

Inspection Summary Report

SA1 Medical Centre, Swansea Bay University
Health Board

Inspection date: 29 June 2023

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This summary document provides an overview of the outcome of the inspection

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Overall, we found SA1 Medical Centre was committed to providing a positive experience and professional service to their patients.

There was level access to the ground floor of the practice and a lift to the first floor, allowing wheelchair users or those with mobility issues to access the facilities easily.

The team were dedicated and committed to providing patients with safe and effective care in an environment that was clean, tidy and free from clutter. Processes were in place to assure the privacy and dignity of the patient was always upheld.

We found the practice had good leadership and clear lines of accountability. The staff team worked very well together.

We did identify issues that were dealt with under our immediate assurance process, relating to resuscitation processes and equipment and infection control audits.

Note the inspection findings relate to the point in time that the inspection was undertaken.



What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of SA1 Medical Centre, Swansea Bay University Health Board on 29 June 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors, two clinical peer reviewers and a practice manager peer reviewer. The inspection was led by a HIW Healthcare Inspector.

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).



Quality of Patient Experience



Overall Summary

We found SA1 Medical Centre was committed to providing a positive experience to patients. Patient responses received through the HIW questionnaire were generally positive. All respondents rated the practice as 'very good' or 'good'.

Health promotion information was available to patients in all waiting areas, some of which was bilingual. Patients could also access this information digitally.

There was level access to the practice allowing wheelchair users or those with mobility issues to access the facilities easily. The waiting rooms were spacious and the treatment areas were situated on the ground floor or first floor accessible via a lift.

There were Welsh speaking staff available at the practice, however these staff did not wear 'Iaith Gwaith' badges to identify them as Welsh speakers. There was also a receptionist that was fluent in sign language for patients who were deaf or hard of hearing. A hearing loop was also in place.

Issues were identified relating to the reception area and implementing a care navigation process.

Where the service could improve

- Ensure the privacy and confidentiality of patients is maintained in the reception area
- Update policies to reflect changes
- Implement a written process to ensure a clear pathway of care navigation.

What we found this service did well

- Availability of health promotion information both written and digitally
- Treating patients in a caring and friendly manner within surgeries that preserved their dignity
- Good facilities for patients with disabilities to the practice.

Patients told us:

“Always receive exceptional care from this practice for both myself and my family”

“I have used SA1 Surgery since 2006 and i have to say I have always received great service and support from all the GPs in this practice (& I have lived 8n other areas of Swansea and Wales and I can't say that about every practice I've used over the years). Dr Kasto in particular has been really helpful (& ill be very sad when he retires) but in fact all the doctors nurses ive received services from have been great.. reception staff too. I've meant to commend the practice to our local health board patient participation project but never got round to it so I'm very glad I have the chance to now. I've noticed in my work in social care sector that surgeries generally in recent years are struggling with greater numbers of patients and less resources. This no doubt is true for SA1 Surgery too but however that surgery team is managed, however it operates it could be / should be used as a model for other surgeries on how to do / cope with the best one can with the limited resources available.”

“Amazing reception staff. Would be easier to use the online booking system.”

“Sometimes hard to get through on phone. Then told emergencies only.”

“Bring back booking online as the queue system is very long winded.”

“I made a complaint via email but I had a response from the Practice Manager not long after. Otherwise I do find the surgery very thorough and friendly. I had to claim through my insurance as I was off work and the secretary was very helpful.”

Hard to get appointment sometimes.

Delivery of Safe and Effective Care



Overall Summary

Overall, we found SA1 Medical Centre staff to be dedicated and committed to providing patients with safe and effective care. The practice was mostly clean and clutter free. All treatment rooms were well equipped and of a good size.

Whilst areas of good practice were noted, we did identify a small number of issues in relation to medical items and equipment checks. We also found various issues in regard to infection, prevention and control. These issues were dealt with under HIW's Immediate Assurance process.

Medical records reviewed were found to be of a good standard, however some improvements were required in relation to Read codes.

Immediate assurances:

- Checklist required for the equipment in the emergency bag
- Practice specific resuscitation procedure required
- Infection, prevention and control audits required
- Ensure compliance with cleaning schedules
- Decluttering of all treatment rooms to allow for adequate cleaning
- Repair or replace damaged chairs in waiting rooms.

Where the service could improve

- Ensure staff complete the level of safeguarding training relevant to their role
- Managers to ensure staff are aware of their roles and responsibilities
Improve Read coding on medical records.

What we found this service did well

- Adherence to cold chain storage procedures
- Up to date risk assessments
- Business continuity arrangements.

Quality of Management and Leadership



Overall Summary

We found the practice had good leadership and clear lines of accountability. The staff team worked very well together and were committed to providing a high standard of care for their patients.

There was evidence of a comprehensive induction process, followed by regular supervision and annual appraisals. However, on review we found gaps present in mandatory training compliance.

Team meetings were taking place with the relevant team leads, however full practice meetings were not taking place. We recommended the development of a formal process for team meetings that were minuted and disseminated accordingly.

Immediate assurances:

- Ensure staff receive the appropriate training in IPC dependant on their role
- Develop and implement a mandatory training schedule
- Ensure all mandatory training is completed in a timely manner
- Develop and implement a full audit schedule for the practice, to include annual IPC and hand hygiene audits.

Where the service could improve

- Formalise a process for team meetings to include all staff
- Implement a process to display outcomes of patient feedback that influenced improvements made at the practice.

What we found this service did well

- Clear management structure in place at the practice
- Good collaborative working with cluster and secondary care
- Access to training to allow for continued professional development.

Staff told us:

“Patient care is our top priority.”

“Good supportive team and management.”

Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the health board to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the health board to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition, we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the health board to confirm action has been taken in line with management responses documented in the improvement plan. We also ask health boards to provide documented evidence of action taken and/or progress made.

