

Quality Check Summary

Radyr Medical Centre

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Radyr Medical Centre as part of its programme of assurance work. The practice has six general practitioners (GPs) and provides a range of primary care services to the people of Radyr and surrounding areas.

HIW's quality checks form part of a new tiered 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 (and other relevant regulations). 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 settings. 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 inspections can be found [here](#).

We spoke to the Practice Manager and one of the GPs on 20 April 2021, who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- 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 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?
- 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.

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We questioned the practice on how they are making sure all patients have safe and appropriate access to services.

The following positive evidence was received:

The practice manager and GP described a number of measures that had been implemented at the practice to ensure it continued to be safe for patients accessing services throughout the pandemic. A one way system throughout the building was enforced and appointment times were staggered to help reduce overcrowding in the waiting areas. Stickers and posters to remind patients about social distancing guidelines have been displayed on the floor and walls. Patients and staff are required to wear masks at all times and hand sanitiser is available throughout the practice.

We were told that daily staff meetings were introduced at the start of the pandemic to ensure all staff were kept informed about the new measures established at the practice. We saw evidence that a COVID-19 Safety Checklist had been created to document the actions taken to mitigate the risks, and saw that it had been used regularly over the past 12 months as an audit tool to check for ongoing compliance.

We were informed that one of the biggest changes implemented at the practice was offering more digital options to patients as alternatives to traditional face-to-face appointments, to help reduce footfall through the building. Patients could access online consultations through eConsult¹, and some video consultations were also undertaken. Face-to-face appointments were still offered to patients when deemed necessary by GPs following initial triage over the telephone. The practice manager told us that adapting to these changes, and the increase in demand for services it has brought, is a key challenge for the practice going forward.

The practice manager explained that three downstairs treatment rooms were allocated as 'COVID-19' rooms, where patients with suspected COVID-19 and other infectious illnesses could be seen by a clinician. All other patients were seen upstairs to ensure there was a clear segregation from the 'COVID-19' rooms. We were told that patients who were shielding or vulnerable were identified, and offered remote consultations in the first instance, or given early morning appointment times to ensure they had left the practice before patients arrived for the day's normal appointment times. We noted this as good practice.

The practice provides services to patients residing at three local care homes and visits continued during the pandemic. We were told that risk assessments were undertaken jointly between the practice and the care homes and that guidance is followed for each visit, e.g. ensuring appropriate Personal Protective Equipment (PPE) is worn and social distancing is

¹ <https://econsult.net/nhs-patients>

adhered to.

No improvements were identified.

Infection prevention and control

During this process, we reviewed infection control policies, cleaning schedules and staff training. We also questioned the practice about how the changes they have introduced to make sure appropriate infection control standard are maintained. We reviewed key systems including the use of personal protective equipment (PPE).

The following positive evidence was received:

We saw evidence of an Infection Prevention and Control (IPC) policy that described the IPC arrangements in place at the practice. The policy had been reviewed annually. We were also provided with a copy of an IPC Checklist which was being carried out quarterly and had last been completed in February 2021. The checklist was comprehensive, and acted as an audit to monitor compliance with the IPC procedures in place at the practice. We were told that any issues identified from the audits are discussed at weekly GP partner meetings to raise awareness and agree a resolution. We saw that quarterly hand hygiene audits had been carried out and noted that no issues had been identified during recently completed audits.

We saw evidence that all staff were up to date with mandatory IPC training to aid them in delivering safe and effective care to patients. The practice manager confirmed that at the start of the pandemic, all clinical staff were shown videos on how to safely don and doff PPE, and awareness posters on the correct procedures were displayed throughout the practice. We were told that although the practice has never run out of PPE stock, there were difficulties initially in relation to obtaining supplies from the health board. This has since been resolved.

We were informed that since the onset of COVID-19, staff enter the building via a separate side entrance to help reduce the risk of cross-infection between staff and patients. The temperatures of staff are taken before entering the building and recorded daily to help check for symptoms of COVID-19. We noted in the evidence provided to us by the practice that all clinical staff have recently been provided with rapid lateral flow tests by the health board to help identify staff who may have no symptoms but are infectious.

We were provided with a copy of a COVID-19 policy and guidance document that had been created by the external company responsible for all aspects of cleaning at the practice. The document set out controls and processes put in place to mitigate the risks and spread of COVID-19. This included more regular and enhanced cleaning of higher traffic areas, including door handles, hand rails, chairs and office equipment. We saw that regular audits of the cleanliness of the practice had been undertaken and noted that no issues had been identified

by the practice.

No improvements were identified.

Governance

As part of this standard, HIW reviewed policies and procedures for future pandemic emergencies. We also questioned the practice about how they have adapted their service in light of the COVID-19 pandemic, how they are interfacing with wider primary care professionals and their risk management processes.

The following positive evidence was received:

We saw that COVID-19 risk assessments had been undertaken for all staff to identify those staff members who may be at more risk of being infected and/ or have an adverse outcome if infected. We noted that one staff member had been identified as high risk and a set of precautionary measures had been implemented for their protection. We were told that staffing levels had been effectively managed during the pandemic with very minimal disruption to the service.

The practice manager and GP confirmed that most services continued to be provided at the practice even during the height of the pandemic. This included routine immunisations for babies and International Normalised Ratio (INR) tests. The only services to be affected were phlebotomy services, which were paused for a short while at the start of the pandemic, and minor surgery, which was stopped due to close contact concerns. The GP confirmed that they were regularly analysing the data and guidance on local infections to risk assess when minor surgery can be reinstated.

We were told that access to wider health professionals was varied during the pandemic. A Mental Health Liaison Officer began working closely with the practice just before the onset of COVID-19 in the UK. The officer was not able to work from the building during the pandemic, but referrals continued, and we were told the service was a great help to patients suffering during the lockdown periods. However, we were informed that there have been difficulties trying to get support and referrals made to the Children and Adolescent Mental Health Services (CAMHS) to help young people who have also been suffering. Communication with the health visitor appointed to the practice was also difficult at the start of the pandemic, but has improved.

We spoke about the cluster² arrangements and the support that was available throughout the pandemic. The practice is one of eight practices that form the Cardiff West cluster. We were told that a positive example of the cluster working well together was the work undertaken in

² A cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally.

a pilot project commissioned by the Welsh Government to develop the out of hours services (OOH) within the cluster. Improvements implemented included shared access to the clinical systems of each cluster practice which provided a more timely and efficient service to patients contacting the OOH service.

No improvements were identified.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- 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 findings 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 findings 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.