

# Quality Check Summary

## Morlais Health

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Morlais Health as part of its programme of assurance work. Morlais Health provides GP services to over 20,000 patients within the areas served by Cwm Taf Morgannwg University Health Board. The service has three health centres, with two based in Dowlais, and one in Troedryhiw.

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 practice manager and one of the GPs on 06 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 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. 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 that the service began to make changes to their operational model just before the national lockdowns were implemented at the start of the COVID-19 pandemic. One of the three health centres, Ivor Street, was designated as the 'red' zone, which saw all patients displaying or experiencing symptoms of COVID-19. The centre had a large waiting room to help patients socially distance, and a one way system was introduced to reduce contact between patients. One of the other larger health centres in Dowlais was split into two zones; each team working within the centre was split into two, and then designated a zone to work within. Staff were not allowed to leave their zone. This meant that the service was able to continue providing services to patients should an outbreak occur among staff members in one of the zones. Following an updated risk assessment undertaken in May 2021, the Ivor Street health centre was stood down as a 'red' zone, and measures were introduced to relax the segregation of the zones in Dowlais.

We were informed that the front doors to each health centre have been locked since the beginning of the pandemic to prevent members of the public from entering without an appointment. Alternative methods to traditional face-to-face appointments were offered to patients; GPs routinely undertook telephone consultations with patients to assess whether a face-to-face appointment was necessary, and some video consultations were also carried out.

We were told that all staff were kept informed throughout the pandemic in relation to the latest available information on COVID-19. This was done through regular individual catch ups and via a staff WhatsApp<sup>1</sup> group. We were also provided with copies of staff newsletters that had been issued throughout the pandemic to keep staff informed of any changes to service delivery at each of the health centres.

Staff told us that visits to patients in their own homes, and visits by GPs to patients in residential care homes, reduced during the pandemic. Patients predominantly received telephone consultations unless a visit was deemed necessary. For each visit, GPs were required to wear appropriate PPE and adhere to social distancing guidelines.

We were provided with some examples of building maintenance arrangements that had been

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<sup>1</sup> WhatsApp is a cross-platform instant messaging application that allows smartphone users to exchange text, image, video and audio messages for free.

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undertaken by the service to protect the safety and well-being of staff and patients visiting their premises. Fire extinguishers had been serviced within the last twelve months to ensure they worked properly, and Portable Appliance Testing had recently been carried out to help ensure small electrical appliances were fit for purpose and safe to use.

**The following areas for improvement were identified:**

As part of the quality check we requested evidence of risk assessments undertaken by the service in relation to health and safety, and the environment of the health centres. Apart from the maintenance checks, we did not receive any documentation in relation to this. We therefore could not be assured how the service monitors the environment and how it mitigates any risks. Regular, documented audits are important to check for ongoing compliance, particularly during the pandemic when changes were introduced to the environment and service delivery. The service must provide assurance to HIW on how it regularly identifies, assesses and manages risks relating to the health, welfare and safety of staff and patients visiting their premises.

We were told that some GPs working for Morlais Health can speak Welsh, but that patients are not asked on arrival at the health centres of their language preference. The service must help staff to make an 'Active Offer'<sup>2</sup> to patients to ensure they are provided with the option to communicate in the language of their choice, especially considering Welsh speaking GPs are available.

## 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:

- Infection prevention and control (IPC) policies
- Recent infection prevention and control risk assessments / audits
- Training data for staff in infection prevention and control.

**The following positive evidence was received:**

We saw evidence of an IPC policy and IPC protocol that described the general arrangements put in place by the service to control the risk of infection. The protocol outlined procedures such as dealing with blood spillages and the safe handling and transportation of specimen collections. We noted that separate policies on effective hand hygiene and the safe handling

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<sup>2</sup> An 'Active Offer' means providing a service in Welsh without someone having to ask for it.  
<http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

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and disposal of sharps disposal were also available. We saw evidence that all staff were up to date with mandatory IPC training in line with the requirements of the IPC policy.

We were informed that since the beginning of the pandemic, patients have been screened for symptoms of COVID-19 before their appointment. Anyone experiencing or displaying symptoms were directed to Ivor Street, the 'red' health centre. Initially, the temperature of every patient was also taken to help identify those with suspected symptoms, but the service recently stopped this practice in line with updated guidance from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff told us that in some cases, patients that had been identified as vulnerable, or were shielding, received procedures such as the checking of oxygen levels from inside their own car by staff wearing personal protective equipment (PPE). This helped protect patients against the risk of transmission from other people inside the health centres. We were informed that staff are required to wear masks at all times and that hand sanitiser was available throughout each of the health centres. Lateral flow tests have also been made available for staff who wish to test themselves to check they are not infectious to help reduce the risk of cross-infection between staff and patients.

We were told that staff received guidance on how to safely don and doff PPE and awareness posters on the correct procedures were displayed throughout the practice. Weekly checks of PPE supplies are undertaken to ensure adequate stock at each of the health centres.

We were provided with a copy of a Housekeeping Management policy that set out the procedures for ensuring a clean environment for each health centre. We were told that during the pandemic enhanced cleaning of higher traffic areas, including door handles, hand rails, chairs and office equipment has taken place to mitigate against the risks and spread of COVID-19. We saw evidence of regular audits being undertaken by the external cleaning contractor to monitor compliance and standards of cleanliness and noted that no issues had been identified.

**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:

- Corporate policies/processes to ensure preparedness for future pandemic emergency
- Business continuity plans
- Staff team meeting minutes.

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**The following positive evidence was received:**

We saw that the service had updated their normal business continuity action plan to outline the arrangements to take to manage and continue to safely operate for both staff and patients during COVID-19 and any future pandemics. Staff confirmed that most services continued to be provided at the health centres since the onset of COVID-19. This included baby clinics, wound management and International Normalised Ratio (INR) tests. Regular reviews, such as asthma reviews, were also carried out by clinicians remotely where deemed clinically appropriate. Services such as minor surgery and family planning were suspended for a short time at the start of the pandemic, but have since been reinstated. Nurses at the health centres have also provided approximately 10,000 COVID-19 vaccinations to patients as well as providing their normal services.

We were told that the effects of COVID-19 on secondary care led to an increased demand on the service. For example, cancellations of orthopaedic surgery meant more patients attended the health centres for pain management. The service also experienced difficulties trying to get support and referrals to mental health services for patients during the pandemic.

The staff we spoke to told us that communication from the health board in relation to COVID-19 guidance was efficient, and that relationships between GPs and consultants across the health board worked well. The health centres at Morlais Health form part of the Merthyr cluster<sup>3</sup>. We were told that the cluster met remotely each week throughout the pandemic to support each other and formulate contingency plans.

Staff told us that all meetings were carried out remotely during the pandemic. This included staff team meetings, GP partner and nurse meetings, and clinical governance meetings. We were provided with evidence of minutes that had been taken for recent meetings that are circulated to all staff to ensure any absent members of staff are aware of what was discussed.

We were informed about the support offered to staff since the onset of COVID-19. Staff have received COVID-19 risk assessments to identify those who may be at more risk of being infected and/ or suffer an adverse outcome if infected. This resulted in some staff members working from home to help protect their health and wellbeing. The staff we spoke to felt that the measures introduced by the service had helped to ensure that staffing levels were effectively managed during the pandemic with very minimal disruption to the service.

**No areas for improvements were identified.**

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<sup>3</sup> A cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally.

# 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: Morlais Health

Date of activity: 06 July 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 service must provide assurance to HIW on how it regularly identifies, assesses and manages risks relating to the health, welfare and safety of staff and patients visiting their premises.	Standard 2.1 Managing Risk and Promoting Health and Safety	Risk assessment to be undertaken and to be regularly reviewed in response to any changes in the environment.	Kate Francis, Practice Manager	30/12/2021

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: Kate Francis, Practice Manager

Date: 30 September 2021