since before the pandemic. An environmental risk assessment should be completed for the setting as soon as possible.

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:

- The most recent cleaning schedules
- Infection prevention and control policy.

The following positive evidence was received:

We saw that the practice had a policy in place for the prevention and control of infection. We were also provided with copies of recent cleaning schedules. All were complete and up to date.

Staff informed us that the nursing department are responsible for monitoring personal protective equipment (PPE) stock levels at the practice. We were told that levels are reviewed weekly and additional stock ordered when needed.

We were also told that that all staff at the practice received training on the correct use of PPE, including donning, doffing¹ and the safe disposal of used equipment. Donning and doffing posters were displayed, and we were informed that all staff also have access to an online bulletin board where any Infection Prevention and Control or PPE updates are posted.

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

Staff outlined the process for safely seeing patients with suspected infectious illnesses. Patients would be asked to wait in their car upon arrival, until a member of staff comes to escort them to the designated red room, via an alternative entrance, and would leave the practice the same way. Staff would wear full PPE during such appointments.

The following areas for improvement were identified:

We saw evidence of a generic NHS cleaning policy in use at the practice, however they do not have one specifically for the practice. The practice must implement a practice specific cleaning policy as soon as possible.

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:

- Business continuity plan
- Data for infection prevention and control training for staff

Staff meeting minutes.

The following positive evidence was received:

It was apparent throughout the quality check that the practice had planned well and made improvements to support them in meeting the challenges brought on by the Covid-19 pandemic. We saw a copy of the business continuity plan which was detailed and up to date.

Staff told us that multi-disciplinary team working in the practice can be effective and good conversations are held. However, contacting people in secondary care can be difficult. We were also told, that the Consultant Connect system is a useful tool and used often by the practice staff. This allows staff to obtain information and advice from a consultant online, either via a phone app or telephone line.

We were told that team meetings are held and we saw evidence that meeting minutes are recorded.

No areas for improvement were identified.

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.				

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):

Job role:

Date:

Appendix B: Improvement plan

Setting: Argyle Medical Group

Date of activity: 05/01/2023

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
Staff must complete an environmental risk assessment for the practice as soon as possible	Standard 2.1 Managing Risk and Promoting Health and Safety	To provide an updated and comprehensive environmental Risk Assessment, this will be guided by Croner (our HR representatives) Health and Safety consultant who is due to visit the Practice on March 6 th 2023	Judith Scourfield guided by the H&S consultant	2 months
We require the setting to develop a practice specific cleaning policy imminently	Standard 2.1 Managing Risk and Promoting Health and Safety	To provide a Practice specific Cleaning Policy	Suzanne Peake (cleaning and Housekeeping Manager)	1 month

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):

Job role:

Date: