

# Quality Check Summary

## New Chapel Street Surgery

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of New Chapel Street Surgery as part of its programme of assurance work. New Chapel Street Surgery forms part of GP services provided within the areas served by Aneurin Bevan 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. 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 and Lead GP on 14 July 2021 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- 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.
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- 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 do you ensure that equality and a rights based approach are embedded across the service?
- What arrangements are in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussion and decision making is undertaken appropriately and sensitively?
- 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?

## 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 risk assessment
- Practice COVID-19 measures document
- Cleaning schedules and contract
- Infection Prevention and Control policy
- Monthly practice manager audit
- Room capacity planning tool
- Patient entry protocol.

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:**

We were told about new systems implemented at the practice since the beginning of the pandemic. Examples included a COVID-19 document introduced to clearly outline procedures for all staff. We also saw evidence of planning for attendance by patients, including a patient entry process document and room capacity planning tool. This allowed the practice to continue face-to-face consultations with patients if the clinical need arose.

The practice manager described what actions had been taken to ensure patient safety during the pandemic. We were told that rooms were re-purposed for social distancing measures to be put in place, and additional Infection Prevention Control (IPC) measures such as hand sanitising stations were available throughout the practice.

We saw evidence that the practice risk assessment, completed in April 2021, evidenced that the practice had completed all outstanding actions.

The practice manager described changes made to the environment. These included wipeable chairs, screens, and barriers were placed across desks, an upgraded telephone system, new auto swing doors and a speaker style doorbell which allows COVID -19 screening of patients before they are admitted to the practice.

We were told that the practice has remained open throughout the COVID-19 pandemic and patients offered consultations via telephone or video calling. The practice has also implemented a system to allow patients to send pictures to the GP via a link. Following this, if a patient needed to see a clinician face - to- face, then a pre-booked appointment would

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be made.

We saw evidence indicating that reception staff had procedures in place to assist with patient appointments and signposting patients to other professionals and organisations for further care where appropriate.

We were told that all staff have completed a NHS COVID-19 risk assessment<sup>1</sup> to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic and to highlight any adjustments needed to working practices. We were told that these had been fully considered and adjustments made to keep staff safe within the practice.

**No areas for improvements were identified.**

## Infection prevention and control

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:

- The most recent risk assessment
- Practice COVID-19 measures document
- Cleaning schedules and contract
- Infection Prevention and Control policy
- Monthly practice manager audit
- Staff training log for infection prevention and control.

**The following positive evidence was received:**

We saw that an up to date policy is in place for the prevention and control of infection. The policy includes management of COVID-19. The practice manager told us that staff received regular updates by email and via team meetings, to ensure everyone is kept up to date with any changes in guidance or practice.

We saw evidence that a practice risk assessment had been completed; and we saw evidence

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<sup>1</sup> The All Wales COVID-19 Workforce Risk Assessment Tool has been developed to help people working in the NHS and Social Care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus. The tool aims to help staff understand whether they may be at greater risk, and to help them and their line manager choose the right actions based on the level of risk.

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that monthly infection control audits are also undertaken to assess and manage the risk of infection. The practice manager confirmed that cleaning schedules have been increased, and the use of personal protective equipment<sup>2</sup> (PPE) has been optimised with adequate stocks sourced and monitored regularly. We received evidence that a cleaning contract is in place with an external provider. In addition all staff are expected to clean regularly and between patients.

We were told that all staff at the practice have received training on the correct use of PPE, including donning, doffing<sup>3</sup> and safe disposal of used equipment. We were provided with information relating to infection control training, which showed all staff had received training relevant to their role.

We were told that the practice had a dedicated “red” room<sup>4</sup>, separate from the main patient area with a dedicated access door, to isolate patients if required.

**No areas for improvements were identified.**

## 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:

- COVID-19 measures document
- Staff training logs for infection prevention and control
- Staff meeting minutes
- Business continuity plan
- Contracted agreement for cleaning contractors.

**The following positive evidence was received:**

We found the practice manager was clear and knowledgeable about their role and had a good understanding of their responsibilities. It was apparent throughout the quality check that the practice had put significant governance arrangements in place at the beginning of the pandemic to keep both staff and patients safe.

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<sup>2</sup> Personal Protective Equipment is equipment that will protect the user and patient against risks such as the spread of infection.

<sup>3</sup> Donning” is the process of safely putting on personal protective equipment and “Doffing” is the process of safely removing personal protective equipment.

<sup>4</sup> Red areas refers to dedicated areas or patient pathways with proven or suspected COVID-19.

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We saw evidence that all staff had undertaken suitable training in infection prevention and control.

We were told that staffing levels had been well managed during the pandemic. There have been no positive cases of COVID-19 or need for self-isolation amongst staff to date.

We were told that cluster<sup>5</sup> meetings are taking place virtually, and although there are several vacancies for cluster clinicians, there are plans in place to recruit to these roles. We were also told that the practice works with other local organisations to support palliative care services, which enables sensitive and dignity led discussions about Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and care needs for patients.

We were told that regular team meetings are held and we saw evidence that detailed records were being maintained.

We were told that patients could access patient information bilingually, however, no members of staff are Welsh speakers. There was access to numerous other languages via language line, and there are pre-agreed arrangements in place with non-English speaking patients to access support with a chaperone or via the central language line. Information relating to the COVID-19 vaccination was provided in Welsh and English.

**No areas for improvements were identified.**

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<sup>5</sup> A **Cluster** is a grouping of GPs working with other health and care professionals to plan and provide services locally. **Clusters** are determined by individual NHS Wales Local Health Boards (LHB's). GPs in the **Clusters** play a key role in supporting the ongoing work of a Locality Network.

# 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.