Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary
Crickhowell Health Centre
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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Crickhowell Health Centre (the practice) as part of its programme of assurance work. The practice covers the area of Crickhowell and surrounding villages as far as Abergavenny in the South West and Talybont in the North East. There are seven general practitioner (GP) partners and one salaried GP, all are part time and cover 47 sessions per week.

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 (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 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, who was joined by the senior partner on 19 May 2021 who provided us with information and evidence about their service. 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?

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 / audit. 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:

The practice manager stated they employed an external organisation for business safe advice and training. They conduct an annual Health and Safety Audit with a visit to both surgery sites. They also provide a dashboard to monitor reviews and audits. Responsible staff at the practice were prompted by email when a task was due. The health and safety manager at the practice was sent regular feedback to ensure all was up to date. They provided training material and assisted in compiling a risk assessment. This enabled the practice to declare a COVID-19 safe environment and ensured they were compliant with all relevant health and safety guidelines. We were provided with the various completed risk assessments and actions taken to resolve any issues found.

The practice manager described the changes that had taken place since the start of the pandemic. These included restricting access to the practice and introducing a hatch to dispense medication. The physio room, which had an external door, was changed to a COVID-19 room where patients with suspected COVID-19 were seen. Additionally, a further automatic door, in addition to the main front door, was installed at the back of the building, as the way out. The branch surgery at Gilwern, was used for various clinics such as childhood immunisations, baby checks and contraceptive requirements. Patients were required to wait outside to be temperature checked, they were also required to wear a mask. Once they were allowed in, they would see the relevant practitioner and then leave through the back door.

We were also told that there were social distancing signs in the practice and initially patients were not allowed to sit in the waiting room. Patients can now sit whilst waiting to be seen, on fixed benches with yellow and black tape used to cordon off some seats to ensure social distancing was maintained. Carpets were removed and the floors were now wipe clean, and partitions were also installed. There were hand cleaning stations with sanitising gels at the entry and exit to the premises as well as in the corridors. Additional cleaning measures were also put in place.

The practice manager described the various changes that had been made to ensure the

delivery of various clinics. B12 injection[1] clinics were provided on a drive through basis in the car park. Patients were able to provide information online through the practice website for the asthma clinic. Replies given by asthma patients were then reviewed by a nurse at the practice. Minor surgery was also cancelled initially under health board guidance, this has now recommenced at the practice. We were told that patients were able to access appointments with the appropriate clinician throughout the pandemic following a triage by a nurse or GP.

The practice manager told us that the practice ran a number of searches on their databases to identify vulnerable patients, in addition to those shielding. We were also told that the practice were able to add some of their patients onto the shielding list following these searches. These patients would receive a house call, with appropriate personal protective equipment (PPE), where required, otherwise they would be contacted by a video call, if necessary.

We were told of the systems in place to allow patients without digital access, including vulnerable, deaf and patients who could not understand English, to contact the practice. Care homes were given a direct number to call the practice. A GP was allocated to each care home and there were weekly virtual ward rounds with the homes. We were also told that risk assessments were carried out for every GP to ensure they were at a lower risk, to enable them to visit the homes, taking the necessary PPE precautions. Risk assessments were also completed by every member of staff, which were then assessed by a GP. We were told that appropriate arrangements were put in place for staff at a higher risk of contracting COVID-19.

No areas for 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, 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:

- Infection control policies and Covid-19 specific policies
- Most recent infection control risk assessments / audits
- Cleaning schedules.

The following positive evidence was received:

The practice experience of accessing PPE at the start of the pandemic was described. Initially

[1] The treatment for vitamin B12 or folate deficiency anaemia depends on what's causing the condition. Most people can be easily treated with injections or tablets to replace the missing vitamins. Vitamin B12 deficiency anaemia is usually treated with injections of vitamin B12.

there were issues, mainly relating to the quality of the PPE. However, sufficient supplies were sourced, to ensure the safe examination and treatment of patients and to ensure staff had sufficient protection.

We were told that a member of the clinical staff trained and assessed the staff on the correct use of PPE. Additionally, the lead nurse put in various IPC measures for the safety of staff and patients. Staff also received refresher hand washing training. The additional training given to support staff in delivering safe and effective care during the pandemic was described. We were told that the practice was now involved in the COVID-19 vaccination programme and as a result staff were required to complete further training. The relevant staff received training on resuscitation[2] and anaphylaxis[3], staff had to be competent when completing this training, prior to giving the vaccination. We were provided with the IPC training completed by all staff, which was all in date.

We saw the practice cleaning schedules and we were told of the additional cleaning of the practice. This included the clinical rooms being cleaned after each patient and common areas being cleaned every hour. We also were given copies of the cleaning audit carried out by the contracted cleaners together with the actions taken following this audit.

The senior partner described the IPC measures taken when staff visit patients in the community, such as care homes or home visits. Staff completed lateral flow testing to try to ensure the safety of patients and family members prior to the visit. Patient history was taken prior to the visit to ensure the minimum amount of time as necessary was spent with the patient. Clinical notes were made retrospectively. Care homes were requested to increase the ventilation in the setting for the visit. Staff carried appropriate PPE to protect themselves and the patient during the visit.

We were provided with evidence of the practice IPC Policy. The purpose of this document was to ensure that the practice remained committed to the prevention of healthcare-associated infection and that patient safety was the utmost priority. We were also provided with a policy know as Working in the POD. When COVID-19 started and the risks were unknown, the practice changed to mostly telephone consultations. However, there were still some patients needing to be seen either due to general ill-health or possible COVID-19. Therefore, a safer place to see patients was developed, which became known as the Pod. The Pod was created in the physiotherapy department as it was a bigger space, with good ventilation and was on to the side of the surgery with separate access from the car park. Initially, GPs saw patients in the Pod, then it was changed so two nurses could work there. They were separated by a space and each bed surrounded by disposable curtains.

No areas for improvements were identified.

[2] the action or process of reviving someone from unconsciousness or apparent death

[3] Anaphylaxis is the result of the immune system, the body's natural defence system, overreacting to a trigger. This is often something you're allergic to, but not always. Common anaphylaxis triggers include: foods – including nuts, milk, fish, shellfish, eggs and some fruits.

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 explored 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:

- Corporate policies/processes to ensure preparedness for future pandemic emergency
- Business continuity plans
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety.

The following positive evidence was received:

We were told that the practice regularly checked what adaptations the practice could make, since the start of the pandemic. At the time of the quality check, patients could only make an appointment on the day, pre-booked appointments were not allowed. However, the practice was due to allow pre-bookable appointments, the week following the call. The practice manager told us that during the pandemic they established that some patients preferred a telephone appointment. Therefore in the future, clinicians' rotas will allow a mixture of telephone and face to face appointments.

The practice manager told us that during the pandemic some members of staff were absent from work due to COVID-19 related illness and other sickness. We were told that the practice had purchased a number of laptop computers, as a result administrative staff were able to work from home. Calls could be routed to individual computers and all staff had been trained to work from home. The practice manager also told us that there were weekly meetings with the health board and weekly meetings with the local management committee (LMC)[4]. Other cluster practice managers also attended these meetings and this was an opportunity to put forward any points and to discuss issues.

Regarding the cluster arrangements that were in place and the support available through these arrangements, we were told that the biggest problem was funding. However, the cluster secured funding from the National Lottery Community Fund[5], enabling them to keep in contact with the vulnerable and those suffering from Long Covid[6]. We were also told that the health board provided new funds in the form of a grant to cover 50% of the cost of capital expenditure such as new flooring in treatment rooms and the new exit door. In addition, all Powys clusters

[4] LMCs are local representative committees of NHS GPs and represent their interests to the NHS health authorities.

[5] The National Lottery Community Fund awards money raised by National Lottery players to communities across the UK, working with local groups and UK-wide charities, enabling people and communities to thrive.

[6] Long Covid is a term to describe the effects of Covid-19 that continue for weeks or months beyond the initial illness.

were requested to utilise some of the cluster funds to cover additional practice expenses generated by the pandemic.

The practice manager said that an equality and rights based approach was embedded across the practice. This was done through a practice policy on equality and diversity as well as a training video that all staff had to view. In addition, the practice used an online practice management support package that included training on bullying and harassment and equality and diversity, as a mandatory requirement for all staff. The importance of equality was also included in the staff handbook.

We were told of the arrangements in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)[7] discussion and decision making was undertaken appropriately and sensitively. The practice followed the All Wales policy, with appropriate paperwork being completed at the practice, involving relatives and the patient themselves.

We were provided with further evidence of the current cluster arrangements. This included the formation of a Community Interest Company[8] (CIC) called Red Kite Health Solutions in 2015, to deliver health and well-being services. We were told the cluster was very active, the group now meet twice per month. We also saw evidence of the latest chairman's report on the cluster. Other cluster initiatives included employment of a pharmacy support team, development of Nurse Triage to relieve the GP load and the cluster website. This website had been launched in all cluster practices and aimed to reduce footfall in the practice by providing alternative ways to contact, seek advice and information from the practice and associated partners. We noted that the cluster won the Cluster Innovation Award at the RCGP Wales Gala Awards for 2019[9].

We were provided with evidence of the policy for future pandemic emergency, called the Pandemic Management Policy. The policy was to enable the practice to support the wider NHS in effectively managing the response to any pandemic outbreak, including COVID-19, influenza or any other worldwide spread of a disease.

We were provided with copies of the staff team monthly meeting minutes for the last three months. The practice manager stated that large staff meetings were difficult during the height of the pandemic as they could not meet in large groups. The meetings showed discussions including clinics, moving forward, lateral flow testing and footfall.

The practice access to wider primary care professionals and other services such as mental health teams, secondary care and out of hours were described by the practice manager. Some clinics that had previously stopped due to the pandemic, had now restarted, such as respiratory, cardiac and diabetic clinics run by the relevant nurse. A number of clinics were

[7] https://collaborative.nhs.wales/implementation-groups/end-of-life-care/dnacpr/

[8] A community interest company is a type of company introduced by the United Kingdom government in 2005 under the Companies Act 2004, designed for social enterprises that want to use their profits and assets for the public good.

[9] http://www.wales.nhs.uk/news/51959

also being run remotely. Referrals were continuing through the Welsh Clinical Communications Gateway (WCCG)[10] to mental health and occupational therapy. The practice also used MIND Cymru[11], a mental health charity, as they had counsellors who worked throughout the pandemic. Regarding urgent cancer referrals we were told that the practice would double check the referral after three to four weeks to make sure it had been actioned. We were told that due to longer waiting lists, patients were being clinically managed by the practice whilst waiting for surgery.

The practice were complimentary about the arrangements and communication with the out-of-hours services called SHROPDOC[12]. Initially when the pandemic started, this service supported patients with a management service online to reduce the pressure on GPs.

We were told there had not been any impact on patient discharge arrangements. Patient discharge summaries were received from the hospital by the practice. The practice manager and senior partner stated that the pressure points for them were referrals to secondary care, enhanced services and bloods for secondary care. They felt they were completing additional work for secondary care because of the long waiting lists and this was highlighted to the health board at the weekly meetings described above.

No areas for improvements were identified.

[10] Welsh Clinical Communications Gateway (WCCG) is a national system in Wales for the electronic exchange of clinical information, such as referrals, that integrates primary and secondary care systems using familiar yet highly secure internet technology.

[11] MIND provide advice and support to empower anyone experiencing a mental health problem. They also campaign to improve services, raise awareness and promote understanding.

[12] Shropdoc is a not-for-profit company established in 1996. We provide urgent medical services for patients when their GP surgery is closed and whose needs cannot safely wait until the surgery is next open. We work closely with NHS 111 to ensure urgent health needs are met as quickly as possible.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.