

Quality Check Summary

ISCA Medical Centre

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of ISCA Medical Centre, Caerleon as part of its programme of assurance work. ISCA Medical Centre also has a branch surgery located in Ponthir, Newport. ISCA Medical Centre forms part of GP services provided within the areas served by Aneurin Bevan University Health Board.

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 (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 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 Senior GP Partner and the Practice Manager on 3 June 2021, who provided us with information and evidence about the service. We used the following key lines of enquiry:

1. 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?
2. How effectively is the service able to access wider primary care professionals and other services such as mental health teams, secondary care and out of hours currently?
3. What changes have been made in light of COVID-19 to ensure infection prevention and control standards are maintained?
4. How is the service ensuring that patients (including vulnerable/at risk groups) are able to access services appropriately and safely in terms of the practice environment and access appointments.

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.

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 key documents we reviewed included:

- risk assessments;
- appointment requests for patients.

The following positive evidence was received:

We found that relevant risk assessments have been conducted and policies and procedures have been updated to reflect the additional demands stemming from the COVID-19 pandemic.

We saw that a COVID-19 risk assessment had been undertaken which included assessments of the environment, patient journey and the health, safety and well-being of staff and visitors to the practice.

We were told that, at the beginning of the COVID-19 pandemic, the reception and waiting area had been refurbished to aid and improve infection control. We were told that the following changes were made:

- all carpets were removed and replaced with vinyl;
- chairs were reupholstered with wipeable material;
- walls were redecorated using specialist antimicrobial paint¹;
- unnecessary items such as newspapers and magazines had been removed; and
- a dedicated glass notice board was installed.

The Practice Manager told us that they monitor the environment on a daily basis.

¹ Antimicrobial paint has additives that make the painted surface resistant to microbes such as fungi, viruses, and bacteria.

We were told that the practice has remained open throughout the COVID-19 pandemic. Patients receive consultations over the phone. Patients who needed to see a clinician face to face, attended the practice by pre-booking an appointment. Due to the increasing use of the practice phone line during the pandemic, an additional phone line has been installed. We also saw that reception staff had clear procedures in place to assist with patient appointments and signposting patients to other professionals and organisations where appropriate.

We were told that all staff have received a NHS COVID-19 risk assessment² to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic and to highlight any adjustments needed to working practices.

We were told that the practice provides services to patients residing in care homes and visits have continued throughout the pandemic. The Senior GP partner told us that GPs will follow the care home's procedures when entering the premises.

The Senior GP Partner and the Practice Manager both spoke very highly of the staff in how they have responded to the needs of the practice, the patients and in supporting each other during the COVID-19 pandemic.

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:

- COVID-19: Guidance for the remobilisation of services within health and care settings;
- infection control policy;
- hygiene policy;

² The All Wales COVID-19 Workforce Risk Assessment Tool has been developed to help people working in the NHS and Social Care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus. The tool aims to help staff understand whether they may be at greater risk, and to help them and their line manager choose the right actions based on the level of risk.

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- cleaning schedules; and
 - training data for clinical staff in infection prevention and control.

The following positive evidence was received:

We saw that an up to date policy is 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 team received regular updates by email and via team meetings to ensure all staff were kept up to date with any changes in guidance or practice.

We were told that regular audits are undertaken to assess and manage the risk of infection. We saw evidence that an infection control audit had recently been completed. The Practice Manager also confirmed that cleaning schedules have been increased and the use of personal protective equipment (PPE) has been optimised with adequate stocks sourced and monitored on a regular basis. We were also told that a new dedicated PPE store room has been put in place to enable easy access to PPE.

We were provided with information relating to infection control training which showed a completion rate of 100% for all clinical staff.

We were told that all non-clinical staff at the practice have received training on the correct use of PPE, including donning, doffing and safe disposal of used equipment.

We were told that the practice had a dedicated room, separate from the main patient area, to isolate patients if required and a one way system was in place.

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 plan;
- staff team meeting notes; and

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- training requirements.

The following positive evidence was received:

Despite only having been in post for a year, the Practice Manager was very clear and knowledgeable about their role and had a good understanding of their responsibilities. It was apparent throughout the quality check that significant improvements had been made during the last year.

We saw that the practice had won the ‘Beat Flu General Practice Achievement Award 2020/21’³ which was awarded by Public Health Wales. The practice achieved the award through joined up team work between the Practice Manager, administrative staff and the clinical team which resulted in increased uptake of the flu vaccination by patients. An overall increase of 32.5% in flu vaccine uptake was seen in patients with long term health conditions and an uptake of over 80% in those aged 65 and over and in children ages two and three years of age.

We were told that staffing levels had been well managed during the pandemic. As mentioned previously in the report, both the Senior GP Partner and Practice Manager spoke very highly of the practice staff in how they have responded to the needs of the practice, the patients and in supporting each other during the COVID-19 pandemic. Staff had refrained from taking leave during the peak of the pandemic and took on additional shifts in order to provide care to patients and to support each other.

We were told that one of the GP Partners is due to retire in the autumn and one GP is due to commence maternity leave during the summer. We were told that arrangements have already been put in place to cover maternity leave through the appointment of locum GP. We were also told that the practice is currently recruiting for a permanent GP replacement. However, in the event that the practice is unsuccessful, we were told that arrangements have already been put in place for the post to be covered by a locum GP. The Senior GP Partner also told us that they have committed to taking on additional shifts whilst recruitment is ongoing. We were also told that the practice had made contact with the health board to inform them of their recruitment needs and the potential pressures this will place on the practice and the welfare of staff. We were told that the health board had assured the practice that they will support and assist should recruitment be unsuccessful.

We were told that regular cluster⁴ meetings are taking place virtually via Microsoft Teams.

We were told that monthly team meetings are held and we saw evidence that detailed records were being maintained.

³ <https://phw.nhs.wales/services-and-teams/beat-flu/latest-news/beat-flu-awards-2020-21/>

⁴ A **Cluster** is a grouping of GPs working with other health and care professionals to plan and provide services locally. **Clusters** are determined by individual NHS Wales Local Health Boards (LHB's). GPs in the **Clusters** play a key role in supporting the ongoing work of a Locality Network.

We were also provided with information relating to mandatory training which showed a completion rate of 100% for all clinical 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.