

Quality Check Summary

Caereinion Medical Practice, Llanfair Caereinion

Activity date: 8 February 2022

Publication date: 24 March 2022



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Caereinion Medical Practice, Llanfair Caereinion as part of its programme of assurance work. Caereinion Medical Practice is a four GP partner practice, employing two Advanced Nurse Practitioners (ANP) and four Healthcare Assistants (HCA). The practice is supported by the practice manager, reception and administration personnel. The surgery also has an in house dispensary, which is run by a pharmacist and two pharmacy technicians.

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. Feedback is provided 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, which enables us to make an informed evaluation 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 on 8 February who provided us with information and evidence about their service. We used the following key lines of enquiry

- 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.
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- 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 do you ensure that equality and a rights based approach are embedded across the service?
- What arrangements are in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussion and decisions are undertaken appropriately and sensitively?

-
- 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?

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:

- The most recent environmental risk assessments / audits
- COVID-19 policies and guidance.

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 at the beginning of the pandemic, a full environmental risk assessment was undertaken in order to maintain a safe environment at the practice. From this risk assessment, there were a number of environmental factors that had to be adjusted in order to adhere to government guidelines including social distancing. This included installing screens in the reception area, limiting the capacity in the waiting room, implementing a one-way system into the practice and ensuring that all clinical rooms were compliant with social distancing guidelines.

We were told that prior to COVID-19, the practice operated an online and telephone system for accessing appointments. This was paused at the beginning the COVID-19 pandemic as some patients were using the system in a way that was not considered suitable. Currently patients access appointments by telephoning the practice. Patients would speak to a receptionist who would transfer the details onto the duty list. A clinical member of staff would triage¹ the patient virtually on the same day and arrange the best course of treatment with the most appropriate member of the practice.

We were informed that the practice provides a service to three local care homes. The practice manager told us that during the pandemic the services being provided to the care homes have not changed. The only aspect that had changed was that enhanced risk assessments were carried out prior to any physical visits and all guidelines set by the care homes were adhered to.

¹ the preliminary assessment of patients in order to determine the urgency of their need for treatment and the nature of treatment required

The practice manager informed us that throughout the pandemic, home visits have still been carried out in order to keep providing the best service to all patients. Request for home visits are received by the reception staff and passed to the duty team to triage the request, and if required they would risk assess the need for the visit. Patients would be asked COVID-19 screening questions before the visit and guidance would be given over the phone about the way the home visit would be undertaken. Patients would be told that they are to be in a room by themselves, unless a carer was required, in order to reduce the risk to the visiting member of staff and other members of the household.

The practice manager described the process that was in place for treating patients who were classed as vulnerable or at risk. We were told that if a vulnerable patient required treatment at the practice, they would be asked to arrive and wait in their car until they were called into the practice by a member of staff. The staff member would ensure that the patient would use a separate door to other patients and would then be taken directly into a separate clinical room where they could be seen and treated as quickly as possible. Thus reducing the risk of cross infection.

We also enquired about meeting the needs of Welsh speaking patients when accessing healthcare services. The practice manager told us that there are a number of patients registered with the practice whose first language is Welsh. There are also a number of staff, at the practice, who speak Welsh and can meet the needs of these patients. The practice manager also told us that the practice has use of a translation service provided by the Health Board. Additionally, we were informed that all signage and patient information is available bi-lingually.

No areas for improvements were identified.

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 policies
- Most recent infection control risk assessments / audits
- Cleaning schedules
- Staff training records.

The following positive evidence was received:

We saw evidence of cleaning schedules and noted that there were enhanced cleaning procedures in place in response to the pandemic. The practice manager informed us that the

practice uses an external company to undertake the cleaning of the environment at the practice. In response to the pandemic, end of day cleaning at the practice had increased from 2 to 3 hours to allow for a deeper clean of the environment.

The practice manager told us that all staff have access to appropriate and sufficient personal protective equipment (PPE) and that clinical and non-clinical staff have received training around the use of PPE. The practice manager also confirmed that all staff had undertaken training to don and doff² PPE correctly and that there was a process in place promoting this.

We questioned the practice manager on how patients with suspected infectious illnesses access services safely. The practice manager explained that staff at the practice had received additional training in order to allow them to risk assess and screen patients to attend the practice where needed. The practice also has a clinical room that they use for any patients that urgently need a face-to-face consultation who may have COVID-19 or have symptoms. Patients would be escorted into the practice, through a side door and directly into this clinical room, where they would be assessed and treated by the most appropriate member of clinical staff wearing enhanced PPE such as aprons, gloves, face mask and face visor. Once the patient had been treated, they would be escorted out of the building and the clinical room would be deep cleaned.

We confirmed that IPC arrangements were considered in the procedure created by the practice. This included use of correct PPE, risk assessing and symptom checking of the patient, regular lateral flow testing and ensuring only necessary members of staff and patients were present during the visit.

No areas for improvements were identified.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the 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:

- Business continuity plans
- Mandatory training records
- HIW self-assessment.

² Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

The following positive evidence was received:

We were told that at the beginning of the pandemic a number of services were suspended, these include diabetic retinopathy, speech therapy, mental health therapy and onsite physiotherapy. At the time of the quality check the practice manager could not confirm what or when services would be reinstated and was liaising with the health board in order to set a recovery plan for services post pandemic. In order to safely manage the risk of patients not receiving the correct treatment, there has been an increase in the number of patients that had to be referred onto secondary care for these types of treatment.

We saw that the practice had a business continuity plan, which had been reviewed. This helped to ensure continuity of service provision and safe care of patients during the pandemic. We saw evidence that the practice had reacted to the challenges brought on by COVID-19 and had supported staff throughout the pandemic and made arrangements for staff to work remotely when required.

We were told that staffing levels had been managed well during the pandemic and the practice manager spoke highly of the practice staff and how they have responded to the needs of the practice, patients and each other.

The practice manager explained that they attend cluster³ meetings and the practice managers group where a member of the health board would join and provide assistance and guidance if required.

No areas for improvements were identified.

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.

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.