

Quality Check Summary

Allt Goch Medical Centre

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Allt Goch Medical Centre, Lon - Y - Becws, Allt Goch, Flint, CH6 5UZ, on 13 December 2022, as part of its programme of assurance work. Allt Goch Medical Centre 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 the Practice Manager and the Assisting Practice Manager on 13 December 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 Cardiopulmonary 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
- snow and ice risk assessments
- health and safety risk assessment
- fire risk assessments
- COVID-19 risk assessment for vulnerable staff.

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 various risk assessments had been undertaken and recently reviewed which included assessments of the health and safety, environment, fire and COVID-19.

We were informed that the practice environment is monitored on a regular basis by the Practice Manager 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 prior to the pandemic. We were told that the following changes were made:

- implemented clear desk procedures and unnecessary items removed
- screens installed between staff workstations but have now been removed
- unnecessary items removed from the waiting area
- social distancing signage displayed
- one way system implemented but has now been removed
- intercom installed at the main entrance

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- carpets were removed in all consultation areas and replaced with clinical flooring
 - disposable curtains installed in all clinical rooms
 - personal protective equipment (PPE) stations
 - PPE grab bags for home visits.

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 has encouraged patients to make use of the My Health Online¹ (MHOL) system to order their repeat prescriptions.

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

We were told that the practice has one practice nurse who is able to communicate bilingually with 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 Practice Manager 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.

¹ 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.

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 activities and 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 clinical staff had completed infection prevention and control (IPC) training. We were informed that several administrators have recently been employed and plans are in place for the new staff to undertake IPC training as part of their induction process.

It was confirmed that staff have received regular IPC updates and other guidance over email and via practice meetings. 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 practice nurse.

We saw that a cleaning policy was in place with detailed cleaning schedules and checklists maintained. The Practice Manager confirmed that they regularly monitor the standard of cleanliness and if any issues are identified, these would be dealt with immediately with the cleaning company.

No areas for improvements were identified.

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
- future pandemic plan
- employee health and safety induction.

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 at the practice due to the impact of COVID-19.

We saw that the practice has a business continuity plan and a future pandemic 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, the 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. However, the practice has recently experienced some staffing changes. One GP retired earlier in the year and the practice is actively trying to recruit a GP replacement. Whilst recruitment is ongoing, the practice has employed two regular locum Advance Nurse Practitioners (ANP) to assist the GP. We were also informed that five members of the reception team have also left the practice. Two receptionists retired and three left the practice due to the pressures on general practices during the pandemic. The Practice Manager has successfully recruited new receptionists.

We were told that regular Cluster² meetings have continued during the pandemic. These meetings are conducted virtually using Microsoft Teams and are attended by the Practice Manager.

² 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.

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. 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.

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: Allt Goch Medical Centre

Date of activity: 13 December 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
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: Allt Goch Medical Centre

Date of activity: 13 December 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.

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: