Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Setting Name: Llandaff North Medical Centre

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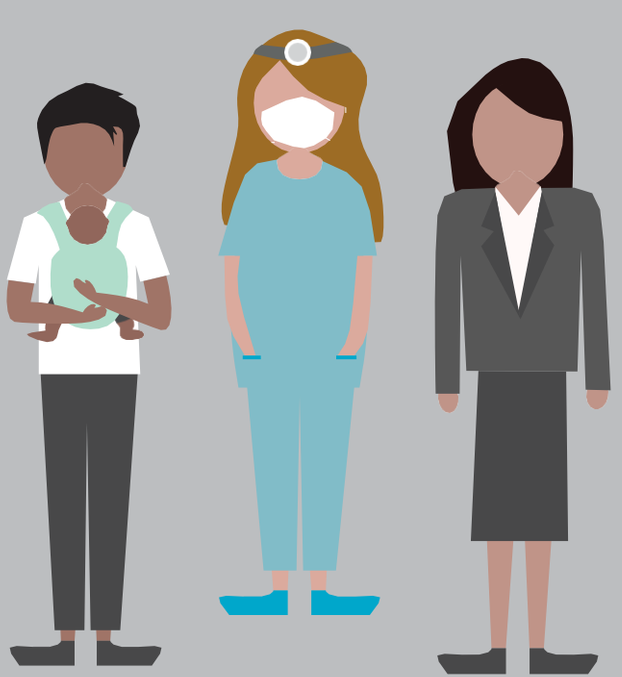

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Llandaff North Medical Centre as part of its programme of assurance work.

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 capture a snapshot of the standards of care within healthcare settings. This quality check focussed on four key areas: COVID-19 arrangements; environment; infection prevention and control; and governance. More information on our approach to inspections can be found here.

We spoke to the practice manager on 15 September 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.

COVID-19 arrangements

During this process, we reviewed key policies in relation to the protection of staff and patients from COVID-19. We also reviewed the service arrangements in place for the appropriate securing, use and disposal of PPE.

The following positive evidence was received:

We were told that during the pandemic, the practice, where possible, limited the number of patients attending the site for appointments. A programme which enabled patients to submit pictures of ailments, and documentation via a text message or email was implemented, alongside a number of options for remote consultations, and allow clinicians to review and receive evidence from patients.

The practice manager explained the process of access to the building. Access was controlled by a strict telephone appointment system, where patients were reviewed by a clinician prior to being offered a face to face consultation. There was no other access to the building. Staff worked from home when they were able to, to minimise the number of people in the practice. On agreement of a face to face appointment, patients were provided with strict instructions in attending the practice, and a risk assessment was also undertaken with patients which included confirmation that they did not have any symptoms of COVID-19.

We saw evidence that all staff had received up to date infection prevention and control (IPC) training, that included sufficient training to ensure appropriate use of Personal Protective Equipment (PPE). We were told the practice had found some problems in sourcing PPE at the beginning of the pandemic as a result of rapidly changing guidance, but the practice manager assured us that this was quickly rectified and there had been no issues since. All staff had access to appropriate PPE in the building, and the practice manager considered there was sufficient reserves.

The practice manager advised that they had reviewed their environmental risk assessment in light of COVID-19, but felt that the major structural changes made to the practice in 2015 allowed them to adhere to strict IPC arrangements in place. This is covered further in the Environment section of this report.

No improvements were identified.

Environment

During this process, 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:

We saw that an updated risk assessment had been undertaken to identify specific needs in light of the COVID-19 pandemic. We were told that changes were made as a result of this risk assessment, which included a range of actions including, but not exclusive to environmental checks, IPC arrangements, expectations of staff and staff well-being check-ins.

We were told that calls were triaged by a clinician, and the majority of appointments were being undertaken via tele or video conferencing. If a face to face consultation was required, then strict instructions for entering the practice was provided to patients to ensure minimal footfall through the practice.

During the height of the pandemic we were told that many clinics and services were significantly reduced or stopped. Some clinics, such as respiratory clinics where annual reviews were undertaken, were moved to tele or video conferencing. We were told that others, such as B12 injections, were reviewed on a case by case basis and alternative arrangements were made where appropriate. We were also told that these appointments were extended to allow sufficient time to deal with the patients' reason for appointment, greet and escort the patient into the surgery, adhere to Personal Protective Equipment protocols and clean down the room.

We were advised that there was an alert system in place which identified patients that were shielding, or patients on the chronic disease database which could be clinically extremely vulnerable. This allowed the clinician to consider this when discussing consultation arrangements. We were told that all patients that called were able to speak to a clinician in one form or another, so there was no need for non-clinical staff to triage patients.

We were told that the practice was still undertaking home visits and visits to care homes when necessary. The practice manager explained that staff had risk assessments to ensure they were safe to undertake visits. We were told that full equipment was provided, including PPE packs. GPs were responsible for ensuring that home visit packs were disposed of in keeping with guidance. The Healthcare Assistant took control of these to ensure they were safe and fully stocked.

Risk assessments were undertaken on all staff to ensure they were safe within the practice, and staff who were considered at risk were accommodated.

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.

The following positive evidence was received:

We saw evidence that all staff had received up to date IPC training, alongside additional guidance and information, to aid them in delivering safe and effective care to patients. All staff have been briefed on appropriate use of PPE during the pandemic by staff specialised in this process.

We saw evidence of the cleaning contract, and audits by the company to ensure compliance with the contract.

We were told that patients who attended the practice were given instructions prior to

attending their appointment, to stop patients waiting in the practice at the same time. Patients who were suspected of having an infectious illness were escorted through the side entrance to an isolation room which was stripped to minimise cross-contamination.

We were told that to attend appointments in the community, grab bags were created to ensure clinicians had suitable equipment to undertake home visits. Once used, disposable equipment was bagged appropriately and disposed of in clinical waste bins at the practice upon a clinicians return.

No improvements were identified:

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:

We were told that staffing levels had been effectively managed during the pandemic with very minimal disruption to the service. This had meant a change in culture to work more flexibly with staff to meet the challenges of family responsibilities and isolation requirements. There was currently two members of staff on sick leave.

The practice manager told us that staff meetings had reduced during the pandemic, however meetings had continued where possible. Minutes for these meetings were circulated to staff following each meeting to ensure all staff were kept up to date with the latest guidance and policies.

We were told about the cluster[1] arrangements for the practice. The cluster business continuity plan included the sharing of staff, buildings and general resources if necessary. This process had been utilised by the cluster during the pandemic, and this had worked successfully. The cluster was meeting regularly via remote methods, and was working well together.

We were told that arrangements with secondary care were continuing, although they had faced particular challenges accessing services during the pandemic. The lead GP told us that services such as district nursing and mental health services had been placed under considerable pressure, and as a result this was having an impact on services available to patients. We were told that GPs were working to provide additional support to ensure patients were not put at risk.

No improvements were identified:

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

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.