

Quality Check Summary

Craig y Don Medical Centre

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Craig y Don Medical Centre as part of its programme of assurance work. Craig y Don Medical Centre forms part of GP services provided within the areas served by Betsi Cadwaladr 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 (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 one of the GP partners and the Practice Manager on 17 August 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 is the practice 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 been made in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How is the practice ensuring that patients are able to access services appropriately and safely in terms of the environment and access to appointments?
- How is the practice meeting the needs of Welsh speaking patients when accessing healthcare services through the medium of Welsh?
- What arrangements are in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussion and decision making is undertaken appropriately and sensitively?

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:

- general Covid-19 risk assessment
- outside working risk assessment
- flu vaccine risk assessment
- COVID-19 workplace protection assessment tool
- patient waiting area procedures
- COVID-19 screening questions
- COVID-19 red room procedures
- personal protective equipment (PPE) procedures
- patients found to have raised temperature on arrival to surgery procedure.

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 saw that various risk assessments had been undertaken which includes a general COVID-19 risk assessment, outside working risk assessment and a flu vaccine risk assessment. We also saw a COVID-19 workplace protection assessment tool completed to evidence that the practice was compliant with latest guidelines.

We were told that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed to aid and improve infection control. We were told that some areas of the practice had also been refurbished. We were told that the following changes were made:

- implemented clear desk procedures and unnecessary items removed
- carpets were removed and replaced with washable flooring in the waiting room, corridor and clinical areas

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- unnecessary items such as toys and chairs have been removed from the waiting area
 - Perspex screen installed at reception
 - social distancing signage displayed
 - dedicated personal protective equipment (PPE) stations
 - video intercom installed at the main entrance
 - portable cabin installed for high risk patients.

We were told that the practice has remained open throughout the COVID-19 pandemic. The practice arranged for patients to receive consultations over the phone. All calls were handled by reception staff and triaged by a GP. Any patients who needed to see a clinician face to face attended the practice by pre-booked appointment. Due to the increasing use of the practice phone line during the pandemic, six additional phone lines have been installed with an option to further increase again.

In order to protect staff and patients when they arrive at the practice, we were informed that a video intercom was installed by the main entrance in order for staff and patients to communicate with each other without the need for patients to physically enter the premises. To further reduce the footfall to and inside the practice, we were told that an open window at the side of the building was used for staff to speak and assist patients. The practice also arranged for the installation of a portable cabin in the car park for high risk patients to receive face to face consultations.

We were also told that patients can use eConsult¹ as a way access advice or information. We were also informed that the practice has recently implemented My Surgery app² and to date the use of the app has been very popular with patients. The practice has encouraged patients to make use of the My Health Online³ (MHOL) system to order their repeat prescriptions. We were also told that a loop⁴ system is available for staff to communicate with patients who are hard of hearing.

We were told that all staff have received a COVID-19 vaccination and a risk assessment to assess the personal risks of continuing to carry out their role during the pandemic and to

¹ eConsult enables NHS based GP practices to offer online consultations to their patients. This allows patients to submit their symptoms or requests to their own GP electronically and offers around the clock NHS self-help information, signposting to services, and a symptom checker.

² My Surgery App was developed to help patients access services as quickly as possible, with news updates, access to online services for appointment booking and medication orders, health resources, video guides, and manage own health.

³ My Health Online (MHOL) is a national project funded by the Welsh Government to help improve patient care. It allows patients to undertake certain health tasks securely via the internet.

⁴ The loop system is an assistive listening device that works with hearing aid. It may also be referred to as the telecoil, or T-system. The aim of the loop system is to help overcome background noise.

highlight any adjustments needed to working practices.

We were told that the practice provides services to patients residing in care homes and visits have continued throughout the pandemic. We were told that the clinical staff follow the care home's procedures when entering the premises. We were also told that the practice has procedures in place for any clinicians who are undertaking home visits.

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:

- COVID-19: Guidance for maintaining services within health and care settings
- infection control policy
- cleaning schedules
- training data for all staff in infection prevention and control.

The following positive evidence was received:

We saw that the practice had a policy in place for the prevention and control of infection. The policy has been amended to reflect the management of COVID-19. We were informed that the team receive regular updates by email and via team meetings to ensure all staff are kept up to date with any changes in guidance or practice.

We were told that regular audits are undertaken to assess and manage the risk of infection. We saw evidence that an infection control audit had recently been completed. The Practice Manager also confirmed that cleaning schedules have been increased and the use of personal protective equipment (PPE) has been optimised, with adequate stocks sourced and monitored on a regular basis. We saw that compliance with mandatory infection prevention and control (IPC) training was very high.

We were told that all staff at the practice have received training on the correct use of PPE, including donning, doffing and the safe disposal of used equipment.

We were told that the practice had a dedicated room, separate from the main patient area,

to isolate patients if required and a one way system was in place.

The following areas for improvement were identified:

The Practice Manager confirmed that cleaning schedules have been increased. However, no cleaning checklists are maintained by the cleaners. Both the GP partner and the Practice Manager confirmed that they regularly monitor the standard of cleanliness. However, no formal spot checks / audits are undertaken.

The Practice Manager must ensure that cleaning checklists are completed to evidence that the environment has been effectively cleaned.

The Practice Manager should undertake regular cleaning audits and record their findings.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in 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 staff briefings
- reception team meeting
- clinical team meetings
- business continuity plan.

The following positive evidence was received:

The Practice Manager was very clear and knowledgeable about their role and had a good understanding of their responsibilities. It was apparent throughout the quality check that significant planning and improvements had been made during the last year due to the impact of Covid-19.

We saw that the practice has a business continuity plan which had been reviewed. The plan ensures continuity of service provision and safe care of patients during the pandemic.

We were told that Cluster⁵ meetings have continued during the pandemic. We were told that

⁵ 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

the Cluster group for Conwy West is made up of 12 practices in total and they work very well together. We were told that, through the Cluster group, the practice received funding which enabled them to install a portable cabin in their car park to see potentially high risk patients. We were also told that the practice has access to a diabetic specialist nurse. The Cluster group is also running a My Life pilot scheme which is aimed at patients with a body mass index (BMI) of above 30, to avoid patients developing diabetes through implementing lifestyle changes.

We were informed that waiting times for primary and secondary care services have increased during the pandemic which has placed considerably more demand on the practice. We were also told that the practice is expected to undertake routine bloods and observations ahead of patient attendance at secondary care clinics. These routine bloods and observations would normally be undertaken by staff within the secondary care services and is increasing workload and demands on the practice. These concerns have been highlighted in the Conwy West Cluster group meetings. HIW has taken note of the concerns raised by the practice during the quality check and will form part of our intelligence when considering our risk based approach to inspection and escalation.

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

No areas for improvements were identified.

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: Craig y Don Medical Centre

Date of activity: 17 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 Manager must ensure that cleaning checklists are completed to evidence that the environment has been effectively cleaned.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	Checklists are now on every clinical room, our Deputy Practice Manager will photograph each checklist on Friday morning this includes the running of showers in the upstairs toilets, see latest upload	Gill Caine / Alex Preece	Weekly from 2/9/2021
2	The Practice Manager should undertake regular cleaning audits and record their findings.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	Monthly audits are carried out by the cleaning company, these are uploaded to a secure login for checking, the Practice Manager will carry out an audit of their processes around a week later on a bi-monthly basis.	Sue Fairburn	Bi-Monthly from 1 st October

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: Sue Fairburn

Date: 20th September 2021