

# Quality Check Summary

## Rumney Primary Care Centre

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Rumney Primary Care, Barmouth Road, Rumney, Cardiff, CF3 3LG, on 18 January 2023, as part of its programme of assurance work. Rumney Primary Care forms part of the general practice (GP) services provided within the Cardiff and Vale University Health Board area. At the time of the Quality Check, the practice team consisted of five GP partners, 11 salaried GPs and one Advanced Nurse Practitioner. A team of healthcare professionals comprising of practice nurses, healthcare support workers and pharmacists were also employed by the practice.

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. Quality checks allow us to explore how services are meeting the relevant standards in an agile way, enabling us to provide fast and supportive improvement advice on the safe operation of services. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the Practice Manager on 18 January 2023, who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How do you ensure there are appropriate arrangements in place that uphold current standards of IPC in order to protect patients, staff and visitors using the service?
- 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 do you ensure the practice maintains the expected quality of patient care and service delivery?
- How do you ensure that equality and a rights-based approach are embedded across the service?
- How effectively are you able to access wider primary care professionals and other services? This may include mental health teams, secondary care and GP Out of Hours?

## Environment

During the quality check, we considered 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 in relation to the delivery of seasonal flu/COVID-19.

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 were told that due to the COVID-19 pandemic, the practice had implemented a number of precautions to protect patients, staff and visitors of the practice. This included erecting screens at reception desks and in administration offices, wider spacing of seating in the waiting area and implementing a one-way system for patients to follow through the practice. The practice manager advised, that despite the lessening of restrictions related to COVID-19, these precautions have remained to continue to protect staff, patients, and visitors.

The practice manager informed us that meetings would be held monthly with the lead nurse and senior partner to discuss the practice environment and whether any changes needed to be made considering updated guidance received from the health board.

The practice had in place several different methods for patients wishing to access an appointment or advice. Appointments could be booked via a mobile application or by emailing or telephoning the practice. Vulnerable patients who may not have access to these methods were able to book an appointment by attending the practice. Once contact had been made, patients would be assessed by a dedicated reception team who had undertaken care navigator<sup>1</sup> training. This process would allow the triaging<sup>2</sup> GP or advanced nurse practitioner<sup>3</sup> to prioritise patients for telephone call back in the first instance. We were told that patients requesting an in-person appointment would be accommodated in most instances. Patients requiring emergency appointments would be assessed via the same pathway and patients would be provided with an appointment as necessary.

We were told that, due to the pandemic, the practice had invested in a dedicated software that enabled patients to speak with their doctor via a video consultation from their own

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<sup>1</sup> Care Navigators are receptionists and administration staff who have been given specialist training to help them direct patient to the most suitable option for their care needs.

<sup>2</sup> Triaging refers to the process undertaken by qualified medical or healthcare professionals to determine the order in which patients should be seen dependent upon level of clinical need.

<sup>3</sup> Advanced Nurse Practitioners are nurses registered with the Nursing and Midwifery Council who have completed further education to Masters level in clinical practice and have been assessed as competent in practice using their expert clinical knowledge and skills. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis, and treatment of patients.

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homes. This reduced the need to attend the clinic and lowered footfall. This software remained one of the options available for patients to access an appointment with their GP post pandemic.

Text messaging consultations were also available for patients who were hearing impaired. The practice manager also confirmed that the practice had access to a telephone translation service for patients.

The practice encouraged the Welsh 'Active Offer'. Three GPs and one healthcare support worker at the practice were Welsh speakers. A Welsh messaging service was available to patients, and we were told that all signs at the practice were bilingual. Posters were also displayed to encourage communication through the medium of Welsh.

We were told that the practice was responsible for providing GP services to local care homes. Visits would be arranged by the care home manager via email. Annual medical reviews would be provided to care home residents by a practice nurse or pharmacist. The practice also had responsibility for the provision of services to a learning disability centre local to the practice. Residents and users of this service were able to access GP services via a practice GP who attended weekly.

Domiciliary visits to housebound patients were provided on an individual basis following a risk-based approach.

**The following areas for improvement were identified:**

We saw evidence of the most recently completed risk assessment for the practice when delivering the seasonal flu/COVID-19 vaccination programme. This had last been carried out in October 2021 and had not been recently reviewed considering the reduced restrictions in place for the transmission of respiratory illnesses.

The practice must review the risk assessment for the delivery of seasonal flu/COVID-19 vaccinations to ensure that it follows the most up-to-date guidelines and criteria for preventing respiratory transmitted viruses.

## Infection prevention and control (IPC)

During the quality check, we considered how well the service 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
- Most recent infection control risk assessments / audits

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- Cleaning schedules.

**The following positive evidence was received:**

We saw evidence of recently completed cleaning checklists undertaken by the contracted cleaners at the medical practice. These demonstrated an appropriate cleaning regime in line with infection prevention and control guidelines. A communication log was used to note any areas or items needing particular attention by cleaning staff.

When talking with the practice manager, we were told that the practice had a dedicated nurse responsible for checking stocks of personal protective equipment (PPE)<sup>4</sup>. Should additional PPE be required, an email would be sent on a weekly basis to the health board to reorder items that were running low. The practice manager informed us that at the start of the pandemic, dedicated PPE ‘stations’ were purchased. These held supplies of PPE and were fixed to the walls of the consulting rooms and strategically throughout the practice. We were told by the practice manager that these remained in use at the practice to ensure availability of PPE to staff.

The practice manager stated that staff meetings were an integral part of ensuring good IPC practices throughout the pandemic and beyond and communication between staff at all levels at the practice was reported to be good.

We were told that a dedicated kit was available for staff undertaking domiciliary visits. This contained single use items such as thermometers as well as items of PPE and detergent cleaning wipes. Items used on a domiciliary visit would be returned to the clinic and disposed of appropriately.

The practice building was reported by the practice manager to be large and purpose built. We were told that two rooms had been designated as isolation rooms for patients requiring an appointment but displaying symptoms of respiratory transmitted illness. These rooms had a separate entry into the building and meant that patients could be seen safely at the practice without putting others at risk.

**The following areas for improvement were identified:**

We saw evidence of the most up-to-date cleaning policy. This was comprehensive, however, was not dated or version controlled and did not indicate when it needed to be reviewed.

The practice must ensure policies and procedures are dated, version controlled and have in place a date for review.

We requested training data for healthcare staff at the practice in IPC. Although we were told

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<sup>4</sup> Personal Protective Equipment (PPE) refers to items of protective wear such as aprons, masks, visors and gloves that are worn to protect the healthcare worker and patient from healthcare acquired infections.

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that IPC training was offered via the local health board, we were not provided with evidence of training data for staff. Evidence was instead provided for training in the Aseptic Non-Touch Technique (ANTT)<sup>5</sup>. This indicated that healthcare staff had last completed training in this technique in June 2021. As information regarding staff training in IPC was not provided, we were not able to assess compliance in this area.

The practice must ensure that training in IPC is repeated on a regular basis. The practice must provide to HIW evidence of staff training in IPC.

## Governance / Staffing

As part of this standard, HIW questioned the service representatives about how they manage their services to support the delivery of high-quality healthcare. We explored how the service is working with other primary care teams (or services) and maintaining the quality of patient care.

The key documents we reviewed included:

- Corporate policies/processes to ensure preparedness for future pandemic emergency
- Business continuity plans.

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

We asked the practice manager to tell us of the changes made to the practice and the wider primary care team due to the pandemic to ensure the needs of patients were met. We were told that the practice strived hard to ensure they kept up to date with changes in legislation and guidance. Practice policies and procedures had been submitted to and approved by the local health board to ensure compliance. This was said to be especially important as they were a training practice for recently qualified doctors.

The practice manager reported that the staff team was large, with no staff vacancies at the practice and no staff away from work on long term sickness absence.

There was a small GP cluster group<sup>6</sup> with four GP practices. However, it was said to work well together and was reported by the practice manager to be a useful resource for information sharing and shared learning. We were told that regular meetings with the cluster group were held either virtually or in person and communication was good.

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<sup>5</sup> The Aseptic Non-Touch Technique (ANTT) is a technique used within healthcare setting based upon the four main principles of 'Sterile', 'Clean', 'Asepsis' and 'non-touch' to prevent infection. This technique aims to prevent touch of an item to be used by a healthcare professional on a patient.

<sup>6</sup> A GP cluster group is a grouping of GP's working with other health and care professionals to plan 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.

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The local health board supported the practice in ensuring protected learning time<sup>7</sup> was provided. This allowed for whole team learning to take place whilst ensuring that patients were still appropriately cared for. The practice manager praised the communication between the practice and the health board. We were told that the health board was supportive and approachable.

We asked the practice manager to tell us the arrangements for gathering patient feedback. This was achieved primarily via a national survey that was sent to 550 patients registered at the practice.

**The following areas for improvement were identified:**

We requested evidence of recent staff meeting minutes. These were not provided to HIW for review, and we were therefore unable to gain sufficient assurance as to the regularity and effectiveness of staff team meetings. The practice is required to send copies of the staff meetings minutes to HIW.

The practice policy for future pandemic emergency was comprehensive but was not dated and did not contain a version number or a review date. To ensure that policies remain regularly reviewed and up to date, we recommend that practice policies contain this information.

## Interfaces

We spoke with the practice manager regarding effective access to wider primary care professionals and other services including emergency out of hours provision.

The practice manager told us of the impact that changes implemented at the practice had on access to the wider primary care team, secondary care, and GP out of hours. These included video consultation software, increased use of IT systems and patient access to community pharmacists, which was very positive. Signposting to appropriate services was reported to be easier and overall, GP time and resources were used in a more efficient manner. However, we were told that as access to GP's had improved, demand had increased, with a higher number of requests for telephone and video consultations than would normally be accessible via in person appointments alone.

We were told that the biggest challenge they had faced concerned admittance of patients to hospital. This was reported to be due to a lack of available beds and emergency ambulances to convey sick patients presenting to the practice to hospital when required.

The practice manager told us that mental health was also a priority concern for their

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<sup>7</sup> Protected learning time (PLT) is an opportunity for practice staff to address their own learning and professional development needs.



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clinicians and that due to the pandemic this presented an increased challenge. We were told that patients were able to self-refer for help to MIND<sup>8</sup> for lower tier mental health services. This was accessible via the care navigators at the practice. Additionally, the practice had dedicated mental health practitioners that were available one day per week. This service was available for direct referral. The practice manager stated that more acute mental health support was challenging to access.

For patients accessing emergency out of hours treatment, reports would be emailed to the practice and scanned into the patient medical records. We were told that information sharing between the practice and the emergency out of hours service was good. Should the practice be concerned about a patient while the surgery was shut, information was shared with the out of hours team so that they were aware in advance.

We were told that referrals to secondary care had improved since the pandemic. These were now sent via the online Welsh Clinical Communications Gateway (WCCG)<sup>9</sup>. This system allowed for same day referrals to secondary care without the need for a dictated letter. We were told by the practice manager that clinicians found the new system to be more streamlined, efficient and less resource intensive. This also allowed for inappropriate referrals to be identified more quickly and redirected in a prompt and timely manner.

The practice manager told us that patient discharge summaries from secondary care were also sent electronically. These would then be downloaded and added to the patient medical records. We were told that clinicians found this system to be more user-friendly and efficient, no longer requiring the reading of handwritten summaries.

**No areas for improvement were identified.**

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## 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

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<sup>8</sup> MIND is a registered mental health support charity that aims to provide advice and support to empower anyone experiencing a mental health problem.

<sup>9</sup> The Welsh Clinical Communications Gateway (WCCG) is a national system in Wales for the electronic exchange of clinical information such as referrals, that integrates primary and secondary care systems using a highly secure internet portal.

- 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: Rumney Primary Care, Barmouth Road, Rumney, Cardiff CF3 3LG

Service: Cardiff and Vale University Health Board

Date of activity: 18 January 2023

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: Rumney Primary Care Centre, Barmouth Road, Rumney, Cardiff CF3 3LG

Service: Cardiff and Vale University Health Board

Date of activity: 18 January 2023

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
The practice must review the risk assessment for the delivery of seasonal flu/COVID-19 vaccinations to ensure that it follows the most up-to-date guidelines and criteria for preventing respiratory transmitted viruses.	2.1 Managing Risk and Promoting Health and Safety	Risk assessment completed by Management team.	Kim Came	Completed
The practice must ensure policies and procedures are dated, version controlled and have in place a date for review.	Governance, Leadership and Accountability	All policies to be updated accordingly.	Kim Came	1 month

The practice must ensure that training in IPC is repeated on a regular basis. The practice must provide to HIW evidence of staff training in IPC.	2.4 Infection Prevention and Control (IPC) and Decontamination	Training dates to be arranged and evidence to be provided. Discuss with Nursing Team who will facilitate update training for new and existing staff	Kim Came	3 months
The practice must provide to HIW details of the most recent staff meeting minutes	7.1 Workforce	Copies of most recent staff meetings downloaded	Kim Came	Completed

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):** Kim Came

**Job role:** Practice Manager

**Date:** 17 March 2023