

Quality Check Summary

Castle Surgery

Activity date: 11 May 2022

Publication date: 15 June 2022



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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Castle Surgery, Neath as part of its programme of assurance work. The surgery provides GP services to over 10,500 patients within the areas served by Swansea Bay University Health Board and is supported by numerous General Practitioners (GP), Nurse Practitioners (NP), healthcare support workers (HCSW), a paramedic, and support 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 Health and Care Standards 2015. Feedback is provided 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 and a GP partner on 11 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? 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 decisions are 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:

- Most recent environmental risk assessments

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 of various risk assessments undertaken by the surgery, which included a general COVID-19 risk assessment for the premises. We were advised that there is an additional bespoke risk assessment completed for off-site working, for example when a healthcare professional attends a care home or patient's own home.

We were told that at the beginning of the COVID-19 pandemic, the surgery environment had been assessed to aid and improve infection control measures. We were told that several changes were made to the environment including the installation of Perspex screens at reception and the partial removal of the reception desk to allow for ease of staff access. The surgery operated a locked door policy, and a dedicated mobile number was provided for patient contact pre-appointment and for check-in.

Outside the building, canopies were installed to offer some protection from adverse weather conditions whilst patients queued for appointments and a purpose-built prescription box was installed to enable patients to submit prescriptions without entering the premises. All areas, including directly outside the surgery building, were marked at the recommended two metres to allow for adequate social distancing. Inside, the surgery was de-cluttered of all non-essential items, and most chairs in the waiting areas were removed. Twelve chairs remain in situ, all of which are numbered. On the surgery's electronic system, all patients are assigned to a specific chair number and upon check-in, the patient would then be guided to their chair where they waited to be called accordingly. Knowing which patient was assigned to which chair reduced the likelihood of cross contamination and allowed for easier cleaning once the patient had been called into the appropriate treatment rooms.

A pharmacy is also situated inside the surgery building. Whilst this pharmacy is independent to the practice, they adopted and adhered to all changes implemented by the surgery, including a reduction to footfall. A separate entrance was redesigned so that pharmacy patients and surgery patients would not mix.

We were told that the surgery has remained open during throughout the COVID-19 pandemic. Patients were able to access appointments and/or medical advice by telephoning the surgery and providing a brief reason for their call, from which they would be initially triaged¹ by a GP, with a host of options thereafter, such as the ability to upload photographs to a secure email address. Appointments pre COVID-19 could also be made by accessing the ‘My Health Online²’ service and this has now been re-instated. Dedicated GPs assess all patient requests and decide on the best course of treatment or arrange a telephone consultation or a face-to-face appointment with the most appropriate clinician.

We were told that all staff had an individual COVID-19 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. During this time, three members of staff, across clerical and clinical areas, required adjustments to duties and this was fully accommodated.

We were informed that the surgery also provides a tailored service to seven local care homes and visits have continued throughout the pandemic following bespoke risk assessments. Clinical staff would also follow the care home’s procedures when entering the premises. Between 8.00am and 10.00am on a Monday patient reviews are completed; this enables care home managers to flag any concerns or to update the clinician on anything that occurred out of hours. The care homes have been provided with a dedicated mobile number to bypass the surgery’s general appointment line, and there is also an email address where care home staff can provide the surgery with details of any additional visit requirements, consultations, or prescriptions requests.

We also enquired about how the surgery meets the needs of Welsh speaking patients when accessing healthcare services. The practice manager told us that she is a fluent Welsh speaker and could meet the needs of patients if this was required. Patients are actively encouraged to use their preferred language and the surgery staff are aware that they can access language line and translation services provided by the health board if required.

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:

¹ The preliminary assessment of patients in order to determine the urgency of their need for treatment and the nature of treatment required

² My Health Online allows you to book GP appointments and request repeat prescriptions online using your mobile, tablet or computer.

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- Guidelines for standards of cleanliness
 - Infection prevention control policy
 - Infection control risk assessment
 - Cleaning schedules
 - Staff training records

The following positive evidence was received:

We saw evidence that the surgery had guidance documents and a policy in place for the prevention and control of infection, this reflected the management of COVID-19. We were informed that the management team keeps abreast of recommended changes to guidance or practice, and subsequently policies are reviewed in line with this. The management team ensure all staff are kept up to date with any changes.

We saw compliance with mandatory infection prevention and control (IPC) training. We were told that all staff at the surgery received training on the correct use of PPE³, including donning⁴, doffing and the safe disposal of used equipment. At the start of the pandemic all staff wore scrubs⁵, and staff working in the community carried both clean and dirty bags for the correct storage and disposal of PPE.

We were advised that at the start of the pandemic the surgery had some difficulty in obtaining adequate stock of personal protective equipment (PPE) supplied by the health board. Stock levels were monitored by the practice manager and reported to the health board on a regular basis, however it became increasingly difficult to access items such as correct size gloves and masks, so these were sourced and purchased from independent (approved) medical suppliers to ensure adherence to the policies in place at that time.

We questioned how patients with suspected infectious illnesses accessed the surgery safely. The GP partner explained that staff at the surgery had received additional training to risk assess and screen patients to attend the surgery where required. Patients with suspected COVID-19 would be reviewed in their car if able, however, where this was not possible, assessment would take place in one of two specific clinical rooms which had been re-purposed for patients that required a face-to-face consultation. Once reviewed and/or treated, the patient would be escorted out of the building via the same door from which they entered. The clinical room would then be deep cleaned.

³ Personal protective equipment (PPE) is protective clothing, gloves, goggles, masks or other garments or equipment designed to protect the wearer's body from injury or infection.

⁴ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE).

⁵ Scrubs are the sanitary clothing worn by physicians, nurses, and other workers involved in patient care in hospitals. Their use has been extended outside hospitals, to work environments where clothing may come into contact with infectious agents.

We viewed cleaning schedules for the surgery and the practice manager confirmed that an external company undertakes the cleaning at the surgery five days a week. Whilst the cleaning regime itself had not changed very much during the pandemic; the products used had been changed in line with recommendations. For example, the use of colour coded mops used for decontamination of different surgery areas had been implemented.

We were told that approximately eight months into the pandemic GPs would be contacted by NHS Test and Trace⁶ several times a day. At this stage, cleaning of the surgery drastically increased and was carried out by all staff, in addition to the deep cleans provided by the external company. A fogging machine (fogger⁷) was purchased by the surgery for the end of week cleans and post attendance of patients with suspected covid.

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:

- Business continuity plans
- Mandatory training records for all staff
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety.
- Staff meeting minutes from the previous 3 months.

The following positive evidence was received:

The practice manager and GP partner were very clear and knowledgeable about their roles 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 two years due to the impact of COVID-19. We saw evidence that the surgery had a business continuity

⁶ NHS Track and Trace is a service which has been rolled out to notify individuals that they have come into contact with a confirmed case of coronavirus. Once a person has been diagnosed with the virus, they will have to give a comprehensive two-week list of people they have come into contact with and places they have been. NHS Test, Track and Trace helps to control the rate of reproduction (R), reduce the spread of the infection and save lives.

⁷ Foggers, or fogging machines, dispense chemicals into the atmosphere in a very fine mist (known as a fog) which then settles on all exposed surfaces. Foggers are used for disinfecting and sanitising, and in 2020 fogging was seen as a quick and effective way to sanitise rooms and surfaces for protection against the spread of COVID-19.

plan which had been regularly reviewed. The plan ensures continuity of service provision and safe care of patients during the pandemic and onwards.

We were told that at the beginning of the pandemic several services were suspended, these included face to face diabetic reviews, and COPD⁸/asthma reviews. Guidance issued to health settings was immediately followed, and support for chronic illnesses was provided remotely and COPD/asthma rescue packs were provided to the relevant patients. All suspended services have now been re-instated.

We were informed that staffing levels had been managed well during the pandemic and both the practice manager and GP partner spoke very highly of the surgery's staff and how they have responded to the needs of the surgery, patients and other staff.

We were told that the practice manager has a good relationship with the cluster⁹ lead and cluster meetings are held monthly and are attended regularly via Microsoft Teams.

We further enquired as to what arrangements were in place to ensure "Do not attempt cardio pulmonary resuscitation" (DNACPR) decision making was undertaken appropriately and sensitively, and we were assured that all discussions and decisions were fully informed, sensitively approached and adequate support given to those patients and any relatives who may be involved in the process. We were informed that decisions related to DNACPR were documented and then reviewed by another practice GP. Furthermore, where patients are discharged from hospital and have a DNACPR in place, these are reviewed and removed/renewed as appropriate.

The following areas for improvement were identified:

We saw evidence that the practice had updated policies in light of the COVID-19 pandemic, however, we found that the policies did not have a review date.

The practice manager should ensure that all policies and procedures contain a review date. The practice manager should also ensure they have a system in place to demonstrate that all staff have read and understood the policies and procedures.

The practice manager confirmed that any mandatory training for staff, which is due to be renewed, will be arranged promptly.

The practice manager must provide HIW with a copy of the updated mandatory training plan and, within three months of this quality check, provide HIW with a further update in relation to mandatory training completion rates.

⁸ Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties.

⁹ A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally. Clusters are determined by NHS Wales Local Health Boards (LHB's). GPs in the Clusters play a key role in supporting the ongoing work of a Locality Network.

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: Castle Surgery

Date of activity: 11 May 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 manager should ensure that all policies and procedures contain a review date. The practice manager should also ensure they have a system in place to demonstrate that all staff have read and understood the policies and procedures.	Health and Care Standards Standard 3.5 Governance Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in	To review all policies that were implemented during COVID - upon review ensure that we have a review date to revisit on all. To implement an electronic system of staff read & receipt of policies to all practice employees. To also ensure that this centrally stored on the practice "G2 Drive" for access at all times.	Practice Manager Deputy Manager Office Manager	End of June 2022

		accordance with legislation and clinical standards guidance			
2	The practice manager must provide HIW with a copy of the updated mandatory training plan and, within three months of this quality check, provide HIW with a further update in relation to mandatory training completion rates.	Health and Care Standards Standard 7.1 Workforce Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.	Update staff skills matrix and training plan on a monthly basis ensuring mandatory and additional training have completion and also review dates when next due. Ensure that all new staff upon induction week complete mandatory training.	Practice Manager Deputy Manage Office Manager	Immediate

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: Kim Wilson

Date: 1st June 2022