

Quality Check Summary

Brynderwen Surgery

Activity date: 17 January 2022

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Brynderwen Surgery as part of its programme of assurance work. Brynderwen Surgery 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 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 practice manager and a GP on 17 January 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:

- Staff health and safety risk assessment.
- Personal protective equipment (PPE) procedures
- GP premises COVID works - application form.

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 completed staff health and safety risk assessment, as well as an in depth PPE procedure document and application forms for essential works completed in the setting to ensure compliance with COVID -19 guidelines.

We were told that, at the beginning of the COVID-19 pandemic, the practice environment had been assessed and the following changes were made:

- Carpets were removed and replaced with vinyl throughout the practice and vinyl chairs were installed in the waiting area
- Perspex screens installed at reception and in between anyone working in the same room
- Social distancing signage displayed
- Automatic doors were installed to limit touch points
- A One way system was introduced.
- Self-check-in machines were moved in to the foyer area
- Intercoms were added to the foyer area with connectivity to reception
- Foyer areas were fitted with equipment so patients could safely and securely post prescription requests, leave samples, post forms and collect blank forms for completion i.e. registration forms, prescription requests
- Hand sanitiser dispensers were added throughout the buildings
- Administrative rooms re-purposed to enable appropriate social distancing of staff

We were told that the practice has remained open throughout the COVID-19 pandemic. The practice arranged for patients to receive consultations over the phone. All calls were handled by reception staff and triaged by a GP or a nurse. Any patients who needed to see a clinician face to face attended the practice by pre-booked appointment. Due to the increasing use of the practice phone line during the pandemic, more phone lines were introduced and a

numerical waiting list installed to inform callers of their place in the queue. The website was also adapted to allow patients to send in photos, request prescriptions and appointments for routine reviews as well as requesting continuation sick notes.

In the event a patient who had tested positive for COVID-19 or was displaying symptoms needed to see a clinician, we were informed that staff will either arrange to meet them in the carpark or in the clinician's room next to the fire exit, so that the patient can enter and exit whilst avoiding contact with any other staff or patients. The practice currently has a locked door policy in place to reduce footfall.

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

We were told that the practice provides services to patients residing in care homes. Clinical staff follow the care home's procedures when entering the premises.

We were also told that the practice has procedures in place for any clinicians who are undertaking home visits. Clinicians always wear full PPE and take their own equipment which is later disposed of in the clinical waste bins at the surgery.

Staff informed us that they are in the process of making the phone system bilingual and also have a member of staff that is a fluent Welsh speaker. Bilingual information from the health board is displayed throughout the setting and we were informed that the practice are looking to make more of their social media and TV screen posts bilingual. The practice also has use of Language Line, both at the reception desk and in clinician's rooms.

The following areas for improvement were identified:

The practice manager informed us that, even though all necessary work to the practice has been completed on identified areas of risk, they don't currently have written Infection Prevention and Control, or environmental risk assessments in place. We informed the practice manager that these risk assessments must be put in place.

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:

- Guidelines for standards of cleanliness

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- Copy of cleaning schedules
 - Infection prevention and control policy
 - Data for staff training in infection prevention and control.

The following positive evidence was received:

We saw that the practice had a policy in place for the prevention and control of infection. The policy has been amended to reflect the management of COVID-19. The practice manager 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 also saw evidence that staff have completed relevant Infection Prevention and Control training.

We were told that all staff at the practice have received training on the correct use of PPE, including donning, doffing¹ and the safe disposal of used equipment.

The following areas for improvement were identified:

We saw evidence of the cleaners work contracts and their cleaning schedules, however the setting did not have an in-house Cleaning Policy. The practice manager must ensure a written cleaning policy is in place as soon as possible.

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
- Monthly staff newsletters.

The following positive evidence was received:

It was apparent throughout the quality check that the practice had planned well and made improvements to support them in meeting the challenges brought on by the Covid-19 pandemic. We saw that the practice has a business continuity plan which had been reviewed. The plan helped to ensure continuity of service provision and safe care of patients during the pandemic.

We were informed that waiting times for primary and secondary care services have increased

¹ Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

during the pandemic which has placed more demand on the practice. Staff told us that they don't have capacity to deal with the demand for care due to delays from COVID-19 which is placing significant pressure on the GP practice. Staff also told us that they were experiencing difficulties getting patients seen by mental health services. They told us that these services will often reject referrals, or delay them by writing back to the GP for more information.

We were told that staff meetings were paused during the pandemic, however the practice have moved to a newsletter model in order to communicate with the whole team. We saw evidence of the newsletter sent to staff on a monthly basis.

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: Brynderwen Surgery

Date of activity: 17/01/2022

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	Even though all necessary work to the practice has been completed on identified areas of risk, there aren't currently written infection prevention and control and environmental risk assessments in place. We require these to be written up as soon as possible.	Standard 2.1 Managing Risk and Promoting Health and Safety (Health and Care Standards)	Create and complete infection prevention & control risk assessment Create and complete environmental risk assessment	Practice Manager	February 2022
2	The practice manager must ensure a written cleaning policy is in place as soon as possible.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination (Health and Care Standards)	Create and complete written cleaning policy	Practice Manager	February 2022

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: Antonia Higgins

Date: 03/02/2022