

# Quality Check Summary

## Cwmfelinfach Surgery

Activity date: 28 April 2022

Publication date: 07 June 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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Cwmfelinfach GP Surgery as part of its programme of assurance work. Cwmfelinfach Surgery is a branch of Risca Surgery and provides a range of primary care services.

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, the deputy practice manager, the nurse manager and one of the GP partners on 28 April 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 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 risk assessments in relation to infection prevention and control, the environment and staff health and safety.

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 a risk assessment that clearly identified potential hazards posed by COVID-19 and the action taken to lower the risk as far as possible.

The written risk assessment followed a structured format that identified the level of risk both before additional control measures were implemented and following. We saw that the level of risk posed by COVID-19 had been reduced for all those areas considered, which included the environment and staff.

Representatives confirmed that patients were offered both telephone consultations and face to face consultations. A system of triage by trained practice staff was described to help ensure that patients were seen by the most appropriate practice staff or community health care service. Patients were only able to attend the surgery if they had an appointment. We were told that the number of patients permitted to attend the surgery at any one time had been restricted to allow for social distancing. In addition patients were required to wear masks to help reduce the spread of COVID-19.

Suitable arrangements were described for patients living in care homes to access services without the need to attend the surgery.

Representatives explained that a number of doctors working at the surgery spoke Welsh, should patients wish to communicate through the medium of Welsh. In addition surgery staff had access to a telephone based translation service should this be required by staff who are not Welsh speakers.

### **The following areas for improvement were identified:**

While a written risk assessment had been completed, this referred to the main surgery at Risca only and not Cwmfelinfach Surgery. The written risk assessment was also not dated but

---

did show that it had been reviewed. Service representatives assured HIW that action taken at the main surgery had been duplicated at the branch surgery and that reviews were ongoing. They agreed to update the risk assessment to show that it considered Cwmfelinfach Surgery.

## 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:

- Current infection control policies and Covid-19 specific policies
- Most recent infection control audit
- Training data for all staff in infection prevention and control.

### **The following positive evidence was received:**

We saw that a comprehensive infection control policy was in place that covered specific procedures to help prevent the spread of COVID-19.

An audit of the infection control arrangements with a focus on COVID-19 had been completed.

We saw that all staff had received infection prevention and control training at a level suitable to their role. Service representatives confirmed that all clinical staff had received update training within the last 12 months. We were told that staff had also been able to access COVID-19 specific information on preventing the spread of the virus to complement training.

Service representatives confirmed that they had encountered no problems with sourcing personal protective equipment (PPE) and described how staff had received instruction on the correct procedure for donning and doffing<sup>1</sup> PPE. Suitable arrangements and additional COVID-19 measures were described to protect staff and patients in care homes should practice staff need to see patients who required a face to face consultation.

Service representatives confirmed they had not identified any concerns with the cleanliness of the surgery premises. We were told that practice staff also regularly decontaminated seating and other surfaces within the surgery.

### **The following areas for improvement were identified:**

We requested the cleaning policy and cleaning schedules for the surgery but these were not submitted to HIW ahead of the Quality Check. While the policy and schedules had been

---

<sup>1</sup> Donning (putting on) and doffing (taking off)

---

requested by the service representatives, we were told that they were experiencing difficulties in obtaining these from the health board (who were responsible for the arrangements for cleaning of the surgery premises).

Service representatives accepted the cleaning policy and schedules should have been available and that more could have been done to escalate the difficulties encountered in this regard to the health board. A formal checklist could also be introduced to demonstrate that the cleanliness of the surgery premises has been regularly reviewed by staff.

While an infection control audit had been completed, similar to the risk assessment, this referred to the main surgery at Risca only and not Cwmfelinfach Surgery. It also contained some omissions as to the findings around hand hygiene and adherence to 'bare below the elbows'. Service representatives assured HIW that the audit at the main surgery had been duplicated at the branch surgery and agreed to address the omissions identified by HIW.

## 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:

- Corporate policies/processes to ensure preparedness for future pandemic emergency
- Staff team meeting minutes for the last three months
- HIW self-assessment completed by the practice manager.

### **The following positive evidence was received:**

We saw that a business continuity plan was in place that set out the arrangements to allow practice services to continue in response to an emergency or other adverse event, including a pandemic. This clearly set out the roles and responsibilities of staff and the actions that would need to be taken together with timescales. While a plan in place it was dated June 2016. Practice representatives explained that this date referred to the date the template used had been updated and not the date the plan had been reviewed. They agreed to add the date to show the plan had been updated.

Representatives explained that Cwmfelinfach Surgery had remained closed for the majority of the pandemic, however services had been provided from the main surgery sites. They described alternative arrangements being made to ensure patients received services including an increase in the use of telephone consultations and virtual 'ward rounds' for patients living in care homes. Some services had been suspended in the interests of patient and staff safety

---

and in accordance with guidance, such as routine screening, non-urgent minor surgery procedures and tests likely to generate aerosol e.g. spirometry test. Representatives confirmed that Cwmfelinfach Surgery had reopened and services were being cautiously introduced to promote patient and staff safety.

Representatives confirmed that pressures had been experienced due to increased staff sickness. However, we were told staff had been flexible to ensure cover for colleagues to allow the practice to continue to operate under very difficult circumstances. Where required locum staff were used.

Representatives explained that the health board had provided a good level of information for staff during the pandemic to help them remain safe while working. Very good support was described as being provided by the Neighbourhood Care Network. Minutes from staff meetings showed that regular meetings had taken place to share information with the staff team. The service practice representatives were receptive to our suggestion to have a standard meeting agenda to ensure topics are regularly discussed and action taken is monitored and reviewed as appropriate.

We were told the pandemic did impact negatively on access to other healthcare professionals who usually provided services at the practice via arrangements with the health board. This was because staff were redeployed to assist in mass vaccination centres set up in response to the pandemic. Difficulty in accessing mental health services was also described, however the introduction of a psychological wellbeing practitioner was felt to be very beneficial by the practice representatives.

Representatives felt that the pandemic had a negative impact on waiting times for patients to access secondary care services and this was increasing pressure on the practice to treat and alleviate symptoms while patients waited to be seen for treatment e.g. orthopaedic procedures. Representatives felt that during the pandemic, the number of patients readmitted to hospital following discharge had increased.

Suitable arrangements were described for communicating pertinent issues to the out of hours team. Representatives described arrangements were in place to ensure Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) discussion and decision making is undertaken appropriately and in a sensitive manner. We were told that care plans were put in place and regularly reviewed by practice staff.

**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.

# Improvement plan

Setting: Cwmfelinfach Surgery

Date of activity: 28 April 2022

The table below includes improvements identified during the Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The service representatives are required to provide HIW with details of the action taken to assure themselves that a suitable cleaning policy and schedules are in place for the effective cleaning of the surgery premises.	Standard 2.4	We are still waiting for the provision of their cleaning schedule from the Health Board. As suggested, we have collated a sheet for staff members to sign to ensure clinical spaces and reception office are cleaned down appropriately. A similar sheet has been created for the ABUHB cleaners. I have attached both forms as evidence.	Claire Bowen Practice Manager	Instigated
2	The service representatives are required to provide HIW with details of the action taken to record findings around hand hygiene and adherence to 'bare below the elbows'.	Standard 2.4	Audit re Hand Hygiene and 'bare below elbows' re Nurses at the end of Infection control policy. GPs: will carry out similar audit and send once completed	Claire Bowen Practice Manager / Sarah Bell Nurse Manager	2 weeks (to capture as many GPs as possible. Lots of

					annual leave at the moment) Will submit on completion.
--	--	--	--	--	--

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name: Claire Bowen

Date: 18/05/2022