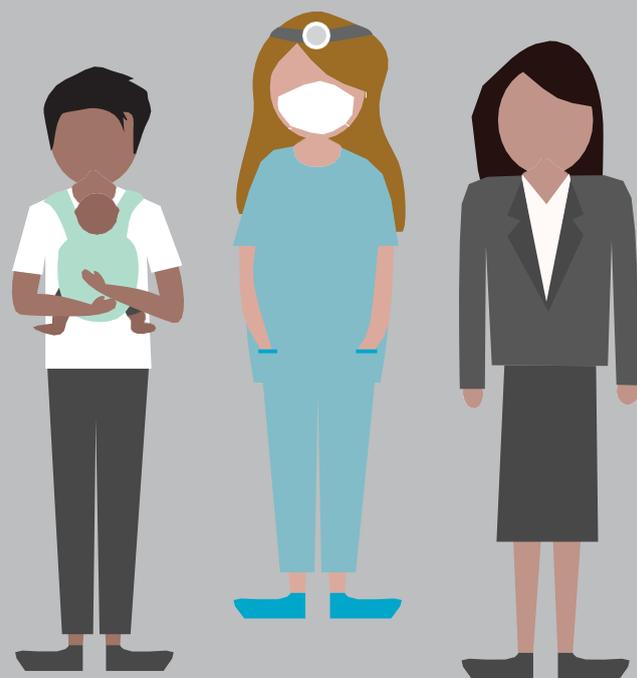


# Quality Check Summary

## Llandaff & Pentyrch Surgeries

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Llandaff & Pentyrch Surgeries as part of its programme of assurance work. Llandaff & Pentyrch Surgeries forms part of GP services provided within Cardiff & Vale University Health Board. Pentyrch Surgery premises have closed in June 2020 and appointments are taking place in a replacement portakabin<sup>1</sup> onsite.

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 NHS - Health and Care Standards. 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 the practice manager and GP member of staff on 7 March 2022 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?

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<sup>1</sup> a brand name for a small building that is designed to be moved from place to place and is used as a temporary office

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- What arrangements are in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussion and decision making is 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

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 found that relevant risk assessments have been conducted and policies and procedures have been updated to reflect the additional demands stemming from the COVID-19 pandemic.

We were told that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed and the following changes were made:

- Social distancing signage was implemented
- Stickers outlining appropriate 2 meter distancing
- Perspex screens were installed in reception area and waiting rooms
- Signage requesting all patients to wear appropriate face masks in line with COVID-19 guidance
- Intercom fitted as the practice was operating a 'closed door policy'
- Signage to outline maximum capacity of people in any one room.

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We saw that various risk assessments had been undertaken, including infection prevention and control (IPC), and staff health and safety risk assessments. These assess the personal risks of continuing to carry out their role during the pandemic and to highlight any adjustments needed to working practices.

Staff informed us that social distancing signage was displayed throughout the setting and the waiting room was arranged to allow patients to wait with appropriate social distancing.

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 if needed. 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.

The practice operates routine pre-bookable appointments. If the patient is booked for a face to face appointment, they are told to ring and cancel their appointment or change to a telephone appointment if they develop symptoms of COVID-19. The morning surgery is utilised for urgent same day access. The Practice Manager explained that reception staff ask all patients if they have signs or symptoms or are awaiting a PCR<sup>2</sup> test result, if so a telephone consultation is offered as opposed to a face-to-face. Hand sanitiser is available in all public areas and outside of every clinical room.

We were told the practice ensured patients could access GP appointments in different ways, for example, over the phone or face to face. Appointments pre COVID-19 could also be made by accessing the 'My health online' <sup>3</sup>service but this service is not being utilised at this time only for repeat prescription requests.

We were told that all staff carried out a personal risk assessment to assess the their 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 residential homes. Clinical staff follow the residential home's procedures when entering the premises.

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<sup>2</sup> PCR means polymerase chain reaction. It's a test to detect genetic material from a specific organism, such as a virus. The test detects the presence of a virus if you have the virus at the time of the test

<sup>3</sup> My Health Online allows you to book GP appointments and request repeat prescriptions online using your mobile, tablet or computer.

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We were also told that the practice has procedures in place for any clinicians who are undertaking home visits. Clinicians wear full personal protective equipment (PPE) as well as clean scrubs and take their own equipment, which is later cleaned and sanitised on return to the practice, the scrubs worn are also removed and laundered on return to the practice.

We were told staff at the practice are unable to speak Welsh,, however information provided for patients is available in both English and Welsh. The staff at the practice informed us that should the need arise, staff are aware of Language Line <sup>4</sup>and there are current discussions on staff training in basic Welsh language.

We were informed that the practice has been awarded funding for a new surgery to be built to provide general medical services to patients residing in Pentyrch and residents of a new local development along Llantrisant road. However, we were also informed that there have been some difficulties in implementing the plans going forward and no timescales have been provided for this.

**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:

- Copy of cleaning policy
- Copy of cleaning schedules
- Infection prevention and control policy
- Data for staff training in infection prevention and control.

**The following positive evidence was received:**

We saw that the practice had a policy in place for the prevention and control of infection. The policy has been amended to reflect the management of COVID-19. The practice manager

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<sup>4</sup> Language Line is a UK language translation service agency that provides a wide range of interpreting, translation and localisation agency services.

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confirmed that cleaning schedules have been increased, and high touch areas are sanitised by staff on a two hourly basis. Adequate PPE stocks sourced and are monitored on a regular basis. We also saw evidence that all staff have completed relevant Infection Prevention and Control training.

We were told that all staff at the practice have received training from guidance received by the health board on the correct use of PPE, including donning, doffing<sup>5</sup> and the safe disposal of used equipment.

We were told by the practice manager that all staff are expected to change into scrubs provided by the practice, these are removed at the end of the day and laundered.

**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 plan
- Staff meeting minutes from the previous 3 months.

**The following positive evidence was received:**

It was apparent throughout the quality check that the practice had planned well and made improvements to support staff in meeting the challenges brought on by the COVID-19 pandemic. We saw that the practice had a business continuity plan, which had been updated where necessary. This helped to ensure continuity of service provision and safe care of patients during the pandemic.

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<sup>5</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

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We were told that staffing levels had been well managed during the pandemic. 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. The practice joined another practice in creating a 'buddy'<sup>6</sup> system to assist each other should staffing become an issue during the COVID-19 pandemic. We were informed that waiting times for primary and secondary care services have increased during the pandemic, which has placed more demand on the practice.

We were told that regular cluster<sup>7</sup> meetings are taking place virtually via Microsoft Teams.

We were told that monthly team meetings are held and we saw evidence that detailed records were being maintained.

**No areas for improvements were identified.**

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<sup>6</sup> The practice of working or travelling together with at least one other person, especially when undertaking something potentially risky or hazardous. The buddy system is a procedure in which two people, the "buddies", operate together as a single unit so that they are able to monitor and help each other.

<sup>7</sup> 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.