

# Quality Check Summary

## Bodnant Medical Centre

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Bodnant Surgery, Menai Avenue, Bangor, LL57 2HH as part of its programme of assurance work. Bodnant Surgery, Bangor forms part of GP services provided within the areas served by Betsi Cadwaladr 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 to 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 one of the GP Partners and the Practice Manager on 17 October 2022, who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How has the practice and the services it provides adapted during the period of COVID-19?
- How effectively is the practice able to access wider primary care professionals and other services such as mental health teams, secondary care and out of hours currently?
- What changes have been made in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How is the practice ensuring that patients are able to access services appropriately and safely in terms of the environment and access to appointments?
- How is the practice meeting the needs of Welsh speaking patients when accessing healthcare services through the medium of Welsh?
- What arrangements are in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussion and decision making is 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:

- environmental risk assessments
- COVID-19 workplace changes.

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 that a practice risk assessment had been undertaken which included assessments of the health and safety, environment and COVID-19.

We were informed that the practice environment is monitored on a regular basis to ensure the environment is safe, clean and clutter free.

We were told that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed to aid and improve infection control. We were told that some areas of the practice had also been refurbished. We were told that the following changes were made:

- implemented clear desk procedures and unnecessary items removed
- screens installed between staff workstations
- unnecessary items such as toys and chairs had been removed from the waiting area
- social distancing signage displayed
- intercom installed at the main entrance
- carpets were removed and replaced with clinical flooring
- disposable curtains installed in all clinical rooms
- ventilation systems installed
- dedicated personal protective equipment (PPE) stations
- dedicated PPE grab bags for home visits

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- portable cabin installed for high risk patients.

We were told that the practice had remained open throughout the COVID-19 pandemic. Telephone calls are handled by reception staff and triaged by a GP. Any patients who need to see a clinician face to face, attend the practice by pre-booked appointment. In order to further protect staff and patients when they arrive at the practice, we were informed that an intercom was installed by the main entrance in order for staff and patients to communicate with each other without the need for patients to physically enter the premises. The practice also arranged for the installation of a portable cabin in the car park for high risk patients to receive face to face consultations.

The practice has encouraged patients to make use of the My Health Online<sup>1</sup> (MHOL) system to order their repeat prescriptions. Patients can also use eConsult<sup>2</sup> as a way access advice or information. We were also told that a direct telephone line has been provided to the university student lead at the University of Bangor, in case of an emergency regarding the health and / or welfare of students.

We were told that the practice provides services to patients residing in two care homes and visits have continued throughout the pandemic.

We were told that patients are greeted bilingually and that the practice has three fluent Welsh speaking GPs, two practice nurses and a healthcare assistant who are able to communicate bilingually with their patients. We were told that the practice would endeavour to provide information to patients in their preferred language and / or format and that they had access to language line if required.

We were told that all staff had received a 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.

The GP Partner and the Practice Manager both spoke very highly of the staff in how they have responded to the needs of the practice, the patients and in supporting each other during the COVID-19 pandemic.

**No areas for improvements were identified.**

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<sup>1</sup> My Health Online (MHOL) is a national project funded by the Welsh Government to help improve patient care. It allows patients to undertake certain health tasks securely via the internet.

<sup>2</sup> 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.

## 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:

- infection prevention and control policy
- training data for clinical staff in infection prevention and control
- cleaning policy
- cleaning rotas
- cleaning schedules.

### **The following positive evidence was received:**

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

We noted that all staff had completed infection prevention and control (IPC) training.

It was confirmed that staff have received regular IPC updates and other guidance via practice meetings and WhatsApp messaging group. Regular communication has ensured everyone has up to date advice and guidance on IPC procedures.

We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a weekly basis by the healthcare assistant.

We saw that a cleaning policy was in place with detailed cleaning schedules. However, it was confirmed that no cleaning checklists are being maintained to evidence that the environment had been cleaned. Both the GP Partner and the Practice manager confirmed that they regularly monitor the standard of cleanliness and if any issues are identified, these are dealt with immediately with the cleaning company. We advised the Practice Manager to ensure checklists are maintained by the cleaning staff. The Practice Manager agreed to liaise with the cleaning company and we received evidence, immediately following our quality check, that this had been done and a checklist is now being maintained and kept in the cleaners' cupboard.

**No areas for improvements were identified.**

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## Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in 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 team meetings
- business continuity plan.

The Practice Manager was very clear and knowledgeable about their role and had a good understanding of their responsibilities. It was apparent throughout the quality check that significant planning and improvements had been made in recent years due to the impact of Covid-19.

We saw that the practice has a business continuity plan which had recently been reviewed. The plan ensures continuity of service provision and safe care of patients during a pandemic.

We were told that staffing levels had been well managed during the pandemic. As mentioned previously in the report, both the GP Partner and Practice Manager spoke very highly of the practice staff in how they have responded to the needs of the practice, the patients and in supporting each other during the COVID-19 pandemic.

We were told that regular Cluster<sup>3</sup> meetings have continued during the pandemic. These meetings are conducted virtually using Microsoft Teams and are attended by one of the GPs and the Practice Manager.

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

We were told that the practice has no issues accessing out of hours services, with good interface and information sharing in place, in particular in relation to palliative and end of life care. However, we were informed that waiting times for primary care services and secondary care have increased which has placed considerably more demand on the practice.

**No areas for improvements were identified.**

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<sup>3</sup> A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally. Clusters are determined by individual 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.



## Appendix A - Immediate improvement plan

Setting: Bodnant Surgery

Ward/Department/Service: General Practice

Date of activity: 17 October 2022

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
There were no immediate improvements required during the quality check.				

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: Bodnant Surgery

Ward/Department/Service: General Practice

Date of activity: 17 October 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 action 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 improvement identified during this quality check.				

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: