Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary
Eglwysbach Medical Practice
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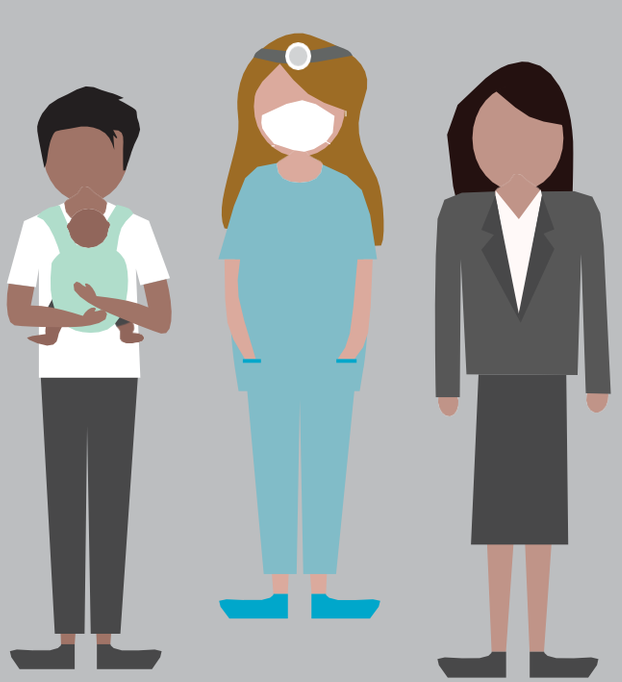

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Eglwysbach Medical Practice as part of its programme of assurance work. Eglwysbach Medical Practice is a multi-site GP practice based in Pontypridd and is part of the Taff Ely cluster. The practice forms part of the GP services provided within the area served by Cwm Taff Morgannwg University Health Board and employs 14 GP's (six are partners in the practice), two GP retainers, two pharmacists, six practice nurses and a health care assistant. The practice is a training practice and is run on a day to day basis by the practice manager who is assisted by administrative and reception staff.

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 head of practice and practice manager on 28 March 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?
- 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:

- The most recent environmental risk assessments / audits
- COVID-19 premises risk assessment
- Control of environment cleanliness policy
- COVID-19 advice to team leads.

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 evidence that the practice had carried out a comprehensive COVID-19 risk assessment to identify and mitigate the increased risks posed by the pandemic to patients, staff and visitors and we were told that the practice had remained open throughout the COVID-19 pandemic.

We also saw evidence of internal electronic communications that detailed the adjustments made to the services offered at the medical practice to ensure a safe environment for all, at each stage of the patient journey.

We were told that the environment was monitored on a daily basis by the Practice Manager. Also, we were told that from the start of the pandemic, the medical practice operated a locked door policy to ensure only those patients with an appointment, or who had been otherwise invited to attend the practice, could gain entry. Carers were permitted to attend with patients only if strictly necessary. Patients and carers were told to attend wearing a mask and to sanitise their hands with alcohol gel upon entering the practice and had their temperature taken. In addition, a series of screening questions to check for possible COVID-19 symptoms would be asked.

Stickers were placed on the floor to remind patients to socially distance and a one-way system

was implemented in the practice.

We were told that furniture in the waiting room had been moved and seating marked to ensure patients were suitably distanced from one another. To assist with this, patient numbers were restricted within the waiting area.

The medical practice operated a dedicated triage service. This involved patients using eConsult[1] or booking a triage slot with a member of the reception team prior to a telephone call with a GP. Upon speaking with a GP, patients would then be provided with appropriate advice, treatment, or offered an in-person consultation if necessary. We were told that face-to-face appointments had been re-introduced with practice nurses and any patient contacting the practice displaying urgent symptoms would be booked directly with a GP or signposted to other services as necessary.

We were told that the reception team had undertaken training to become care navigators[2] and were skilled at recognising symptoms in patients requiring urgent assessment and/or treatment.

We saw evidence that in order to reduce footfall through the practice, remote prescriptions would be used whenever possible. This meant that prescription requests would be sent directly to a designated chemist and prevented the need for patients to attend the medical practice to collect them.

Home visits were still operational for those patients that required them on a case by case basis if strictly necessary.

We were told that the practice maintained services and regular contact with patients residing in care homes throughout the pandemic. The practice manager informed us that a process had been developed to ensure that care homes could safely access a dedicated GP for a remote review via telephone on a weekly basis. During this session, any non-urgent concerns and care plans would be discussed. The nominated GP would visit those residents in the care home requiring a face-to-face appointment, if necessary and safe to do so following a risk assessment. We were told that there were six care homes within the cluster group[3] and the managers of each were aware of how to access care for their residents should they need to.

We were told that all staff had undertaken the All-Wales Workforce Risk Assessment tool to assess their personal risks of continuing to carry out their role during the COVID-19 pandemic and to ensure any adjustments that may have been needed were carried out promptly.

[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] Care Navigators are members of the administration or reception team whom have undertaken dedicated training in order to actively listen, signpost and recognise the needs of the patients that contact the medical practice.
[3] A GP Cluster is a group of GP/medical practices within a close geographical location who work collaboratively to ensure care is coordinated to promote the wellbeing of patients.

Both the practice manager and the head of practice spoke very highly of the staff, praising the way in which they had responded to the challenges posed by the pandemic in order to continue to meet the needs of the patients and to support each other.

We asked the practice manager to describe the provisions in place at the medical practice for patients who wished to communicate through the medium of Welsh. We were told that the practice employed Welsh speaking staff and displayed posters and information that was bilingual. In addition, the practice telephone answer machine provided the option for patients to communicate through the medium of Welsh.

For speakers of languages other than Welsh or English, the practice had a telephone translation service provided by the health board. For patients that may be hard of hearing, an interpretation service was also available via the health board. Additionally, we were told that the practice was step-free, provided disabled parking spaces and had a hearing loop. Printed information was available in large print for patients with a visual impairment.

No areas for improvements were identified.

Infection prevention and control (IPC)

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
- COVID-19 PPE and cleaning guidance for clinical staff
- Hand hygiene policy and procedure
- Needlestick injury appendices
- Occupational exposure management
- Treatment room cleaning schedules.

The following positive evidence was received:

We saw evidence of an up to date policy for the prevention and control of infection. It was also positive to note that the practice had a policy in place to ensure staff wore the correct PPE to mitigate the risks of COVID-19. This policy covered which areas in the practice required particular items of PPE to be worn and donning and doffing advice was also covered.

We saw evidence of a comprehensive and up to date hand hygiene policy and procedure. This document set out the responsibilities of different staff groups in ensuring hand hygiene was practiced in a satisfactory manner.

We were told that since the start of the pandemic, the amount of cleaning had been increased within the practice. Treatment rooms would be cleaned with approved disinfectant wipes after each patient contact. Additionally, cleaning would be carried out at the end of each day. Disinfectant wipes were available in each clinical room and seats and worktops were cleaned in between each patient.

We were told that the medical practice had not experienced any difficulties in sourcing personal protective equipment (PPE). The medical practice sourced PPE from the primary care information portal following regular stock takes undertaken by a healthcare support worker. We were told that the practice had not experienced any shortages of PPE throughout the pandemic.

To ensure correct donning and doffing of PPE, laminated posters had been placed on the walls of treatment areas as a visual reminder to staff.

GP's providing home visits to patients were provided with a supply of PPE to carry with them in their cars. Clinical waste bags for the safe disposal of PPE were also provided. To protect patients residing in care homes, staff would undertake lateral flow device tests to check for infection with COVID-19 prior to attending. Following a home visit equipment would be cleaned thoroughly. All clinical waste was then disposed of once the GP had returned to the medical practice.

We were told that the practice operated a hub for patients presenting with symptoms or confirmed as having COVID-19. This was provided in a nearby satellite clinic. This clinic had a treatment room with a door directly to the outside. This meant that contact with others was more easily controlled and strictly limited.

The following areas for improvement were identified:

We requested the previous three months of cleaning schedules for the both sites of the medical practice. However, these were not provided to us. During the quality check video call, we asked the head of practice and practice manager if checklists were completed to ensure the cleaning schedule was adhered to. We were told that this was not a process that was currently in place at the practice.

As the practice employs a number of staff who are responsible for ensuring areas of the practice are sufficiently cleaned, we recommend that a checklist is implemented for each area to ensure all areas of the practice are cleaned and who by. This would ensure that no areas of the practice are missed and aid existing IPC procedures in ensuring a safe environment for staff, patients and visitors.

The practice provided HIW with a treatment room cleaning schedule. Although comprehensive and setting out staff responsibilities, this policy was last reviewed January

2020 and therefore approximately three months prior to the start of the COVID-19 pandemic. Accordingly, the document did not contain details of additional cleaning required due to the risks posed by COVID-19.

It is important that cleaning schedules are reviewed on a regular basis in order to ensure they contain up to date advice. We recommend that this policy be reviewed and updated in line with current guidelines.

During the quality check, we were told that no formal training had been undertaken by staff at the practice in relation to COVID-19. In addition, no evidence was provided to HIW to demonstrate training by staff in IPC and no official training had been provided. Instead training was provided on an ad hoc basis. This could mean that staff were not aware of the most up to date practices and guidelines relating to IPC and may therefore not have the appropriate training to ensure IPC is consistently maintained.

We recommend that the practice ensures all staff have up to date training in IPC and keep a training log to ensure that this training is updated periodically to ensure adherence to current guidelines.

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
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety
- Practice team meeting minutes
- Stock rotation protocol.

The following positive evidence was received:

We found that the practice manager was very knowledgeable about their role and had a clear understanding of their responsibilities. During the quality check, it was evident that significant planning and improvements were made during the pandemic in order to keep disruption to staff and patients to a minimum.

We saw evidence that the practice had developed a COVID-19 business continuity plan, which

contained information about how to be prepared for any future pandemic emergency.

We asked the practice manager and head of practice what impact the pandemic had caused on the services offered to patients. We were told that some services had been suspended. These included minor operations, some injections and clinics for the fitting of intrauterine coils[4] as these were classed as close contact services[5]. Although these services had been recently reinstated, spirometry[6] was no longer offered at the practice and instead required referral externally due to the risk posed by this aerosol generating procedure.

We were told that staffing levels had been well managed during the pandemic, however it was noted that staff absence due to the pandemic had provided a challenge to the medical practice. Practice team meetings were held on a regular basis and minutes would be taken.

The practice manager and head of practice told us that they felt well supported by the local health board and that they enjoyed a good working relationship. We were told that weekly bulletins had been provided by the health board to the practice to keep them informed of any changes affecting the services offered by the practice.

The cluster group provided further support to the practice. We were told that the cluster consisted of seven other medical/GP practices from the local area. Remote meetings were held with practice managers on a weekly basis to share ideas and working practices.

We were told that the practice had experienced no issues accessing out of hours services. Contact with out of hours services was automated and worked well.

We were told that safe and effective arrangements were in place for access to wider primary care professionals and other services. The frailty team in particular was very useful and that access to physiotherapy services were good.

Overall, the practice felt that arrangements for access to secondary care services had improved since the start of the pandemic. We were told that there was better access to consultants with greater communication. The head of practice informed us that there was a direct line for the orthopaedic hub that they felt was very helpful.

We asked about the arrangements in place for mental health support at the practice. We were told that the practice had a mental health practitioner that was available to patients at the practice one day per week. Within the cluster group, there was access to a wellbeing coordinator. We were told that currently referrals to the primary mental health support

[4] An intrauterine device, also known as intrauterine contraceptive device or coil, is a small, often T-shaped birth control device that is inserted into the uterus to prevent pregnancy. IUDs are one form of long-acting reversible birth control

[5] Close Contact Services are those services that require the service provider to be in close contact with the service user and are therefore unable to socially distance.

[6] Spirometry is the most common of the pulmonary function tests. It measures lung function, specifically the amount and/or speed of air that can be inhaled and exhaled. Spirometry is helpful in assessing breathing patterns that identify conditions such as asthma, pulmonary fibrosis, cystic fibrosis, and COPD

service were currently quicker than the statutory 28 day waiting time.

We were told that accessing some services such as emergency ambulances and the urgent suspected cancer pathway had been challenging. There was a considerable wait for an emergency ambulance and for appointments for urgent suspected cancers. HIW took note of the concerns raised by the practice during the quality check.

We asked about the arrangements in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussion and decision making was undertaken in an appropriate and sensitive manner. We were told that the practice undertook these discussions in an individual manner with no blanket policy. However, they would also strive to discuss this face to face, when appropriate, relatives would also be involved. For patients in care homes where visiting was restricted, the discussions may take place remotely if appropriate. We were told that the frailty team and palliative care teams would be involved and quarterly meetings would be held to ensure staff involved were aware of any decisions made. Those patients with a DNACPR would also be discussed in weekly district nursing meetings.

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:	Eglwysbach Medical Practice
Ward/Department/Service (delete as appropriate):	Cwm Taff Morgannwg University Health Board
Date of activity:	28 March 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	The practice should implement cleaning schedule checklists to ensure each item on the cleaning schedule has been completed and by whom.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	The practice will implement cleaning schedule checklists. These will be checked on a daily basis by the Practice Manager for non-clinical areas and by the Lead Nurse for clinical areas.	Practice Manager & Lead Nurse	Implementation by end Q2 2022 Monitored daily from then on. Reviewed annually.
2	The practice should review and update as necessary the treatment room cleaning schedule, in line with current guidelines.	Standard 2.4 Infection Prevention and Control (IPC) and	The practice will review and update the treatment room cleaning schedule in line with current guidelines. This will be	Practice Manager & Lead Nurse	Implementation by end Q2 2022 Monitored daily

		Decontamination	implemented by the Lead Nurse and monitored by same on a daily basis. The schedule will be reviewed on an annual basis (sooner if current guidelines dictate) by the Lead Nurse and Practice Manager.		from then on. Reviewed annually.
3	We recommend that the medical practice ensures all staff have up to date training in IPC and keep a training log to ensure that this training is updated periodically to ensure adherence to current guidelines.	Standard 7.1 Workforce	In accordance with "All Wales Infection Prevention and Control Training, Learning and Development Framework for health, social care, early years and childcare", practice staff will undertake IPC training provided by HEIW via the online learning platform https://learning.nhs.wales/. Please see attached Educational objectives/ learning outcomes sheet. Training will be completed during 2022/23. A training log will be kept and updated as and when necessary as per guidelines (currently 1-3 years and upon commencement of employment).	Practice Manager & Lead Nurse	Implementation – all training to be completed during 2022/23. Renewal 1-3 years for current staff and during induction for new staff.

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: Sarah Powell

Date: 09/05/2022
Amended 19/05/2022