

Quality Check Summary

Wellspring Medical Centre

10 August 2021

Publication date: 15 September 2021



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Wellspring Medical Centre, Risca as part of its programme of assurance work. Wellspring Medical Centre is a five partner training practice, employing a part-time Advanced Nurse Practitioner (ANP), three part-time Practice Nurses (PN), and two part-time Phlebotomists/Healthcare Assistants (HCA). In addition to routine consultations, the practice provides a breadth of clinics and services and hosts smoking cessation, counselling and midwifery services.

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 NHS - 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 Advanced Nurse Practitioner on 3rd August 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:

- Most recent environmental risk assessments / audits
- Pandemic management policy
- Photographs of the environment

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 risk assessment outlined a range of steps the service had taken in response to the pandemic to help promote a safe environment. This included installing screens at the reception desk, replacing the flooring throughout the practice, ensuring social distancing in the waiting areas and implementing a one way system.

We found that the practice had implemented systems to provide patients with virtual consultations and other services, such as repeat prescription requests. The practice manager told us that this had worked well for many patients. However, the option of face-to-face appointments was still available for older or vulnerable patients who may be unable to access this virtual service.

The practice described the process they had in place for the triage of patients. The practice manager confirmed that reception staff had received care navigation training¹. This ensures that patients are booked an appointment with the most appropriate professional. During telephone consultations, GPs and nurses are responsible for triaging as appropriate.

We were told that appointments had been maintained throughout the pandemic and that patients were triaged to the most appropriate professional to meet their needs. We found that GP appointments could be booked in advance and that there was a system in place to accommodate urgent same-day appointment requests.

No areas for improvements were identified.

¹ This training helps to support staff ensure that patients are booked an appointment with the most appropriate professional first time.

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:

- Generic infection control policies and Covid-19 specific policies
- Most recent infection control risk assessments / audits
- Most recent hand hygiene audit results
- Cleaning logs and schedules
- Evidence of staff briefings

The following positive evidence was received:

The practice described a range of steps the service had taken in response to the pandemic to help promote good IPC practices. This included replacing carpeted flooring and chairs with wipe clean surfaces to enable effective cleaning, ensuring adequate ventilation, enhanced cleaning regimes and checking staff for COVID-19 symptoms before their shift. The practice noted that good IPC support had been provided by the health board.

We found that the practice followed the latest Infection Prevention and Control (IPC) policy and procedures issued by Public Health Wales. We saw evidence to show that IPC requirements and associated updates had been delivered to staff through COVID briefing sessions by the nominated IPC lead nurse.

We saw evidence to show that staff had completed suitable IPC training appropriate to their roles. The practice added that additional IPC training and awareness had been completed through attendance at staff meetings, professional development webinars and from the local health board.

We found that there was a cleaning policy and schedule in place, which had been appropriately localised to meet the needs of the practice. This was supported by a waste management policy and we found that a positively scored waste audit had been completed.

We were told that there was a cleaner employed by the practice and we reviewed a sample of logs to confirm that cleaning had been completed consistently in all areas of the practice. The practice told us that there is a procedure in place to clean treatment areas between patients and that all staff are responsible for maintaining the cleanliness of communal areas.

We were told that all staff had access to appropriate and sufficient personal protective equipment (PPE). The practice confirmed that both clinical and non-clinical staff had

received training how to correctly don and doff PPE.

The practice confirmed that visits in the community have continued, but on a limited basis. We confirmed that visits are risk assessed and the practice described the steps that are taken. This included use of a PPE grab bag and symptom checking of those being visited within the community setting being attended.

For patients with suspected COVID-19, we confirmed that patients could be safely separated from other staff and patients. This included a separate donning and doffing room and escorted access to a designated treatment room which was through a separate entrance. We confirmed that there was a process in place for cleaning and ventilating the environment in between patients and the practice confirmed that carpets had recently been removed to enable effective cleaning.

The following areas for improvement were identified:

We were provided with a cleaning audit template, which the practice confirmed is used as part of regular spot checks. However, the template had not been completed to document when these had been completed and to what standard. The practice must ensure that these checks are documented.

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:

- Business continuity plans
- IPC training records for all staff

The following positive evidence was received:

The practice forms part of the Caerphilly East Cluster², in which we found evidence of supportive cluster working arrangements. The practice manager told us that the cluster met every two months, but had met more frequently throughout the pandemic in order to share best practice and to support the delivery of services.

The practice had continued to provide its core services throughout the pandemic. It was

² A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally.

positive to note that the majority of clinics and service had since re-started, with the exception of the respiratory clinic. However, the practice described innovative ways in which the cluster and health board are working to safely restart this service, including establishing a respiratory hub.

The practice also added that there had been a marked increase in patients requiring management of their diabetes. The practice told us that extra clinics had been set-up to provide additional capacity and that this had been flagged to the health board. The practice is advised to continue to monitor their capacity to support this patient group.

The practice told us that they had maintained close links with the district nursing team throughout the pandemic, including with St David's hospice nurses to ensure that care decisions can be held appropriately and sensitively.

It was positive to note that the practice had maintained close links with the small number of patients living at settings within the community that it treated. We were told that visits to care homes had been done on a cautious basis and that care home staff could contact the practice on a direct telephone number with any queries. The practice confirmed that annual health checks for patients with a learning disability had been completed.

We confirmed that staff had completed the All-Wales COVID-19 risk assessment in order to assess their personal circumstances in relation to the pandemic. The practice confirmed that this had been completed again for staff who had been away from the workplace for a period of time.

We were told that there is some Welsh language provision for patients through one of the GP partners. For patients with other language needs, this would be identified and needs would be met wherever possible, such as through use of language line.

There were no vacancies reported at the time of the quality check taking place.

The following areas for improvement were identified:

It was unclear when some procedures and risk assessments had been created as they contained no date. The practice must ensure that all policies, procedures and risk assessments are appropriately dated in order to demonstrate when documents were last reviewed and when they are next due for review.

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.

Improvement plan

Setting: Wellspring Medical Centre

Date of activity: 10 August 2021

The table below includes improvements identified during the 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	The practice must ensure that cleaning audits are appropriately documented.	2.4	To complete the cleaning audit following carrying out spot checks.	S Thomas	1 month
2	The practice must ensure that all policies, procedures and risk assessments are appropriately dated	3.5	To review currently policies, procedures and risk assessments and ensure all are dated appropriately	A Duddridge	2 months

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: A Duddridge

Date: 3rd September 2021