

General Practice Inspection Report (Announced)

Blaina Medical Practice, Aneurin
Bevan University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Blaina Medica Practice, Aneurin Bevan University Health Board on 23 May 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors and three clinical peer reviewers. The inspection was led by a HIW Healthcare Inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 22 questionnaires were completed by patients or their carers and 3 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that the service worked hard to provide a caring, professional, and positive experience to patients. Throughout the inspection we witnessed staff speaking to patients and their carers in a kind and helpful manner. We were assured that patient dignity and privacy was upheld and patients had access to trained chaperones if required.

The practice was tidy, modern, and bright and provided a pleasant atmosphere for patients. We found that access to the practice for those with disabilities was good with a patient car park, level access, a hearing loop system and telephone translation service provided by the local health board.

Patients were able to access written and digital information to enable them to improve their health and wellbeing and this was available in a range of different formats upon request to suit individual need.

Arrangements for patients wishing to communicate through the medium of Welsh were appropriate with Welsh speaking staff and information available bilingually.

Overwhelmingly we found that patients were frustrated at access to appointments throughout the week and this therefore required improvement. Furthermore, we found that patients caring for a friend or loved one were not always offered a carers needs assessment.

This is what we recommend the service can improve:

- Availability and access to appointments
- Improved awareness by staff of access to carers assessments for carers.

This is what the service did well:

- Modern, welcoming, and bright practice
- Good facilities for patients with disabilities including car parking facilities level access and a hearing loop system
- Active Offer is implemented and embedded throughout the practice.

Delivery of Safe and Effective Care

Overall summary:

Our findings demonstrated a dedicated and enthusiastic clinical team who worked hard to provide patients with safe, effective care in a clean and tidy environment. We found infection prevention and control procedures to be good as well as appropriate and robust medicines management procedures.

Our review of patient medical records found these to be comprehensive, clear, and easy to navigate with appropriate Read Coding.

Refrigerated medicines and emergency drugs and equipment were checked in line with timescales provided by the most up-to-date guidance.

Administrative staff undertaking repeat prescription duties were expected to do so alongside other tasks as part of their role. To prevent error, the practice should instead provide protected time for staff completing this task.

We found that an inconsistent approach was taken by staff to children not brought for their appointments and require this to be more structured and robust.

Although fire safety precautions were good overall, staff had not recently undertaken fire safety training and the practice had only one fire marshal in place due to recent staff turnover. This requires improvement.

This is what we recommend the service can improve:

- Fire safety training for all staff to be completed annually
- Protected time for administrative staff undertaking prescription activities
- A more structured process for children 'not brought' to appointments.

This is what the service did well:

- Good compliance with IPC guidelines and requirements
- Appropriate and robust checking of emergency drugs and equipment
- Good adherence to cold chain storage procedures.

Quality of Management and Leadership

Overall summary:

We found the quality of management and leadership at Blaina Medical Practice to be robust with clear reporting lines with a dedicated and committed practice management and senior team.

Staff facilities were good with a recently updated lounge and kitchen area and staff had access to wellbeing initiatives.

Our review of staff mandatory training compliance found this to be good overall with some gaps present regarding fire training. We would recommend that annual appraisals are reintroduced for staff to identify any potential training needs or role aspirations.

Clinical staff requiring scope of practice reviews and non-medical prescribers should undergo these in a more structured and documented manner to ensure continued confidence and competence within their role and allow for the identification of training need when necessary.

Staff discussion, although regular, was almost solely informal in nature with no set programme for staff meetings to allow for dissemination of important information or shared learning following audit activity and significant event analysis. As such, we would recommend that a more formal schedule of minuted staff meetings be developed and maintained to allow for whole practice discussion.

This is what we recommend the service can improve:

- Access to annual appraisals for staff
- Implementation of a regular programme for staff meetings
- Development of a more robust and structured approach to scope of practice reviews for clinical staff and non-clinical prescribers.

This is what the service did well:

- Good collaborative working with the local neighbourhood care network (NCN) and local pharmacies and businesses
- Open and approachable senior management
- Good adherence to mandatory training requirements.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. On the day of the inspection our inspectors also spoke with patients to find out about their experiences at the practice. Patient comments included the following:

"Reception staff are friendly and approachable. The surgery is modern, bright and airy."

"Very satisfied with Dr/Staff & care received."

We asked what could be done to improve the service. Comments included the following:

"Phone consultation rather than face to face appointment, could[n't] be given a time slot, extremely inconvenient as I work 7:45 to 3:30."

Had to take up an emergency appointment, as tried for several weeks to obtain an appointment and constantly told none were available call back next Monday. It's ridiculous I work full time and can't get an appointment when required."

Person centred

Health Promotion

On the day of our visit, we saw that the practice had a good supply of written health promotion information and advice available for patients. The waiting room had a dedicated health promotion noticeboard that was the responsibility of the practice nurse to keep updated. Further written information was available for GPs to print out during the patients consultation for them to take away.

The practice healthcare assistant was the designated smoking cessation champion and additional advice was available from the local pharmacy with which the practice enjoyed excellent working links.

A physiotherapy service and practice wellbeing practitioner were available for self-referral. Both services could be booked without the prior need for a GP appointment.

We were told that the practice had offered the winter flu vaccination and COVID-19 vaccine to patients for the past two years and a range of vaccination clinics were made available to patients to attend for this including weekend and evening clinics. Staff reported uptake of the vaccines to be good with a particularly high uptake in those over 65 years of age.

The practice was able to meet targets specified by the Quality Assurance and Improvement Framework (QAIF). The vaccine was advertised to patients by way of leaflets and posters displayed on noticeboards. Patients at particular risk were highlighted on the patient medical records system. These patients would be contacted by the practice to offer them the vaccine.

An informative practice website allowed patients with digital access to request repeat prescriptions and gave guidance for accessing appointments at the practice. Information was also available on a range of different medical conditions with links to organisations to provide support and advice.

Dignified and respectful care

We observed a friendly and helpful reception team who welcomed patients in a professional and friendly manner. Of the patients that responded to the HIW questionnaire, over two thirds felt that measures were taken to protect their privacy and almost all indicated that they felt they were treated with dignity and respect by the practice.

Telephone calls to the practice were taken by a team in the practice “hub”. This was a dedicated room with a number of staff tasked with answering patient telephone calls and other administrative tasks. This facility also prevented patients and their carers in the waiting room from overhearing any confidential or sensitive information. The practice had in place a licence to play music. This was played in the waiting room at an acceptable volume in to further prevent the overhearing of confidential and private information.

Consultation and treatment rooms were located away from the main waiting area. Doors to consulting rooms were always kept closed when in use and privacy curtains were present around examination couches to preserve patient dignity.

Senior practice staff informed us that both male and female chaperones were available. These were usually members of the reception or administrative team.

Staff undertaking this role had received appropriate training that was carried out in-house and provided by the practice nurse. We saw that a policy was in place that covered the use of chaperones at the practice that had been recently reviewed. Patients were made aware of the chaperone service via several posters displayed within the waiting area.

Timely

Timely Care

Blaina Medical Practice is open between the hours of 8am to 6:30pm Monday to Friday. Patients were able to access appointments at the surgery via telephone, in person and by using a digital online platform (My Health Online) or via email. Patients could book appointments with the practice nurse, health care assistant and phlebotomist using an online booking system. The practice also offered a daily minor illness clinic for common ailments.

Patients contacting the practice for an appointment by telephone would be screened by a member of the reception team in the practice hub. Receptionists had undertaken Care Navigation training via an online training module provided by Health Education and Improvement Wales (HEIW). This allowed patients to be signposted to other more appropriate services if necessary. Patients requiring an appointment with a GP would be triaged by the on-call GP and booked accordingly. A limited number of urgent appointments were available for booking on the day, between 8am and 10am. All patients requesting a same day urgent appointment after 10am would be clinically assessed by the GP on call as to their clinical need for a same day urgent appointment. Some patients may be offered an appointment at another time interval, dependant upon their clinical need.

Of the patients that completed the HIW questionnaire, around half answered that they were able to get a same-day appointment when they needed to see a GP urgently. Very few patients who answered said they could get routine appointments when they needed them. Almost all patients stated that they know how to access out of hours services if needed. Over half of the patients who completed our questionnaire indicated that they were content with the type of appointment they were offered. Only half of the questionnaire respondents felt that they could access the right healthcare at the right time.

Some comments received were:

“Can be left week after week with no appointments. One doctor was particularly blunt, verging on being rude. No continuity of care.”

“The surgery phone lines supposedly open at 8 but you cannot get through. You must phone after 10 on a Monday to book for that week (and if you ring before you are abruptly told that) however by Tuesday you have to wait until the following Monday. They still try to give phone appointments when the surgery is empty. You cannot see certain doctors they only do emergency appointments and others work part time. Most Reception staff (except [name redacted] are rude. The system is not working as you can’t get through on the phones most people turn up at 10 on a Monday to book in for that week, and they can be dozens of people queueing up!”

Definitely not at this practice, if you happen to be ill on a Tuesday you’ve got to wait until next week to get a routine appointment. If it’s serious maybe you’d get an emergency one but thankfully I haven’t had to do that.”

“Always being referred to A&E or contact out of hours service when surgery open.”

Total shambles. Need to book an appointment on a Monday for the following week. Basically you need to know in advance your going to be ill or have a medical condition. Staff are rude and it’s their way or no way.

“While the doctors are good at the practice, I find most of the reception are very unprofessional, some of who are almost argumentative. You have to wait until 10am on Monday morning to book an appointment for the following week which sometimes is very difficult as I work full-time. When you phone at that time, it’s almost impossible to speak to anybody.”

In considering the comments and responses received from patients, we would recommend the practice considers improving patient access to appointments to ensure they are able to access the right appointments in a timely manner.

Equitable

Communication and language

The practice had several ways to inform patients of changes to practice procedures. The practice website would be updated to include details of any changes, text messages would be sent to patients and in some cases, letters would be sent to the patients registered address. A good working relationship with the

local Cooperative store meant that the practice was able to post details of changes on the store noticeboard for the local population to see. Posters would be displayed within the practice waiting room and those patients with repeat prescriptions would often have information fixed to their repeat prescription form to notify them. This meant that all patients, regardless of digital access, were kept well-informed.

Although the practice did not carry out a formal risk assessment for patient communication needs, we were told that information was available in a range of formats. This included large print and Easy-Read for patients with learning disabilities, which were available upon request. In situations where a facemask may be required to protect staff or patients, but in which the patient may rely on lip-reading or facial expressions for understanding, we were told that staff would instead wear a full-face visor made of clear plastic.

We saw that the practice had a comprehensive consent policy in place. This ensured that all patients were able to give informed consent and those patients without capacity to provide this were appropriately protected. Vulnerable patients, without capacity and requiring a third party to make decisions (e.g., those with a valid power of attorney in place) would be asked to provide evidence. This would then be recorded and acted upon appropriately. A specific system within the practice software would allow for dated recording of third-party discussions to ensure they were within the limits of the order.

The practice had a number of bilingual signs and leaflets available to patients in line with the Welsh 'Active Offer'. A GP at the practice was a fluent Welsh speaker and able to accommodate those patients wishing to communicate through the medium of Welsh. The practice partners were enthusiastic about the Welsh language and had recently put in place provision for staff to learn Welsh. This was actively encouraged by the senior management team.

For speakers of languages other than English or Welsh, the practice had use of a telephone translation service provided by the local health board to ensure patients were able to communicate effectively.

Most respondents to the HIW questionnaire indicated that they were given enough time to explain their health needs and felt they were listened to by their GP who explained things well. The majority of respondents stated that they felt involved in decisions made about their healthcare.

Rights and Equality

The practice had a dedicated free car park as well as wheelchair accessible automatic doors. These were activated by a touch button located at an appropriate

height. The patient areas of the practice were situated on the ground floor of the building, providing level access for patients with mobility access requirements and internal doorways were wide enough to accommodate wheelchairs.

A hearing loop system was available for patients with a hearing impairment, and this was advertised in the waiting area.

Patients requiring reasonable adjustments to access the practice, such as an appointment at a particular time of day, were able to access these after review by a member of the senior practice management team.

Until recently, the practice had benefitted from a designated Carers champion to ensure that unpaid carers were able to access a dedicated carers needs assessment for further support, advice, and guidance. Of the respondents to the HIW questionnaire that were unpaid carers, just over half stated they had been offered an assessment of their needs as a carer and/or given details of organisations or support groups that could provide information and support for carers.

We recommend that the practice ensures that carers are identified in a timely manner and provided with details of organisations for support as appropriate as well as the opportunity for a carers needs assessment.

The practice was proactive in upholding the rights of transgender patients. We found that transgender patients were treated sensitively, with a prompt response to any disclosure. We were told that records would be changed to reflect the use of any new name and pronouns to ensure that they were appropriately placed.

A practice equality and diversity policy was in place and accessible to all staff. GPs at the practice had all completed training in equality and diversity as part of their professional revalidation process.

Several practice staff had not recently completed this training and therefore required an update.

One respondent to the HIW questionnaire, indicated that they felt they had faced discrimination when accessing the practice due to a protected characteristic, however further details were not provided to us.

Delivery of Safe and Effective Care

Safe

Risk Management

Clinical rooms at the practice had been recently updated and were found to be modern, tidy and welcoming with no evidence of unnecessary clutter. Sharps bins were placed in a safe location and out of reach of children. Full sharps bins awaiting collection were placed immediately within a locked clinical waste bin and signage was present throughout to warn staff, patients and visitors of hazards present at the practice.

We were provided with a copy of the practice Business Continuity Plan. This had been recently reviewed and contained all the necessary details to ensure appropriate action was taken in the event of an unforeseen incident. This included an appropriate plan to cover staff shortages as well as the need to act in the event of a future pandemic emergency. A copy of the Business Continuity Plan was kept off-site with key practice staff in case access to the practice was limited. All staff were aware of how to access this policy if necessary.

Discussions with senior staff demonstrated that patient safety alerts and significant events were dealt with appropriately and we were provided with policies for both that had been recently reviewed. Patient safety alerts would be emailed to all staff and new starters, or locum staff would be made aware as part of their induction.

Staff were aware of the process to follow should they need to urgently call for help. This was achieved via a designated call button built into the practice software that would alert all users once pressed.

Notable practice was found by way of a home visiting risk assessment to ensure the safety of staff and patients when undertaken house calls.

The practice reported that ambulance response times for patients requiring hospital treatment or admission following assessment by a GP was poor. To mitigate the increased risk to patients, GPs would often stay with unwell patients until the ambulance service was able to attend or would arrange for alternative transportation to hospital.

Our review of fire safety training indicated that no member of staff was up to date with this. Furthermore, the only named fire marshal at the practice did not have in place fire safety training to an appropriate level for this role.

The practice must ensure that all staff complete fire safety training. In addition, a second fire marshal should be appointed to ensure adequate cover in the event of staff leave. Both fire marshals should complete the appropriate training to ensure they are aware of their role and responsibilities.

Infection, Prevention, Control (IPC) and Decontamination

Of the patients that responded to our questionnaire, almost all indicated that they felt the practice was either very clean or clean and that hand sanitisers were available.

The practice had maintained some precautions originally put in place because of the COVID-19 pandemic. These included a Perspex screen at the reception desk and access to face masks and hand sanitiser for patients and their carers. A number of hand sanitiser stations were located throughout the practice. These had been appropriately replenished.

We saw that the practice had an appropriate IPC policy in place that had been recently reviewed and was available to all staff via the practice intranet. We reviewed the most recent IPC audit which had been completed in October 2022. Areas identified for improvement were clearly actioned and measurable. We also saw evidence of a recently completely healthcare waste audit that was site specific.

Discussions with staff indicated that all were aware of their role and responsibility in upholding IPC standards. An IPC induction pack was available for new and locum staff.

Our observations of the clinical environment found this to be good. Flooring and work surfaces were made of a suitable wipe clean design, allowing for cleaning to take place effectively and we saw evidence of cleaning schedules. Clinical privacy curtains were of a suitable disposable material and had been recently replaced. Single use items were in use wherever possible.

Handwashing sinks had appropriate signage to remind staff and patients how to adequately wash their hands. Most sinks in the practice had elbow operated taps.

We recommend that the practice considers changing any taps that are not elbow operated.

We saw that Personal Protective Equipment (PPE) was readily available within clinical areas and were assured that the practice had in place suitable precautions to treat patients presenting with respiratory transmitted infections without risk to other patients. Senior practice staff informed us that staff had been trained in the

correct method of donning and doffing of PPE during the pandemic. This was confirmed by our observations of staff wearing the correct PPE when treating patients throughout the inspection. All clinical staff were seen to conform to Bare Below the Elbow guidance.

Medicines Management

Requests for repeat prescriptions could be made online via the practice website or by handing in a written request to the practice. The practice benefitted from a close working relationship with local pharmacies and repeat prescriptions could be requested directly from them.

Repeat prescriptions would be processed by a member of the administrative team. These would then be passed to a clinician to check and sign where it would be stored securely prior to patient collection or passed directly onto the patients preferred pharmacy. We found however, that administrative staff did not receive protected time to carry out this task. Instead, prescriptions would be completed alongside reception duties. This could lead to the potential for error as well as increasing the burden on staff.

We recommend that the practice implements protected time for staff tasked with repeat prescription duties.

To ensure patients continued to be prescribed the most appropriate medications and to prevent the potential for overuse of some medicines, patients would be required to undergo medication reviews as necessary.

Prescription pads were stored securely and contained reference numbers to allow for tracing. Noteworthy practice was seen in the recording of the location of blank prescriptions kept at the practice.

We were assured that all clinical staff were aware of the yellow card reporting scheme for adverse effects. Once reported, patients medical records would also be updated.

Although not a dispensing practice, the practice had a limited number of medications on site. These included the winter flu vaccine for adults and children as well as the COVID-19 vaccination. The practice had two dedicated vaccine fridges. These had been maintained effectively and had undergone annual portable appliance testing (PAT). An up-to-date cold chain policy was in place to ensure safe storage of refrigerated medicines and we were assured that staff were aware of the action to take should there be a breach in the cold chain. Evidence of twice daily temperature checks were also provided to us to demonstrate strict adherence to the cold chain policy.

Checks on drugs and medications kept at the practice were undertaken by the practice nurse practitioner and the healthcare support worker. A monthly check of all drugs was undertaken to include expiry dates. We undertook a spot check of emergency and non-emergency drugs present at the practice. All were found to be stored appropriately and in date.

Medications administered under patient group directions (PGD) were done so appropriately. A file containing details of the medicines administered under the directions was up to date and had been signed by the staff administering them.

Safeguarding of Children and Adults

We reviewed the safeguarding policies, procedures, and training at the medical practice. The safeguarding lead for the practice was one of the partner GPs. All staff at the practice had undertaken safeguarding training appropriate to their role to provide them with the skills to effectively safeguard children and vulnerable adults. We saw that the safeguarding lead had undertaken this training to level 3.

Discussions with senior staff assured us that reporting of safeguarding concerns was always encouraged.

We found notable good practice was demonstrated by a policy requiring whole family registration at the practice when registering a child. This ensured that safeguards could be introduced holistically across the family as appropriate when a concern was reported.

A recently reviewed safeguarding policy was provided to us that complied with the All Wales Safeguarding procedures.

Our review of the arrangements followed by staff for children that were not brought to appointments found this to require standardisation, particularly regarding initial follow ups with the child's family following non-attendance.

The practice must ensure that a standardised procedure is followed by all staff for children not brought to appointments.

Management of Medical Devices and Equipment

The practice nursing team held responsibility for the checking of devices and equipment and on, the day of our visit, we found that all had been well maintained and were in a good state of repair. Checks on equipment were carried out weekly and evidence was provided to us of completed log sheets.

We reviewed the emergency equipment present. This complied with guidance issued by the Resuscitation Council (UK) and was checked on a weekly basis. Drugs and equipment that were due to expire would be reordered by the practice manager or practice nurse practitioner.

The practice had an automatic external defibrillator (AED) available with defibrillator pads that had been risk assessed for adults and children. This was found to be appropriately charged and ready for use.

Effective

Effective Care

Our discussions with senior medical staff at the practice demonstrated a dedicated and caring team that strived to provide patients with safe and effective care. The practice ensured staff were kept up to date with best practice, national and professional guidance, and new ways of working. Changes to guidance would be sent electronically to staff and clinical staff would hold daily informal discussions. Shared learning as a result of significant event analysis was also undertaken informally. Patient safety alerts would be sent electronically to the practice manager who in turn would disseminate them electronically. Significant patient safety events would be logged via the NHS Datix system and discussed informally, and we saw that the practice had in place a policy to cover this.

We recommend that the practice out in place a more formal meeting structure for the discussion of significant patient safety events, patient safety alerts and for the sharing of guidance changes and changes to best practice. These should be minuted to provide a written record of discussions.

Senior staff informed us of effective procedures for patient referrals. These were sent electronically via the Welsh Clinical Communications Gateway (WCCG). Referral follow ups were the responsibility of designated member of the administrative staff at the practice.

Although the practice did not routinely use locum GPs, should this be necessary, they would be provided with a locum pack that explained the process for patient referrals while working at the practice.

The practice informed us that discussions surrounding referral rates had previously been undertaken with the GP neighbourhood care network (NCN), however this had recently ceased. We were told that the practice enjoyed a good working relationship with the neighbourhood care network (NCN) which comprised of a mixture of privately owned and health board managed practices.

Patient records

We reviewed a sample of 10 electronic patient medical records. These were secured against unauthorised access.

Record keeping was found to be of very good quality throughout our assessment. We found that records were appropriately Read coded, clear, and easy to follow and understand. Entries relating to medicines management and the management of chronic disease (where applicable) were also clear and concise. **However, we recommend that the practice ensures that patients preferred language choice is always recorded.**

Quality of Management and Leadership

Staff feedback

Before our inspection we invited the practice staff to complete an online questionnaire to obtain their views of working for the practice.

Of the responses received, two thirds of staff indicated that they felt they had the necessary training to undertake their role and had been provided with an appraisal. All staff agreed they were able to meet all the conflicting demands placed on their time at work and were provided with enough of the necessary equipment and materials to do this. One third of staff indicated that they did not feel there were enough staff currently working at the practice to allow them to properly carry out their role. All staff however agreed that the skill mix at the practice was appropriate.

Most staff indicated that they were able to make suggestions to improve the practice and felt included in decision making surrounding any changes that took place.

When answering questions around the care provided at the practice, all respondents agreed that measures were taken to protect patient confidentiality, privacy, and dignity with appropriate use of chaperones, and all were satisfied with the care they provided to their patients and felt content with the efforts made by the practice to keep staff and patients safe. Most respondents agreed that they felt that patients were able to access the services at the practice in a way they suited them.

All staff were aware that the practice kept a register of their patients who were also unpaid carers and most knew that carers should be offered an assessment of their needs with relevant signposting to services for further support.

Overall, most staff completing the HIW questionnaire would recommend Blaina Medical Practice as a good place to work with two thirds of respondents indicating that their current working pattern allows for a good work-life balance. However, despite measures put in place to safeguard staff health and wellbeing one third strongly disagreed that it was good place to work which allowed for a good work/life balance. It was also indicated that one third of respondents felt that their job was detrimental to their health.

In light of these responses, we would recommend that the practice considers further health and wellbeing initiatives for staff at the practice.

We did not receive any staff comments to include in this report.

Leadership

Governance and leadership

At the time of our inspection, Blaina Medical Practice was owned and operated by two GP partners who appeared to be committed and enthusiastic. The practice was part of the Blaenau Gwent East neighbourhood care network. Staff reported this to be beneficial and helpful to the running of the practice.

The practice employed a number of clinical and non-clinical staff, including four salaried GPs, two GP registrars, a nurse practitioner, healthcare support worker and a phlebotomist. The practice was further supported by a team of administrative staff. At the time of our visit, the practice reported that due to administrative staff leave, they were understaffed in this area.

The practice had a very dedicated and proactive practice manager in place who, until recently, was supported by a deputy. Together with the GP partners, we found the practice had a clear pathway to ensure its long-term sustainability.

We were told GPs at the practice would meet informally each morning to share information and the practice manager would meet with the partners each day. At the time of inspection, the practice did not participate in whole team meetings and informal meetings were not minuted.

The practice must develop a formal process for team meetings. These should be minuted and the minutes disseminated to all staff to allow for whole team discussion and information sharing.

Senior staff disclosed that the main challenge faced by the practice involved patient demand and access. This area was difficult to address with demands for increased patient access proving particularly challenging despite staff providing above that required by the health board.

We saw that the practice had a range of policies and procedures in place that were available to all staff. Of the policies we reviewed during our visit, all had been recently reviewed and were up to date.

The senior management team were committed to providing staff with a pleasant workplace environment. We saw that the staff lounge, and kitchen area had been recently refurbished. A staff wellbeing policy was also in place and the practice wellbeing practitioner was available for confidential staff referrals. Recently the

practice had also undertaken a staff risk assessment to ensure that staff were appropriately supported should they feel at risk of stress.

Workforce

Skilled and enabled workforce

We spoke with staff across a range of professions working at the practice. This demonstrated that staff were knowledgeable of their roles and responsibilities and committed to providing a quality service to patients.

Senior staff expressed that they found recruitment challenging. This was said to be due to time constraints and pressures on existing staff that made candidate interviews difficult to arrange. We were informed by the practice manager that a newly appointed operations manager would be joining the team imminently.

We reviewed the staff personal files. These were kept securely by the practice manager. All staff had in place a valid job description that accurately described their role as well a contract of employment. Where required, we saw that staff had undergone disclosure and barring service checks and references were obtained for new staff prior to commencing employment. We found that practice staff appraisals had not been carried out for a period of approximately two years. Senior staff informed us that this task would be the responsibility of the new operations manager. Although we were told that GPs at the practice would be provided with appraisals via an external appraiser, we were not provided with evidence of this on the day of our visit.

The practice must ensure that all staff have access to annual appraisals.

Continuous professional development was provided primarily by the local health board and staff were provided with a comprehensive list of mandatory training by the practice. A review of the spreadsheet on file demonstrated good compliance with training in Basic Life Support. Protected learning time provided by the local health board had been utilised to ensure all staff had completed an update in this area. All staff were found to be up to date with training in the safeguarding of children and vulnerable adults. However, we noticed that many staff appeared to be out of date in areas such as equality, diversity and inclusion and fire safety training.

The practice must ensure that all staff are fully up to date with mandatory training requirements and the training matrix is updated to reflect renewals of this training.

We spoke with staff to understand the process in place to ensure that non-medical prescribers were adequately supported in their role. Although we were assured that staff were always working within their scope of practice and clinical competence, we found the practice did not have any formal non-medical prescribing governance in place. Instead, an informal process that was not recorded was used that relied on case-based scenarios.

We recommend that the practice implements a more robust governance process and procedure for non-medical prescribers at the practice.

We assessed the provisions in place to ensure that scope of practice reviews for clinical staff were undertaken to confirm they were aligned with continuous professional development and staff upskilling. We found that reviews were not documented.

We recommend that the practice develops and maintains a more formal and robust mechanism when undertaking scope of practice reviews for clinical staff. These should be documented.

We witnessed notable good practice in the areas of Welsh language training. Practice partners had recently set up provision for staff to learn Welsh and this was positively encouraged. All staff had been made aware of the opportunity via email. We were told that Welsh language would influence recruitment decisions in the case of equally matched candidates.

Staff new to their role or the practice were provided with a comprehensive induction training package. This included a review process to ensure that staff were aware of their role and responsibilities.

We were assured that staff would be supported in raising a concern should the need arise. The practice had a whistleblowing policy in place that had been recently reviewed and this was available to all staff.

Culture

People engagement, feedback, and learning

The practice had in place an appropriate complaints policy and procedure. This was in line with the NHS Putting Things Right process and was available to all patients on the practice website. Patients could also obtain a copy directly from the practice and we saw that information on the NHS Putting Things Right process was displayed within the waiting area. We noted that a timescale for response was provided as well as reference to agencies that could provide support and advice if required. These included the citizen's voice body 'Llais'. Should a resolution be

unable to reach, patients would be referred to the Public Services Ombudsmen for Wales (PSOW).

We saw that the practice had in place a dedicated complaints file. These contained copies of written complaints and letters sent in pursuit of resolution. We saw that complaints were dealt with in a robust manner and in line with the agreed complaints timescales stated within the policy.

Senior staff informed us that patient feedback and suggestions were encouraged; however, the practice did not have a method of feeding back to patients when suggestions made had been acted upon.

We recommend that the practice implement a ‘you said, we did’ board to encourage patients to continue to participate in practice improvement.

We spoke with senior practice staff to understand how the arrangements in place for compliance with the Duty of Candour requirements implemented because of the recently enacted Health and Social Care (Quality and Engagement) (Wales) Act 2020. We saw that the practice had in place a Duty of Candour policy that met the requirements of the guidance. This was clear and set out the roles and responsibilities of staff. Staff we spoke with understood the Duty of Candour and their roles in meeting this duty. We saw evidence that some practice staff had received training on the Duty of Candour and were assured that all staff were aware of how to raise a concern should something go wrong.

Learning, improvement, and research

Quality improvement activities

We spoke with senior staff and observed documentation that assured us that the practice engaged in activities to continuously improve by developing and implementing innovative ways to deliver care.

We reviewed a selection of practice audits including waste management, record keeping and a complaints audit. These had been recently undertaken and provided evidence of a robust audit programme to ensure continuous improvement.

Improvements that were identified from audit activity were discussed and agreed by staff at informal meetings.

We recommend that the practice implements a more formal method for the discussion and dissemination of audit activity and results to allow for whole team learning and improvement.

Whole system approach

Partnership working and development

We assessed how the practice developed and worked with wider healthcare teams and external partners to develop a whole system perspective in achieving good, reliable, and sustainable outcomes that met the evolving needs of the community.

We found that the practice had collaborative relationships with external partners such as local pharmacies and businesses within the community that enabled them to share a collective understanding of pressures and challenges within it. Of notable value were the connections forged within the neighbourhood care network (NCN). Senior staff informed us that good partnership working within the NCN had enabled them to better understand how best to meet patient and practice need.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans 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 inspection.

As a result of the findings from this inspection 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](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarizes the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Blaina Medical Practice

Date of inspection: 23 May 23

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No issues requiring immediate assurance were identified on this inspection.				

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.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Blaina Medical Practice

Date of inspection: 23 May 23

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
The practice did not have regular scheduled staff meetings, instead relying on ad-hoc meetings throughout the week that were not minuted. This did not give staff a set time to feedback to senior management or allow for the sharing of important information including significant event analysis and patient safety updates.	The practice must develop, implement, and maintain a more formal structure and programme for whole and team staff meetings to allow for the discussion and dissemination of audit activity, provision of the opportunity for shared learning from significant events and to allow for important information to be shared. These staff meetings should be minuted.	Whole Team meetings will be scheduled for every 3 months. We will encourage all staff to attend. If staff are unable to attend, we will ensure the minutes and actions points from the meetings are shared.	Lisa Lewis	Immediate
The practice did not have in place a method for displaying improvements made to the	The practice must implement a 'You said, We did' board.	We will incorporate this into our existing notice boards	Beth McDermott	Immediate

<p>practice as a result of patient feedback. A ‘you said, we did’ display would encourage patients to make suggestions for improvement.</p>				
<p>Clinical staff did not have in place a robust governance process to ensure that they continued to work within their scope of practice. This was also found for non-medical prescribers at the practice.</p>	<p>The practice must develop, implement, and maintain a more formal approach to scope of practice reviews for clinical staff as well as a more robust governance process for non-medical prescribers. These should be documented.</p>	<p>All clinical staff have annual appraisals, and the non-medical Prescriber completes the ABUHB scope of Practice declaration annually and Prescribing Competency Assessment undertaken by the Partners of the Practice.</p>	<p>Beth McDermott</p>	<p>Immediate</p>
<p>We found that staff had not recently completed fire safety training and some staff were not up to date with equality and diversity training.</p>	<p>The practice must ensure that all staff are:</p> <ul style="list-style-type: none"> • Up to date with mandatory training requirements including fire safety and equality and diversity • Have access to annual appraisals. 	<p>All Mandatory training is undertaken online, and all staff are responsible for ensuring that they are up to date. Staff will be given Protected Learning Time to undertake training.</p> <p>Annual Appraisals will recommence</p>	<p>Lisa Lewis</p>	<p>Within 3 months</p>

<p>Staff were not always clear on the procedure to follow up children that were not brought for their appointments. Instead following up on an ad-hoc basis when time allowed.</p>	<p>The practice must ensure that a standardised procedure is followed by all staff for children not brought to appointments.</p>	<p>This has been discussed and all clinical staff have been reminded of the need to follow up children who are not brought in for their appointments</p>	<p>Immediate</p>	<p>Beth McDermott</p>
<p>Administrative staff responsible for the undertaking of repeat prescription duties were not provided with protected time for this, instead carrying out this task while also undertaking other duties as part of their role.</p>	<p>The practice must consider implementing protected time for administrative staff tasked with repeat prescription duties.</p>	<p>Due to the structure of reception staff and adequate number of staff working at any one time, we have not felt it necessary to have a prescribing clerk. We will however re-look at this option</p>	<p>Within 3 months</p>	<p>Lisa Lewis</p>
<p>Not all taps in the practice were elbow operated, instead requiring hand operation.</p>	<p>The practice should consider when next appropriate to do so, changing any taps that are not elbow operated.</p>	<p>We have undertaken major improvement to the practice consultation rooms, waiting room and staff work areas. We are working on a rolling year process on improvement and any remaining hand operation</p>	<p>Within 12 months</p>	<p>Beth McDermott / Partners</p>

		taps will be replaced by elbow operated taps		
Due to staff turnover, the practice had only one fire marshal in place. During times of staff leave, this may leave the practice without an appropriately trained fire marshal which could pose a risk in the event of fire.	The practice should appoint a second fire marshal to ensure adequate cover in the event of staff leave. All fire marshals should hold the appropriate training.	Fire Marshall training has been booked	Within 3 months	Lisa Lewis
Patient feedback demonstrated frustration with accessing appointments when needed. This was a consistent theme across the feedback received by us as part of the HIW patient questionnaire.	The practice should consider whether the current appointment booking system in place best accommodates ease of access to appointments for patients in a timely manner that allows access to the right healthcare at the right time.	We have taken the comments on board and have discussed at Management Level. Patients are able to book appointments throughout the day. Systems are in place to ensure appointments are offered appropriately to patients' clinical needs.	Immediate	Beth McDermott/Partners
Patients with caring responsibilities for a friend or loved one were not always	The practice must ensure that unpaid carers are identified and offered a carers needs assessment	We have been approved as a carer friendly organisation. The new Operations Manager	Within 6 months	Lisa Lewis

offered a carers needs assessment and were therefore not always signposted to organisations that could provide support, advice or guidance in a timely manner.

in a timely manner. Unpaid carers should be signposted to relevant organisations that can provide support, advice or guidance.

is in the process of undertaking the necessary training.

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.

Service representative

Name (print): Beth McDermott

Job role: Business Manager

Date: 07/09/23