

Quality Check Summary

Hope Family Medical Centre

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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 Hope Family Medical Centre as part of its programme of assurance work. Hope Family Medical Centre is a six partner practice. The practice is supported by the practice manager, reception and administration personnel.

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 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 on 3 March 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.

The following positive evidence was received:

We questioned the service representative on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

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 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. Currently the practice still implements an online system, but also provides access to appointments by telephoning the practice. Patients using the online system would complete an online form, the online form would then go through a triage¹ process, undertaken by the duty clinician, and then allocated to the most appropriate member of staff at the practice. Patients who telephone for an appointment would speak to a receptionist who would transfer the details onto the duty list. These requests would then follow the same process as what online forms would.

We were informed that the practice provides a service to six local care homes. The practice manager told us that during the pandemic the services being provided to the care homes were mainly virtual, unless a patient required urgent face-to-face assessment. We were told that patient ward rounds were held virtually initially to ensure that the patients in care home were still receiving safe and effective care and treatment. The care homes have access to an online booking system where appointments can be requested and the care homes can ask queries if needed. Each of the care homes have their own nominated GP to provide consistency to the patients and any appointments or queries are passed to the nominated GP via the online system in place. Enhanced risk assessments were undertaken 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 were called into the practice by a member of staff and would spend as little time in the practice 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 if they wish to communicate in this medium. 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 employs three domestic staff to undertake the cleaning of the environment at the practice. In response to the pandemic, end of day cleaning at the practice had increased 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 use of an isolation room where patient who attend the practice with symptoms can wait to be triaged via a telephone in the room to deem if a face-to-face appointment was needed. If a face-to-face appointment was needed the patient would be escorted to the designated room, only used for patient displaying symptoms. Once the patient had been treated, they would be escorted out of the building and a deep clean undertaken of the areas used.

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

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

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- HIW self-assessment.

The following positive evidence was received:

We were told that at the beginning of the pandemic a number of services were suspended, these included minor surgeries and nursing procedures such as smear tests and B12 injections. The practice manager confirmed that all nursing services have been reinstated but GP services are still being managed via the online triage system and telephone calls as the first protocol. We were informed by the practice manager that in order to keep services running as effectively as possible, nursing services were carried out virtually where possible. Patients were still able to have nursing reviews, but these were carried out via the telephone. At the time of the quality check, even though nursing services have been reinstated, there are a number of patients who prefer to still use the virtual system.

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 one of the GP's working at the practice is the lead GP for the South Flintshire GP cluster. We were told that these meetings are very useful and informative and that information is fed back to the practice and enables an environment for learning and improvement if needed.

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.