

Quality Check Summary

St Isan Road Surgery

5 October 2021

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of St Isan Road Surgery, Cardiff part of its programme of assurance work. St Isan Road Surgery is a four GP partner practice, employing two salaried GP's, two practice nurses and a pharmacist. The practice is supported by a practice manager and a reception and administration team. In addition to routine consultations, the practice provides a breadth of clinics for patients with chronic health conditions.

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 on 5 October 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 assessment
- Triage procedure
- COVID-19 policies and guidance

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 in the reception area, limiting waiting room capacity and installing a door entry and intercom system to help protect staff and patients.

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 whilst this had worked well for a period of time, the practice found that some patients used the system in ways which were not considered suitable. For example, submitting virtual requests during closed periods, when the problem may have required more timely attention. Despite making efforts to restrict the system, the practice decided to return to return to telephone consultations and triage to better meet the needs of their patients.

We found that access to walk-in appointments had been paused during the pandemic in favour of a telephone first and triage approach. This was to ensure that patients did not attend the practice unnecessarily. We were told that the option of face-to-face appointments remained available for patients throughout the pandemic, particularly for those with a clinical need or those who were vulnerable and who may otherwise be unable to access virtual consultations.

The practice provides an enhanced service¹ to a local care home, of which we were told many of the residents are patients of the practice. The practice manager told us that weekly ward rounds continued throughout the pandemic and that a clinician had attended the care home early in the pandemic to ensure that advance care planning discussions could take place between residents and their families in a collaborative and compassionate manner.

¹ Enhanced services are defined as primary medical services other than essential services, which the practice is contracted by the local health board to fulfil.

We were told that clinics had been suspended during the pandemic. However, the practice manager told us that they had managed the risk of patients with chronic health conditions in a considered manner. For example, we found that vitamin B12 medication was switched from injections in-person to oral medication prescriptions. Another example included establishing close working links with colleagues in the local health board to adapt consent forms to inform patients of the risks associated with certain treatments and COVID-19, thereby enabling treatments to continue.

The practice described the process they had in place for the triage of patients and the practice manager confirmed that reception staff had received appropriate training. This ensures that patients are booked an appointment with the most appropriate professional. During telephone consultations, GPs and pharmacists were responsible for booking face-to-face appointments as appropriate.

At the time of the quality check taking place, the practice outlined how it had recovered many of its services and clinics. We were told that all enhanced services had restarted and that this was well ahead of time for many of these services. The practice manager also noted that routine face-to-face appointments have increased and that reception staff are now booking these appointments as a matter of course, with plans to move to a pre-bookable appointment system in the near future.

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:

- Generic infection control policies and Covid-19 specific policies
- Most recent infection control risk assessment
- Cleaning schedules and audits
- Staff training records

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 furniture and removing all carpets prior to the pandemic, which had helped to enable effective cleaning. We noted that

cleaning procedures had been enhanced, screening of staff and patients for COVID-19 symptoms was undertaken and practical training sessions had been organised for staff.

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

We were told that all staff had access to appropriate and sufficient personal protective equipment (PPE). The practice manager confirmed that both clinical and non-clinical staff had received training on how to correctly don and doff PPE.

We saw evidence to show that staff had recently completed IPC training appropriate to their roles. The practice added that a number of practical sessions had also been delivered by the lead nurse to support staff during the pandemic. We noted that nursing staff had also completed aseptic non-touch technique (ANTT) training² to further minimise the risk of general infections.

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 supplemented by a cleaning specification for the external cleaning company to follow and a recent cleaning audit which was positively scored.

The practice told us that visits in the community, either to patient homes or care homes, had continued throughout the pandemic. We confirmed that IPC arrangements were considered in the procedure created by the practice. This included use of a PPE grab bag, symptom checking, regular lateral flow testing and ensuring adequate ventilation.

No areas for improvements were identified.

² Aseptic Non-Touch Technique (ANTT) refers to the technique and precautions used during clinical procedures to protect the patient from infection by preventing the transfer of micro-organisms to the patient from the healthcare worker, equipment or the environment

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:

- Practice meeting minutes
- HIW self-assessment

The following positive evidence was received:

The practice forms part of the Cardiff North Cluster³, in which we found evidence of supportive cluster working arrangements. The practice manager told us that the cluster met with increased frequency throughout the pandemic in order to manage risk and share best practise in support the delivery of services. In support of this, the cluster employs pharmacists, primary care nurses for older people and a paramedic to supplement its workforce and to support patient needs.

The practice described the relationship with the local health board to be excellent throughout the pandemic, noting that they have been responsive and supportive throughout. The practice told us that they have coped well with changes to the access of wider primary care and secondary professionals, however, we noted that some changes to secondary care pathways and increased waiting lists for elective procedures are placing demand on the practice. Despite this, the practice described how they had maintained contact with the health board and specialities within it to manage risks to patients as far as possible.

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.

We were told that there is some Welsh language provision for patients through one of the GP partners. For patients with other language needs, language line is available to the practice.

There were a small number of vacancies reported at the time of the quality check taking place. However, plans were in place to recruit into these posts, including the appointment of a new GP partner in the coming months.

No areas for improvements were identified.

³ 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:

Date of activity:

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	No improvements identified				

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:

Date: