

Quality Check Summary

Dr Michael O'Reilly

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Dr Michael O'Reilly (the clinic) as part of its programme of assurance work. The clinic offers private General Practitioner services including industrial and insurance health checks, and assessments for insurance cases on one afternoon a week until demand increases. Dr Michael O'Reilly is a sole practitioner and did not employ any staff at the time of the quality check.

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 Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 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 sole practitioner (registered manager) on 28 January 2021 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How are you ensuring that all 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
- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How has the clinic and the services it provides adapted during this period of COVID-19?

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. We reviewed recent risk assessments and questioned the setting on the changes they have made in response to COVID-19 to maintain safety and patient dignity.

The following positive evidence was received:

The registered manager told us that a month after registering with HIW and opening the clinic, the country entered a national lockdown to stop the spread of COVID-19. The building from which the clinic operated closed for a period of six months to carry out adaptations to make the environment safer for patients and staff. We were informed that services recommenced in September 2020 following the completion of this work. The registered manager stated that the closure had minimal impact on patients, as the clinic had opened only one month prior to the closure.

We were told that, in addition to the main alterations described above to ensure social distancing and adequate cleaning, the layout of the front reception was changed towards the end of 2020. The reception desk was moved so that the receptionist could view the front door and therefore control the flow of patients entering and leaving the building. Patients arriving for appointments were asked to wait outside or in their cars until it was safe to enter. Plastic seating was installed for ease of cleaning and a screen installed at the reception desk.

The registered manager explained how patients were prioritised depending on the urgency of their condition. Patients with conditions needing immediate medical attention were advised to see their own GP or attend the nearest accident and emergency unit. Patients requiring industrial or insurance health assessments were seen at the next available appointment, unless the assessment was required urgently. In which case, arrangements could be made to see them as soon as possible.

We were told that access to the service was by appointment only via telephone or email. Patients were also able to contact the clinic to request information regarding appointments. The registered manager told us that they did not perform virtual consultations. However, they told us that telephone consultations could be arranged if absolutely necessary. Selected security questions would be asked in these cases to confirm the identity of the patient.

We were told that cleaning schedules had been updated to include all items that patients came into contact with, such as desks, chairs, couches, toilets and door handles. Single use items, including blood pressure monitor cuffs, stethoscopes and thermometers, were previously itemised on the schedules prior to COVID-19. The registered manager also told us that they had purchased a contactless infrared non-touch thermometer¹ to record patient

¹ An infrared thermometer is a thermometer which records temperature from a distance. They are

temperatures. The registered manager told us the consultation room was also deep cleaned twice a day. In order to keep up to date with the latest guidelines the clinic received weekly email updates from the Welsh Government and the Public Health Wales (PHW) website.

No improvements were identified.

Infection prevention and control (IPC)

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, cleaning and hygiene regimes and access to training.

The following positive evidence was received:

We were provided with a copy of the clinic's COVID-19 policy, which set out the procedures for the practitioner and patients to reduce the spread of the virus. We were told that prior to attending their appointment, patients were contacted by telephone and asked a series of questions to determine if they were experiencing symptoms of COVID-19. These instructions were also given on the practice website. The answers provided by the patient were documented and kept in the patients notes. Patients experiencing symptoms of the virus were asked not to attend the clinic and appointments were rearranged.

The provider told us that only patients who were assessed as not displaying symptoms of COVID-19 were seen face to face. We were told that patients who were seen in person were required to wear face masks and follow hand hygiene and social distancing guidelines. Following consultations, all areas that the patient came into contact with, were thoroughly cleaned.

The provider did not report any difficulties in sourcing personal protective equipment (PPE) and the clinic kept a months' stock level in case of shortages in supplies. Stock was checked every weekend and a documented record was kept. The practitioner stated they were competent in the safe application and removal of PPE, due to training completed in previous surgical roles.

We were told that the registered manager arranged and completed specific online COVID-19 IPC training. Changes to IPC procedures were communicated to patients via updates on the clinic website and also verbally over the phone at the time of arranging an appointment.

No improvements were identified.

sometimes called laser thermometers or non-contact thermometers.

Governance / Staffing

As part of this standard, HIW explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care. We reviewed recent risk assessments and questioned the setting on the changes they have made in response to COVID-19 to maintain safe practices.

The following positive evidence was received:

The evidence provided showed that working practices were documented in the COVID-19 policy, which we were told was updated regularly. We were also provided with evidence of a number of other policies that were up to date. These included the arrangement for the safe disposal of sharps, needle stick injuries and medicines management. The statement of purpose² and patient guide seen were also up to date.

The process to be followed for reporting incidents was described. The incident would be recorded in an incident log and reported to the relevant service such as HIW, local health board or police. There had not been any incidents at the time of the quality check.

We were told about the arrangements regarding emergency equipment. Emergency drugs were secured elsewhere and taken to the clinic when consultations occurred. These were checked weekly and documented accordingly. There was not a defibrillator at the clinic and the procedure that would be followed in the event of cardiac arrest or emergency was described. This involved calling the emergency services, commencing cardiopulmonary resuscitation³ (CPR), if required, and sending for the community defibrillator, which was within 100 metres of the clinic.

No improvements were identified.

² <https://www.legislation.gov.uk/wsi/2011/734/schedule/1/made>

³ CPR is a medical procedure involving repeated cycles of compression of the chest and artificial respiration, performed to maintain blood circulation and oxygenation in a person who has suffered cardiac arrest.

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: Dr Michael O'Reilly

Service: Independent Clinic

Date of activity: 28 January 2021

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 | No improvements were identified | | | | |

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:

Date: