

Quality Check Summary

Setting Name: Llansamlet Surgery

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Llansamlet Surgery as part of its programme of assurance work.

HIW's quality checks form part of a new tiered 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 settings. 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 specifically 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 inspections can be found [here](#).

We spoke with the Senior GP Partner and the Practice Manager on 10 November 2020 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- 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 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?
- 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

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We questioned the practice on how they are making sure all patients have safe and appropriate access to services.

The following positive evidence was received:

We were told that at the beginning of the COVID-19 pandemic, the practice was closed to members of the public. The practice arranged for patients to receive consultations either over the phone or by video call. Where appropriate, the use of photographs for some medical conditions, such as skin problems were used. All calls were triaged by a GP. Any patients who needed to see a clinician face to face, attended the practice by invitation and pre-booked appointment. Staff admitting patients onto the premises wore appropriate personal protective equipment (PPE). In order to further protect staff and patients when they arrive at the practice, the Senior GP informed us that they intend to install a door lock release mechanism at the front door. This would allow reception staff to allow patients into the premises without the need to physically greet them at the front door.

In order to reduce the foot fall to and inside the practice, we were told that the practice made use of an open window at the side of the building to safely pass prescriptions to patients. Furthermore, the practice also arranged for prescriptions to be sent directly to patients' nominated pharmacies. Medical sickness certificates are emailed or posted to patients.

The practice is aware that their phone line can get very busy at peak times. We were told that in order to reduce pressures on the main phone line, the practice have encouraged patients to make use of the My Health Online¹ (MHOL) system as a way to book appointments and / or order their repeat prescriptions. In addition, the practice has also reintroduced a dedicated telephone line for ordering repeat prescriptions. We were told that, as more patients are accessing MHOL and are emailing the practice, the prescription phone line, in due course, will be phased out.

We were also told that the practice had trialled the 'Ask My GP'² system as a way to take pressures off the main phone lines. However, the system did not fit in well with the practice's current, established triage system and it was removed from their systems. We were informed that the practice is now looking at implementing a system called 'Engage Consult'³ which is

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

² *askmyGP* is an online consultation and workflow system that helps GPs manage patient caseload through operational change and digital triage. We make it easier for patients to talk to their own doctor and help GPs to prioritise and deliver care through message, phone and video.

³ Engage Consult allows patients to communicate securely and safely online with their practice about non-emergency medical conditions or admin questions. It also offers 24/7 access to symptom-specific self-help information and easy access to other

more integrated with their current systems.

We found that various environmental risk assessment audits had been completed by the practice manager. We were also told that the health board's Estates Department had visited the practice and undertaken a dedicated COVID-19 risk assessment for the whole premises, with control measures put in place.

We were told that all staff have received an NHS COVID-19 risk assessment and adjustments made to working practices if required.

We were told that the practice provides services to patients residing in one care home and visits have continued throughout the pandemic. The Senior GP told us that GPs will follow the care home's procedures when entering the premises.

The following areas for improvement were identified:

The Senior GP told us that home visits have continued throughout the pandemic. The Senior GP described the process the clinicians undertake for home visits. Each case is individually assessed and it was confirmed that ample PPE equipment is available. However, the Senior GP confirmed that there is no written procedure or risk assessment in place.

The practice should ensure that a procedure for home visits is developed along with formal risk assessments.

Infection prevention and control

During this process, we reviewed infection control policies, cleaning schedules and staff training. We questioned the setting about how the changes they have introduced to make sure appropriate infection control standard are maintained. We also reviewed key systems including the use of personal protective equipment (PPE).

The following positive evidence was received:

We saw that an up to date policy was in place for the prevention and control of infection. The policy has been amended to reflect the management of COVID-19. We were told that staff were informed of any updates by e-mail.

We saw evidence that an infection control audit check-list had recently been completed by the practice manager. The practice manager confirmed that an action plan will now be developed and monitored.

We were provided with information relating to infection control training. As of 10 November 2020, it showed a completion rate of 82% for level 1 and 94% for level 2. The practice manager confirmed that arrangements are in place to allow staff protected time in order to complete training.

We were also told that the senior nurse at the practice had provided staff with training on the correct use of PPE, including donning, doffing and safe disposal of used equipment.

We were told that the practice had sufficient stocks of PPE which was provided by the health board. In addition to basic PPE, the practice also purchased additional items such as aprons and protective glasses.

We were informed that at the peak of the pandemic, the team received daily briefings to ensure all staff were kept up to date with any changes in guidance or practice.

We were told that the practice had a dedicated room to isolate patients where required. We saw that the practice had a detailed protocol in place for the safe isolation of patients. The isolation room contains all the equipment and PPE required. Patients can access the isolation room directly from outside of the premises and kept separate from the main patient area.

The following areas for improvement were identified:

We saw evidence that cleaning schedules were maintained. Both the Senior GP and the practice manager confirmed that they are content with the standard of cleanliness at the practice. However, the practice manager confirmed that no formal spot checks are undertaken.

The practice should ensure that they undertake regular cleaning audits and that records are maintained.

Governance

As part of this standard, HIW reviewed policies and procedures for future pandemic emergencies. We also questioned the setting about how they have adapted their service in light of the COVID-19 pandemic, how they are interfacing with wider primary care professionals and their risk management processes.

The following positive evidence was received:

We were told that staffing levels had been well managed during the pandemic and the practice manager confirmed that there are no vacancies at the practice.

We were told that regular cluster⁴ meetings had taken place and since March 2020. These meetings were conducted virtually. We were informed that at the peak of the first wave of the pandemic, an assessment service was set up between three GP practices in the cluster group. This service was manned on a rota basis between the GP partners of each of the practices with electronic referrals being sent to the assessment service.

The Senior GP confirmed that the practice has had no issues accessing secondary care or out of hours services. The Senior GP told us that, with use of the Consultant Connect App⁵, some services have been easier to reach, such as Mental Health services.

The following areas for improvement were identified:

The practice manager confirmed that formal team meetings had been paused throughout the pandemic. Staff had been kept updated with latest guidelines through daily briefings which were implemented by the practice manager at the start of the pandemic. Any further updates and changes to policies and procedures were e-mailed to staff.

The practice manager should ensure that formal team meetings are reinstated at the practice through the use of technology enabling virtual team meetings.

We saw evidence that the practice had reviewed and updated some key policies in light of the COVID pandemic. We saw that the practice had updated their business continuity plan, pandemic management and infection prevention control policy. However, we found that the policies were not version controlled and did not contain a review date.

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

⁴ 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.

⁵ The **Consultant Connect App** makes clinician-to-clinician communication simple. Whether you need Advice & Guidance from a local **consultant** or to quickly reach a GP practice, the **App** puts you in touch quickly and easily.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- 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 findings 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 findings 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.

Improvement plan

Setting: Llansamlet Surgery

Date of activity: 10 November 2020

The table below includes improvements identified during the Tier 1 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 should ensure that a procedure for home visits is developed along with formal risk assessments.	Safe and Clinically Effective Care	A home visit protocol is being developed as a quality improvement project and a Covid risk assessment will be incorporated into this	Dr Matt Stevens	Expected publication is 1/12/20 though refinements are likely so will submit by 31/1/21
2	The practice should ensure that they undertake regular cleaning audits and records maintained.	Managing Risk and Promoting Health and Safety	Following discussion with the Cleaning Contractor; the 1 st audit date has been given as 10 th December 2020. Confirmation was also given by	Branwen Bratton	Initial audit will be undertaken by the end of Dec 2020

			the Contractors that a colour coded system of cleaning is in place with mops/dusters for clinical rooms, WC's and the remainder of the premises being separated by colour		and will be undertaken on a monthly basis
3	The practice should ensure that formal team meetings are reinstated at the practice by considering virtual team meetings.	Governance	PM will confer with Practice & IT Co-ordinator to re-instate the Practice Team meetings - either with representatives from each team and socially distancing (depending on the numbers) or by using Microsoft Teams	Branwen Bratton	Schedule of Future Team Meetings to be ready by the end of Dec 2020
4	The practice manager should ensure all policies and procedures contain a review date and are version controlled. The practice should also ensure they have a system in place to demonstrate that all staff have read and understood the policies and procedures.	Governance	PM to go through all policies/procedures to include a review date; also that relevant staff sign the policy by hand [or provide a written statement via email to confirm that they have read and understood the policy]		Will be completed by the end of Jan 2021

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: BRANWEN BRATTON

Date: 27-11-2020