

# Quality Check Summary

## Western Vale Family Practice, Cowbridge

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Western Vale Family Practice, Cowbridge as part of its programme of assurance work. Western Vale Family Practice forms part of GP services provided within the areas served by Cardiff and Vale 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 NHS 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 one of the GP Partners and the Practice Manager on 15 July 2021 who provided us with information and evidence about their 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 accessing 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.

The key documents we reviewed included:

- the most recent environmental risk assessments / audits
- fire safety risk assessment
- health and safety risk assessment
- legionella risk assessment
- home visit risk assessment
- home visit Covid-19 risk assessment
- waste audit.

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.

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 assessed to aid and improve infection control. We were told that the following changes were made:

- implemented clear desk procedures
- social distancing signage displayed
- dedicated personal protective equipment (PPE) stations
- post box for repeat prescription slips installed
- protective screens installed at reception area
- a non touch system installed on the automatic doors entering the premises
- appointment touch screen removed from the waiting area
- blood pressure monitor equipment removed from the waiting area
- unnecessary chairs and items removed from the waiting area.

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

We were told that the practice has remained open throughout the COVID-19 pandemic.

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Patients receive consultations over the phone, video conference and by email. 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, additional phone lines been installed. The practice also purchased several remote working licences so that staff who were working from home could access the practice telephone system and ensure that telephone calls were recorded for quality and training purposes.

We were also told that the practice implemented eConsult<sup>1</sup> for a year up until 31 March 2021 as a way to assist some patients to access advice, information or an appointment via the practice website.

In order to reduce the foot fall to and inside the practice, we were told that the practice developed a remote repeat prescription procedure. This enabled patients to telephone, email or post their repeat prescription. The practice would also send any urgent prescriptions by fax. We were also told that, where appropriate, some patients would switch to receive batch prescriptions and the practice have encouraged patients to make use of the My Health Online<sup>2</sup> (MHOL) system as a way to order their repeat prescriptions. We were told that 33% of the patient population has now registered for MHOL. The practice also updated their patient preferences so that prescriptions could be picked up directly from the community pharmacies.

We were also told that the practice established a dedicated nurse hub so that chronic disease clinics, childhood immunisations, baby clinic, blood tests, B12 injections and wound management could continue to take place in a safe and dedicated environment.

We were told that all staff have received an NHS COVID-19 risk assessment 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. We were told that a process was developed so that care homes could safely access a dedicated GP for a remote review on a weekly basis, where any non-urgent concerns and care plans were discussed. The nominated GP visited the care homes to undertake ward rounds as necessary and safe to do so following a risk assessment.

The 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.**

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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> My Health Online (MHOL) is a national project funded by the Welsh Government to help improve patient care. It allows patients to undertake certain health tasks securely via the internet

## 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
- infection prevention and control training
- cleaning schedules
- cleaning policy
- cleaning audit
- Covid-19 Cleaning Business Continuity Plan
- Covid-19 Cleaning risk assessment.

### **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 and a cleaning audit had recently been completed. We saw evidence that the practice had also developed a dedicated Covid-19 cleaning risk assessment and a cleaning business continuity plan was in place. The Practice Manager also confirmed that cleaning schedules have been increased and the use of PPE has been optimised with adequate stocks sourced and monitored on a regular basis.

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.

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

As mentioned above, we were provided with a copy of the latest infection control audit and

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resulting action plan. We noted that the practice had identified that all of the consulting rooms, 13 in total, contained carpet flooring. We could see from the resulting action plan that consideration has been given to replace the carpets. However, the cost of replacing these were deemed prohibitive.

Carpets should not be used in clinical areas where spillages could be anticipated. If carpets are to be used in clinical areas, such as, consulting rooms, it is essential that a documented local risk assessment is carried out and clearly define the pre-planned preventative maintenance and cleaning programme is put in place.

We noted that the practice cleaning schedule evidenced that carpets are vacuumed daily. However, no deep cleaning of the carpets was included on the cleaning schedule. We were informed during the quality check that the practice do have a carpet cleaner should it be required. We were also informed that all carpets were deep cleaned at the beginning of the pandemic.

We recommend that the practice either develop a local risk assessment which must define the pre-planned preventative maintenance and ensure a cleaning programme is put in place as per guidance on infection control in the built environment (WHBN 00-09)<sup>3</sup> or the practice should further reconsider replacing the carpets in all consulting rooms.

## 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:

- practice development session notes
- practice team meeting and action log
- Covid-19 business continuity toolkit
- Covid-19 chronic disease management plan
- Covid-19 escalation & de-escalation plan.

**The following positive evidence was received:**

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 planning and improvements had been made during the last year due to the impact

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<sup>3</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/170705/HBN\\_00-09\\_infection\\_control.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf)

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of Covid-19.

We saw that the practice had developed detailed Covid-19 business continuity plan, along with a Covid-19 chronic disease management plan and an escalation and de-escalation plan. These plans ensure continuity of service provision and safe care to patients during the pandemic. We noted this as good practice.

We were told that staffing levels had been well managed during the pandemic. As mentioned previously in the report, both the 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.

We were told that regular cluster<sup>4</sup> 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 along with a detailed action log.

We were told that the practice have no issues accessing out of hours services with good interface and information sharing in place, in particular, in relation to palliative and end of life care.

We were told that accessing secondary care services has improved through the use of Consultant Connect App<sup>5</sup> where referrals can be avoided due to receiving same day expert advice via the app. However, we were informed that waiting times in secondary care have increased during the pandemic which has placed more demand on the practice.

We were also told that accessing some services, such as mental health and child and adolescent mental health services (CAMHS) has been challenging. We were also told that the practice is expected to undertake routine bloods and observations ahead of any secondary care clinics. These routine bloods and observations would normally be undertaken by staff within the secondary care services whilst seeing the patient face to face. We were also told that patients' non GP reviews have either been cancelled or delayed, which, as a consequence, puts more demand on the practice as patients will make contact for advice and reassurance. HIW has taken note of the concerns raised by the practice during the quality check and will form part of our intelligence when considering our risk based approach to inspection and escalation.

**No areas for improvements were identified.**

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<sup>4</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 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.

<sup>5</sup> The Consultant Connect App makes clinician-to-clinician communication simple. Whether you need Advice & Guidance from a local consultant or to quickly reach a GP practice, the App puts you in touch quickly and easily.



# 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: Western Vale Family Practice, Cowbridge

Date of activity: 15 July 2021

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	We recommend that the practice either develop a local risk assessment which must define the pre-planned preventative maintenance and ensure a cleaning programme is put in place as per guidance on infection control in the built environment (WHBN 00-09) or the practice should further reconsider replacing the carpets in all consulting room.	Guidance, Infection control in the built environment (WHBN 00-09), Section 3.116 and 3.117	GP Partners to consider and agree a risk assessment and cleaning programme as per the guidance, or the replacement of the carpets in the consulting rooms.	Practice Manager	15 October 2021

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: Dr Dominic McGovern, Senior Partner

Date: 28 July 2021