

Quality Check Summary

Sketty and Killay Medical Centre

Activity date: 31 January 2022

Publication date: 14 March 2022



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 Sketty and Killay Medical Centre as part of its programme of assurance work. Sketty and Killay Medical Centre forms part of GP services provided within the areas served by Swansea Bay 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 the practice manager on 31 January 2022 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:

- COVID - 19 Risk Assessment, which included infection prevention and control and staff health and safety risk assessments
- Health and Safety policy

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 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. Any patients needing to see a clinician face to face attended the practice by pre-booked appointment and each patient was checked for COVID-19 symptoms before being offered an appointment.

Staff informed us of a series of changes made to the practice in line with COVID-19 guidance. This included removing clutter from clinical rooms and clinicians cleaning down each room in between patients. Staff also blocked off seats in the waiting area to maintain social distancing and blocked off the children's play area.

In the event a patient had tested positive for COVID-19 or was displaying symptoms and needed to see a clinician, we were informed that staff would either see patients in a porta cabin at their Killay site, or in a designated clinical room at either the Sketty or Killay site. If using a room in the practice, staff wearing full personal protective equipment (PPE) would escort the patient into the practice via an alternative entrance, to avoid contact with other patients and staff.

We were told that all staff received a risk assessment to assess the personal risks of continuing to carry out their role during the pandemic and to highlight any adjustments needed to working practices.

We were told that the practice provides services to patients residing in care homes, who have a dedicated GP allocated to them. Clinical staff will follow the care home's procedures when entering the premises. The practice manager also informed us that the care homes have been given a direct contact number for the practice to save them going through the switch board.

Staff informed us that they are in the process of making the phone system bilingual and also have two members of staff that are fluent Welsh speakers. Bilingual posters and TV screens in the waiting area display bilingual adverts. The practice also has use of a translation service for any patients needing to converse in other languages.

The following areas for improvement were identified:

The practice manager informed us that, even though all necessary work to the practice has been completed on identified areas of risk, they don't currently have a written environmental risk assessment. We informed the practice manager that this risk assessment must be put in place.

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:

- Cleaning policy for external cleaning company
- Cleaning schedule for external cleaning company
- Infection prevention and control policy
- Examples of staff training certificates for infection prevention and control training

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. The practice manager confirmed that cleaning schedules have been increased and the use of PPE has been optimised, with adequate stocks sourced and monitored on a regular basis.

We were told that all staff at the practice have received training on the correct use of PPE, including donning, doffing¹ and the safe disposal of used equipment.

¹ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

The following areas for improvement were identified:

We saw evidence of a cleaning policy and schedule from the cleaning company employed to clean the practice. However the practice doesn't currently have an 'in house' cleaning policy, to cover additional cleaning done by staff in between patients throughout the day. The practice manager must ensure there is a cleaning policy in place at the practice.

The practice manager told us all staff had completed infection prevention and control training, and we saw a sample of training certificates for staff. However there is currently no training matrix to keep record of all staff training. The practice manager must ensure all staff training is being monitored and recorded.

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:

- Policy for future pandemic emergency
- Staff meeting minutes for the last three months

The following positive evidence was received:

It was apparent throughout the quality check that the practice had planned well and made improvements to support them in meeting the challenges brought on by the Covid-19 pandemic. We saw a copy of policy for pandemic emergency which helped to ensure continuity of service provision and safe care of patients during the pandemic.

The following areas for improvement were identified:

As part of the quality check, we asked for information regarding current patient discharge arrangements. We also enquired about referrals to secondary care services and whether or not these services were picking up referrals in a timely manner. The practice manager wasn't able to provide us with information regarding the current discharge arrangements and was unsure about waiting times for secondary care services. We require all staff to have sufficient knowledge of both discharge arrangements and waiting times, in order to correctly inform patients.

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: Sketty and Killay Medical Centre

Date of activity: 31/01/2022

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	Even though all necessary adjustments have been made to the practice environment, the practice doesn't currently have a written environment risk assessment in place. We require these to be written up as soon as possible.	Standard 2.1 Managing Risk and Promoting Health and Safety (Health and Care Standards)	In progress. Working with the nurses. Next meeting date 16/03/2022 to finalise	Mags Gilroy	31/03/2022
2	The practice manager must ensure a written cleaning policy for the practice is in place as soon as possible.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination (Health and Care Standards)	In progress. Working with the nurses and updating all Practice policies. Next meeting date 16/03/2022	Mags Gilroy	31/03/2022

3	We saw examples of IPC training completed by staff, however the practice manager does not currently have a training matrix set up for all staff training. The practice manager must ensure all staff training is monitored and recorded and provide evidence to HIW on how this is being done.	Standard 7.1 Workforce (Health and Care Standards)	In progress. New Assistant Practice Manager started 21/02/2022, however now off with COVID. Training matrix spreadsheet set up, details to be added by Emma.	Emma Allchurch	31/03/2022
4	All staff must be aware of current patients discharge arrangements and waiting times for referrals to secondary care services, in order to be able to advise patients.	Standard 7.1 Workforce (Health and Care Standards)	In progress. Meeting with partners to discuss at next Practice meeting.	Mags Gilroy	31/03/2022

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:

Mags
Gilroy,
Practice
Manager

Date:

02/03/2022