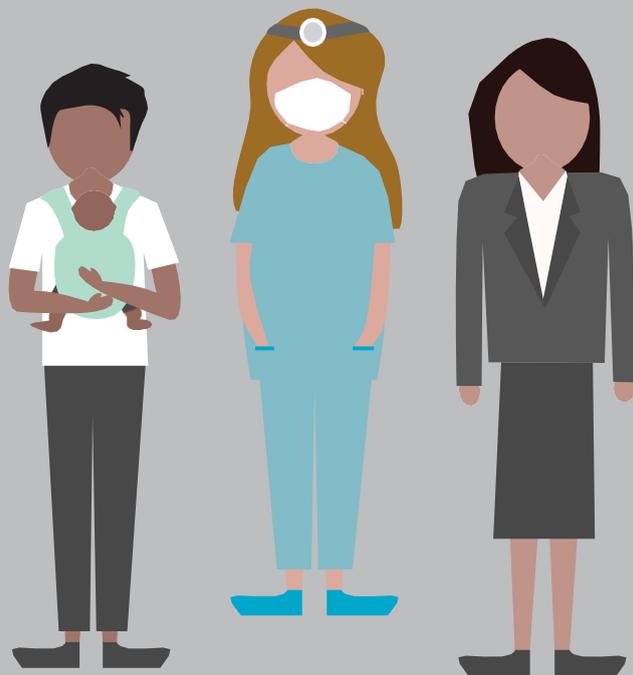


Quality Check Summary

The Surgery, North Cornelly

Activity date: 5 August 2021

Publication date: 9 September 2021



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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of The Surgery, North Cornelly, Bridgend as part of its programme of assurance work. The Surgery, North Cornelly also has a branch surgery located in Kenfig Hill. The Surgery, North Cornelly forms part of GP services provided within the areas served by Hywel Dda 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 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 5 August 2021, 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 this period of COVID-19? What is the practice road map for returning to pre-COVID-19 levels of services?
- 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 / audits
- COVID-19 staff briefings
- GP / Nurse triage procedures
- home visit procedures
- chemist nomination form
- COVID-19 staff 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:

We saw that a COVID-19 risk assessment had been undertaken which included assessments of the environment, security, patient journey and the health, safety and well-being of staff and visitors to the practice.

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
- carpets were removed and replaced with vinyl
- chairs were reupholstered with wipeable material
- walls were redecorated using specialist antimicrobial paint¹
- unnecessary items such as toys and chairs had been removed from the waiting area

¹ Antimicrobial paint has additives that make the painted surface resistant to microbes such as fungi, viruses, and bacteria.

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- Perspex screen installed at reception
 - social distancing signage displayed
 - dedicated personal protective equipment (PPE) stations
 - intercom installed at the main entrance.

We were told that the practice has remained open throughout the COVID-19 pandemic. The practice arranged for patients to receive consultations over the phone. All calls were handled by reception staff and triaged by a GP. Any patients who needed to see a clinician face to face, attended the practice by pre-booked appointment and were asked to wait in their car until they would be called. 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. To further reduce the footfall to and inside the practice, we were told that an open window at the side of the building was used for staff to speak and assist patients. The practice also arranged for prescriptions to be sent directly to patients' nominated pharmacies.

The practice has encouraged patients to make use of the My Health Online² (MHOL) system to book appointments and / or order their repeat prescriptions. We were told that speaking phones are available for staff to communicate with patients who are deaf or hard of hearing. We were also told that patients are greeted bilingually and that the practice has two fluent Welsh speaking GPs who are able to communicate bilingually with their patients.

We were told that all staff have 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.

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 GPs will follow the care home's procedures when entering the premises. We also saw that the practice has procedures in place for any clinicians who are undertaking home visits.

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.

² 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:

- generic infection control policies and Covid-19 specific assessment
- most recent infection control audits
- infection prevention and control training
- cleaning schedules.

The following positive evidence was received:

We were informed that the team receive regular updates by email and via team meetings to ensure all staff are kept up to date with any changes in guidance or practice.

We were told that regular audits are undertaken to assess and manage the risk of infection. We saw evidence that an infection control cleaning audit had recently been completed. The Practice Manager also confirmed that cleaning schedules have been increased and an additional cleaner employed. We were told that the use of PPE has been optimised with adequate stocks sourced and monitored on a regular basis.

We were provided with information relating to infection control training which showed a completion rate of 100% for all clinical staff.

We were told that all non-clinical staff have received training on the correct use of PPE, including donning, doffing and safe disposal of used equipment.

We were told that the practice has a dedicated room, separate from the main patient area, to isolate patients if required and a one way system is in place.

The following areas for improvement were identified:

We saw that there is a generic policy in place for the prevention and control of infection. However, we found that the policy did not contain details of the infection control lead, staff training requirement nor was the policy version controlled. We recommend that the Practice Manager reviews and updates the policy in line with latest guidelines and ensure it is version controlled.

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:

- COVID-19 staff briefings
- practice team meeting
- business continuity plan
- staff training manual
- flu season newsletter.

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 during the last year 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 the 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 Cluster³ 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 during the pandemic which has placed considerably more demand on the

³ 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.

practice. We were also told that the practice is expected to undertake routine bloods and observations ahead of any secondary care clinics. These routine bloods and observations would normally be undertaken by staff within the secondary care services whilst seeing the patient face to face.

We were told that the practice had delivered a COVID-19 vaccination programme in their community whereby they successfully administered over 5,500 vaccines. We were also informed that during the 2020/21 flu vaccine campaign, the practice achieved an increase uptake from 65% to 74% for the over 65 year olds.

No areas for improvements were identified.

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.

Improvement plan

Setting: The Surgery, North Cornelly

Date of activity: 5 August 2021

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.

Reference Number	Improvement needed	Standard/Regulation	Service Action	Responsible Officer	Timescale
1	We recommend that the Practice Manager reviews and updates the policy in line with latest guidelines and ensure it is version controlled.	Health and Care Standards Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	<ul style="list-style-type: none"> Existing Infection Prevention and Control Policy reviewed. Health and Care Standard 2.4 read and considered. Existing Policy amended and updated to include further detail for hygiene, details regarding patients/visitors to the practice, PPE, and Staff Training Requirements. Version details recorded on policy Policy Lead details included within policy and review date set. <p>Details regarding IPC to be included in job descriptions when clinical staff are recruited and appropriate training provided</p>	Matthew Haynes	August 21

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: Matthew Haynes

Date: 25th August 2021