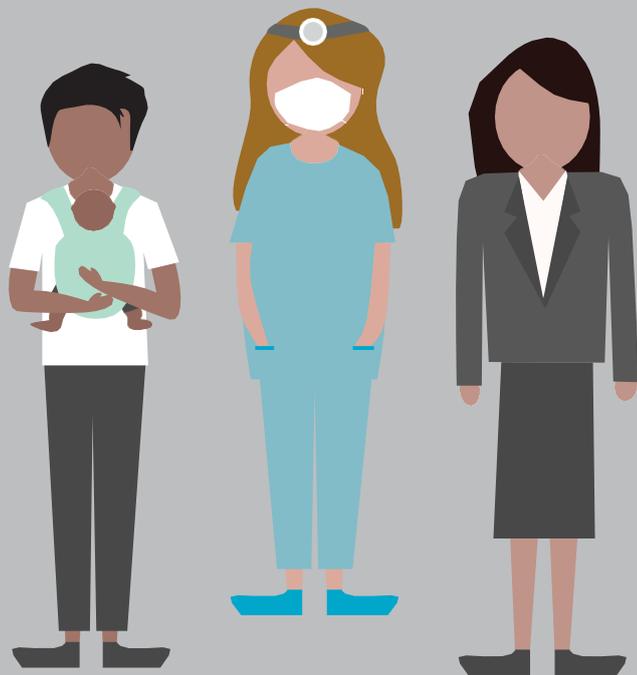


# Quality Check Summary

## Corwen Family Practice

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Corwen Family Practice as part of its programme of assurance work. The practice provides GP services to over 4000 patients within areas served by Betsi Cadwaladr University Health Board. The practice is supported by General Practitioners (GP), Advanced Nurse Practitioners (ANP), a Community Psychiatric Nurse (CPN), 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 ANP on 8 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
- COVID-19 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 risk assessments undertaken by the surgery, which included a COVID-19 workplace risk assessment. We were advised that there are additional risk assessments completed for outside working, for example when a healthcare professional attends a care home or patients own home.

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 video intercom connectivity linked to reception with remote locking release mechanism used for access. The waiting areas have moveable seating which were re-arranged with clearly marked chairs indicating which seats cannot be used to ensure social distancing was observed. In addition, a separate temporary Clinical Assessment Trailer adjacent to the Health Centre has been newly sited, for patients with respiratory and confirmed or suspected coronavirus to be assessed safely.

We were told that the surgery has remained open during the COVID-19 pandemic. Patients access appointments and/or medical advice by telephoning the surgery and providing a brief reason for their call, which remains to be the most common route for appointments, or by completing an online form via eConsult<sup>1</sup>, from which they would be triaged<sup>2</sup>. The GPs or ANP assess all patient requests and will make a decision on the best course of treatment for the patient, or arrange either a telephone consultation, accRx<sup>3</sup> video consultation, or a face to

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<sup>1</sup> eConsult enables NHS based GP practices to offer online consultations to their patients. This allows patients to submit their symptoms or requests to their own GP electronically and offers around the clock NHS self-help information, signposting to services, and a symptom checker.

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

<sup>3</sup> AccuRx is an NHS Digital approved web based platform that allows you to carry out video consultations, text patients and send messages securely.

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face appointment with the most appropriate clinician. We were informed that in 99% of cases, this appointment or consultation takes place on the same day. My Health Online<sup>4</sup> is also accessible to patients, and reception staff are all trained to signpost to alternative services including the common ailments scheme<sup>5</sup> at the local pharmacy.

The practice manager advised that ahead of all physical appointments at the surgery, or at the patient's home, COVID-19 screening questions will be asked. Guidance is then given on how the visit will be undertaken. A text message is also sent out a day before all appointments reminding patients not to attend the scheduled appointment if they are symptomatic of COVID-19, unless the surgery have already made an exception to this. On arrival to the surgery, patients are advised to remain in their car until a member of staff can escort them to either the designated clinical room, or the clinical trailer where applicable, thus reducing the risk of cross infection. If the patient arrives on foot, they are advised to ring the intercom for access. Access is only granted for pre-arranged appointments unless in exceptional circumstances.

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. One member of staff was advised to shield and a working from home arrangement was implemented which was fully supported by the practice.

We were informed that the practice provides services once a week to a local care home, supporting approximately 20 patients, and this has continued throughout the pandemic. In addition, there are telephone consultations available for both urgent and routine requests outside of this time. All clinicians ensure they adhere to specific guidelines in place at the care home at the time of their visit.

We also enquired about how the surgery meets the needs of Welsh speaking patients when accessing healthcare services. The practice manager advised us that all services are available in Welsh and English and that patients are actively encouraged to use their preferred language. We were advised that several clinical and non-clinical staff are fluent in the Welsh language and that the practice is more than equipped to meet the needs of Welsh speaking patients when required.

**No areas for improvements were identified.**

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<sup>4</sup> My Health Online is a service which enables you to make GP appointments, order repeat prescriptions and update your own personal details online. Currently, not every GP surgery uses this system therefore you would need to check if your own GP surgery is linked to My Health Online first.

<sup>5</sup> A free NHS scheme which provides over-the-counter and prescription medicines free of charge, without the need to see a GP, for a specific range of common ailments. Assessment are carried out by highly trained pharmacists in many pharmacies across Wales

## 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:

- 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 reflects 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 recent audits undertaken to assess and manage the risk of infection. All areas assessed were found to be in “Green” status, meaning that compliance is well managed, requiring monitoring of controls and identification of opportunities for continual improvement.

The practice manager confirmed that cleaning is provided by the health board but due to issues arising from this in the past, enhanced cleaning at the surgery is done in-house by a trained member of staff. The cleaning regime had not changed very much during the pandemic, however “deep cleaning” is now offered and is carried out where patients with infectious diseases have been identified.

We were informed that there has been adequate stock of personal protective equipment (PPE)<sup>6</sup> supplied by the health board, and that 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 donning/doffing<sup>7</sup> and the safe disposal of used equipment. Staff were also fit tested for FFP3<sup>8</sup> masks from the outset. On a daily basis lateral flow tests are undertaken by any clinical staff attending the care home or a patient’s own home.

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<sup>6</sup> 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.

<sup>7</sup> Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

<sup>8</sup> FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.

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We questioned how patients with suspected infectious illnesses accessed the surgery safely. The practice manager explained that staff at the surgery had received additional training to risk assess and screen patients to attend the surgery where required. A temporary self-contained clinical assessment trailer had been situated adjacent to the main building for patients with confirmed or suspected COVID-19. Patients were asked to telephone on arrival and remain in their car until they could be escorted into the segregated area by a member of staff. The clinical assessment trailer 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 unit via the same door from which they entered. The assessment trailer included an area where clinical staff don/doff PPE appropriately, the area 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:**

The practice manager and ANP 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 year two years due to the impact of COVID-19. We saw evidence that the surgery has a business continuity plan which had been recently 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,

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these included minor surgeries, spirometry<sup>9</sup>, face to face diabetic reviews, and COPD<sup>10</sup>/asthma reviews. Support for those chronic illnesses was provided remotely and COPD/asthma rescue packs were provided to the relevant patients. Referrals were still made to secondary care where required, and face to face appointments were offered if deemed absolutely necessary. The practice found that access to mental health services was extremely difficult at the outset and GPs had to bridge the gap in provision. A dedicated CPN now runs a clinic once a week at the practice for patients to access mental health support where required.

We were advised that a recovery plan for reinstating services post pandemic is in place and services such as diabetic reviews and minor surgeries have recommenced. Services such as spirometry will resume once permitted.

We were told that the practice is actively involved with the Central and South Denbighshire Cluster<sup>11</sup> Group. They participate with cluster initiatives and ensure attendance at all the scheduled meetings throughout the year. Their aim is to improve the local population's health and well-being as well as collaborative working, improving quality and safety and engaging and developing the local workforce. Surgeries within this cluster have formed "buddy systems" so if one practice were to close due to staff shortages, the other practice would meet the needs of the patients temporarily to ensure continuity of care.

We were informed that staffing levels had been managed well during the pandemic and both the practice manager and ANP spoke very highly of the surgery's staff and how they have responded to the needs of the surgery, patients and other staff.

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 confidently assured that there is a policy in place for this, and 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. Patients with a DNACPR in place have these reviewed/renewed as appropriate.

**No areas for improvements were identified.**

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<sup>9</sup> Spirometry is a simple test used to help diagnose and monitor certain lung conditions by measuring how much air you can breathe out in one forced breath. It measures lung function, specifically the amount (volume) and/or speed (flow) of air that can be inhaled and exhaled.

<sup>10</sup> Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties.

<sup>11</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 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.