

Quality Check Summary

Llansamlet Surgery

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Llansamlet Surgery, Swansea as part of its programme of assurance work. The surgery provides GP services to nearly 11,000 patients within the areas served by Swansea Bay University Health Board and is supported by numerous General Practitioners (GP), Nurse Practitioners (NP), Healthcare Support Worker (HCSW), Physiotherapist, and support staff.

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, 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 lead GP 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?
- 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
- Fire safety risk assessment
- COVID-19 policies and procedures

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 evidence of various risk assessments undertaken by the surgery, which included a general COVID-19 risk assessment and fire safety risk assessment for the premises. We were advised that there is an additional risk assessment completed for outside working, for example when a healthcare professional attends a care home or patients own home. A home visit protocol was also designed and implemented during this time.

We were told that at the beginning of the COVID-19 pandemic, the surgery environment had been assessed to aid and improve infection control. We were told that several changes were made to the environment including the installation of glass screens at reception, the surgery doors are locked, with intercom connectivity to reception to use for access, the waiting areas are taped off with hazard tape to allow for adequate social distancing, and a specific clinical room re-purposed for assessing/treating patients with confirmed or suspected coronavirus.

We were told that the surgery has remained open during throughout the COVID-19 pandemic. Patients were able to access appointments and/or medical advice by telephoning the surgery and providing a brief reason for their call, or by completing an online form via Engage Consult¹, from which they would be triaged² by a GP. The GPs assess all patient requests and will make a decision on the best course of treatment, or arrange a telephone consultation or a face to face appointment with the most appropriate clinician.

We were told that all staff had an individual 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.

¹ Engage Consult enables GP practices to offer online consultations to their patients. This allows patients to submit their symptoms or requests to their own GP electronically.

² the preliminary assessment of patients in order to determine the urgency of their need for treatment and the nature of treatment required

We were informed that the surgery also provides a tailored service to a local care home and visits have continued throughout the pandemic. Each morning the home can contact the surgery via a dedicated email address with details of any visit requirements, consultations or prescriptions requests. Additionally there is a weekly telephone consultation where the home can advise on any routine requests or developing matters.

We also enquired about how the surgery meets the needs of Welsh speaking patients when accessing healthcare services. The practice manager told us that whilst no patients have sought services in the Welsh language to date, there is a member of staff at the surgery who speaks fluent Welsh and could meet the needs of patients if this was required. The surgery can also access translation services provided by the health board if required.

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 prevention control policy and COVID-19 specific policy
- Infection prevention control audit and action plan
- Most recent infection control risk assessments / policies
- Cleaning schedules
- Staff training records

The following positive evidence was received:

We saw evidence that the surgery had a policy in place for the prevention and control of infection. The policy has been amended to reflect the management of COVID-19. We were informed that the management team continues to ensure all staff are kept up to date with any changes in guidance or practice. We also viewed evidence of audits undertaken to assess and manage the risk of infection which included an action plan timetabling remedial action, several of which were actioned on the same day. All other improvements identified have now been addressed, and we are assured that progress has been made to ensure that patient safety is protected.

The practice manager confirmed that an external company undertakes the cleaning at the surgery and whilst the cleaning regime itself had not changed very much during the pandemic, the products used had been changed in line with recommendations. For example the use of

colour coded mops used for decontamination of different surgery areas had been implemented.

There has been adequate stock of personal protective equipment (PPE)³ supplied by the health board, and stock levels are monitored by the practice manager on a regular basis. We saw that compliance with mandatory infection prevention and control (IPC) training was very high. We were told that all staff at the surgery have received training on the correct use of PPE, including donning⁴, doffing and the safe disposal of used equipment.

We questioned how patients with suspected infectious illnesses accessed the surgery safely. The lead GP explained that staff at the surgery had received additional training to risk assess and screen patients to attend the surgery where required. A self-contained clinical room with a separate entrance was specifically re-purposed for patients that required a face-to-face consultation and had confirmed or suspected COVID-19. Patients were asked to telephone on arrival and remain in their car until they could be escorted into the surgery by a member of staff through a side door leading directly into the designated clinical room. This room is where they would be assessed and treated by the most appropriate member of clinical staff, who would be wearing enhanced PPE. Once reviewed and/or treated, the patient would be escorted out of the building via the same side door from which they entered. The clinical room would then be deep cleaned.

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 for all staff
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety
- HIW self-assessment

The following positive evidence was received:

³ Personal protective equipment (PPE) is protective clothing, gloves, goggles, masks or other garments or equipment designed to protect the wearer's body from injury or infection.

⁴ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

The practice manager and lead GP were very clear and knowledgeable about their roles 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 two years due to the impact of COVID-19. We saw evidence that the surgery had a business continuity plan which had been regularly reviewed. The plan ensures continuity of service provision and safe care of patients during the pandemic and onwards.

We were told that at the beginning of the pandemic a number of services were suspended, these included minor surgeries, face to face diabetic, COPD⁵ and asthma reviews. However, support for these chronic illnesses was provided remotely. Referrals were still made to secondary care where required and face to face appointments offered if deemed absolutely necessary.

The practice manager explained that a recovery plan for reinstating services post pandemic is in place and has highlighted that there may be a shortage in routine phlebotomy appointments, however, there is a plan in place to expedite the process of accessing phlebotomy and chronic disease management. This plan includes training the surgery's HCSW to carry out these techniques. Diabetes reviews have also been re-instated, however the asthma and COPD reviews have not yet been re-instated as the appointed nurse is still undergoing training in this area. These services will resume shortly.

We were told that cluster⁶ meetings are held bi-monthly and are attended regularly. Two of the cluster surgeries have met face to face however, due to the surgery's geographic location, these have continued remotely for this surgery.

We were informed that staffing levels had been managed well during the pandemic and both the practice manager and lead GP spoke very highly of the surgery's staff and how they have responded to the needs of the surgery, patients and other staff. One GP partner left the surgery in June 2021 so the surgery engaged a temporary salaried GP in September 2021 working 4 sessions per week for six months. In addition, another valued member of staff retired during the pandemic, but this was an anticipated retirement.

We further enquired as to what arrangements were in place to ensure "Do not attempt cardio pulmonary resuscitation" (DNACPR) decision making was undertaken appropriately and sensitively, and were assured that all discussions and decisions were fully informed, sensitively approached and adequate support given to those patients and any relatives who may be involved in the process. Furthermore, where patients are discharged from hospital and have a DNACPR in place, these are reviewed and removed/renewed as appropriate.

No areas for improvements were identified.

⁵ Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties.

⁶ A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally. Clusters are determined by 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.