

Quality Check Summary

Blaenavon Medical Practice

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Quality Check Summary

Our approach

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

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 on 05 May 2021 who provided us with information and evidence about their service. 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 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 following positive evidence was received:

We saw evidence that a COVID-19 risk assessment had been undertaken at the beginning of the pandemic to document the measures that had been implemented at the practice, to ensure it was safe for patients to continue accessing services. These included the implementation of a one way system throughout the building to improve patient flow, and the creation of additional waiting areas to allow for greater spacing between patients. We were informed that stickers and posters to remind patients about social distancing guidelines have been displayed on the floor and walls. We were also told that measures have been implemented to help protect staff from the risk of infection; screens have been installed on the reception desk, and notices were displayed stating how many people are allowed per room at any one time.

The practice manager informed us that daily staff meetings were introduced to strengthen communication with staff when the national lockdown was announced. The meetings were used to circulate up-to-date information in relation to COVID-19, and to remind staff about their responsibilities adhering to social distancing and infection prevention and control procedures. Notes from each meeting were circulated to all staff to ensure absent members were aware of what had been discussed. We were told that the daily staff meetings were replaced with weekly staff meetings in August 2020.

We were provided with copies of standard monthly audits that have continued to be undertaken at the practice in relation to health and safety and fire safety management, to help keep the premises safe for patients, staff and visitors.

We were told that alternative methods to traditional face-to-face appointments were offered to patients to help reduce footfall through the building during the pandemic. GPs routinely undertook telephone consultations with patients to assess whether a face-to-face appointment was necessary, and video consultations were also carried out. Patients were encouraged to use email for non-clinical queries and directed to use My Health Online¹ to request repeat prescriptions. We were told that new policies were created to outline the procedures associated with remote working, such as Photographic Imagery and Video Consultations policies, which we noted as good practice.

The practice provides ongoing services to patients residing at a local residential care home. We were told that the practice continued to monitor the needs of patients throughout the

¹ <https://dhw.nhs.wales/systems-and-services/for-patients-and-citizens-of-wales/my-health-online/>

pandemic. Visits to the care home took place when deemed necessary by the GP and in agreement with the care home that relevant guidance would be followed for each visit, e.g. ensuring Personal Protective Equipment (PPE) was worn and disposed of appropriately, and that social distancing was adhered to.

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:

- Infection prevention and control policies
- Recent infection prevention and control risk assessments / audits
- Training data for staff in infection prevention and control.

The following positive evidence was received:

We saw evidence of an Infection Prevention and Control (IPC) policy that described the general IPC arrangements in place at the practice. The policy was supported by a number of IPC protocols, such as clinical waste management and the safe use, and disposal, of sharps. Since the onset of COVID-19, patients and staff are required to wear masks at all times and we were informed that hand sanitiser was available throughout the practice.

The practice manager described the arrangements in place to ensure patients with suspected infectious illnesses, including COVID-19, were safely separated from other patients. The temperature of every patient was taken to help identify patients with suspected symptoms of COVID-19. One treatment room was allocated as an isolation room where patients with suspected COVID-19 and other infectious illnesses could be seen by a clinician. Patients being treated in the isolation room with known symptoms were required to telephone the practice on their arrival outside to ensure it is safe for them to enter the building. Patients that were shielding, or that were identified as vulnerable, were met on arrival at the practice by a nurse, and taken through a separate entrance to help avoid contact with other patients.

We were told that the temperatures of staff are also taken twice a day to help reduce the risk of cross-infection between staff and patients. The practice manager informed us that they had recently registered with the health board to receive a supply of rapid lateral flow tests to help identify staff who may have no symptoms but are infectious.

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 told us that the practice nurse demonstrated how to safely don and doff PPE individually with all members of staff, and awareness posters on the correct procedures were displayed throughout the practice. We were told that regular checks of PPE supplies are undertaken, and that there have been no difficulties ensuring adequate stock.

We were provided with a copy of a Cleaning Standards and Schedule policy that set out the cleaning tasks and their required frequency, to mitigate against the risks and spread of COVID-19. This included deep cleaning of the isolation room after each patient and enhanced cleaning of higher traffic areas, including door handles, hand rails, chairs and office equipment.

The following areas for improvement were identified:

We looked at the systems in place to monitor compliance with the IPC procedures at the practice to identify areas for improvement. We saw that an IPC checklist was being carried out annually, and had last been completed in January 2021. A COVID-19 checklist had also been developed since the onset of the pandemic, to check the controls put in place as a result of the COVID-19 risk assessment developed by the practice. We saw that the COVID-19 checklist had last been completed in July 2020, but we were told that this was not being undertaken regularly. While the checklists were comprehensive, we were not assured that they were being undertaken frequently enough to identify any issues in a timely manner. We raised this with the practice manager following the quality check, who stated that regular IPC checks were being undertaken, but were not being documented. The practice manager confirmed that a formal documented monthly IPC checklist would be implemented to be carried out at the same time as the other monthly audit activities taking place at the practice.

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
- Business continuity plans
- Staff team meeting minutes.

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 a set of precautionary measures had been implemented to protect those staff members identified as high risk. We were told that staffing levels had been effectively managed during the pandemic with very minimal disruption to the service.

The practice manager confirmed that most services continued to be provided at the practice even during the height of the pandemic. This included routine immunisations for babies, International Normalised Ratio (INR) tests and wound dressings. We were told that access to wider health professionals, such as mental health services, has continued without any significant issues, with patients being referred and receiving services in a timely manner. The practice manager informed us that they had felt supported from the health board during the last 12 months, receiving prompt and effective communication on issues such as COVID-19 guidance and changes to secondary care services.

The practice is located within Blaenavon Resource Centre, which houses other primary care services such as the health visiting and district nursing teams. Other social care and well-being services have also been provided at the centre as part of the Gwent Integrated Well-being Network². We were told that the majority of services provided by the network were suspended during the pandemic, which has had an impact on the practice; patients that have been unable to access the other services are contacting the practice with non-clinical queries. The practice manager confirmed that discussions have recently taken place with the other services to agree their return, which will hopefully reduce the demand currently being placed on the practice.

The practice is one of six practices that form the Torfaen North cluster. We spoke about the cluster³ arrangements and the support that was available throughout the pandemic with the practice manager. A positive example of the cluster working well together was provided to us; at the start of the pandemic, the cluster organised and created a hub in Pontypool for suspected positive COVID-19 patients to be seen safely by representatives from each practice, without mixing with patients inside their normal GP practice. We were also informed that the normal schedule of meetings between the cluster continued, and relevant updates were fed back to GP partners and staff members at the practice by the practice manager.

As part of the evidence we received we noted that weekly well-being sessions were introduced by one of the GPs at the practice, which we welcomed as a positive initiative to support the well-being of staff members during COVID-19.

No areas for improvements were identified.

² <https://abuhb.nhs.wales/healthcare-services/staying-healthy/integrated-well-being-networks-in-gwent/>

³ A cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally.

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.