

Quality Check Summary

Redlands Surgery

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Redlands Surgery as part of its programme of assurance work. Redlands Surgery forms part of GP services provided within the areas served by Cardiff and Vale 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.

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 26 July 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:

- Hazards Risk Assessment
- Fire Safety Risk Assessment
- COVID- 19 Risk Assessment

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:

Staff informed us of a number of changes made to the practice environment in line with COVID- 19 guidance. This included changing all flooring in the practice to hard floor, allowing for more effective cleaning. Protective screens were also installed around the reception desk and hand sanitizer stations were installed for staff and patient use.

We were also told about changes made that allowed clinic activities to resume, whilst maintaining social distancing in the practice. Some of these changes included the introduction of telephone triage and pre- bookable appointments, thus making it easier to control and reduce patient numbers in the waiting area.

During the pandemic, if a patient who was shielding required an appointment, staff informed us that they would initially be triaged over the phone. If it was determined that a face to face appointment was needed, the patient would either be seen at the end of the day when no other patients were in the practice, or a home visit would be arranged if the risks were high.

We were told that the practice provides services to patients residing in care homes. There are dedicated GPs who visit the care homes on a regular basis and the cluster also employs frailty staff. Clinical staff will follow the care home's procedures when entering the premises.

Staff informed us that the practice website is bilingual, and they have a bilingual voice recording on the telephone system. All health board information is provided in both English and Welsh and patient information leaflets are also available in both languages.

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:

- Copy of current cleaning policy
- Copies of cleaning schedules for the past 2 weeks.
- Current infection prevention and control policy
- Current training data for all staff in infection prevention and control.

The following positive evidence was received:

We saw that the practice had a policy in place for the prevention and control of infection. We were also provided with copies of the current cleaning policy and recent cleaning schedules. All were complete and up to date.

We were told that all clinical staff at the practice received training on the correct use of PPE, including donning, doffing¹ and the safe disposal of used equipment. Donning and doffing posters are also displayed for staff and masks are available for patients at reception, should they forget to bring their own. Staff informed us that patients are still asked to wear masks in the practice unless medically exempt.

Staff outlined the process for safely seeing patients with suspected infectious illnesses. Such patients would be asked to wait in their car upon arrival, until a staff member could let them in via an alternative entrance. Patients would then be led straight into a designated surgery. These individuals would be seen at the end of the day, in order to avoid contact with other patients.

No areas for improvements were identified.

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

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:

- Copy of the business continuity plan
- 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 business continuity plan which was detailed and up to date.

We were informed of increased pressures on secondary services. Staff told us that this has a knock-on effect on GP surgeries. Patients will end up going back to the GP due to such long waiting lists in secondary care. Staff informed us that they do have access to a mobile app, through which they can access secondary care specialists for advice.

Staff also told us that patients are often discharged too early from secondary care services due to increased pressures. Discharge paperwork is often not complete, and patients are not given sufficient care packages. This often results in GPs having to the source relevant care for patients or re admitting them as failed discharges.

We were told that team meetings are held and we saw evidence that records are being maintained.

No areas for improvements were identified.

What next?

Where we have identified areas for improvements and immediate concerns during our quality check and require the service to take action, these are detailed in the following ways within the appendices of this report:

- Appendix A: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix B: Includes any other 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.

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.

Appendix A - Immediate improvement plan

Setting:

Ward/Department/Service

Date of activity:

The table below includes any immediate concerns about patient safety identified during the quality check where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
No immediate Improvements required.				

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.

Service representative:

Name (print):

Job role:

Date:

Appendix B: Improvement plan

Setting:

Ward/Department/Service

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No Improvements required.				

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.

Service representative:

Name (print):

Job role:

Date: