

Quality Check Summary

Ravenscourt GP Practice

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Ravenscourt GP Practice as part of its programme of assurance work. Ravenscourt is one of four practices that form the Vale Group Practice who provide services to the people of Barry and surrounding areas.

HIW's quality checks form part of a new tiered 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 settings. 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 inspections can be found [here](#).

We spoke to the lead General Practitioner (GP) and Practice Manager on 01 December 2020 who provided us with information and evidence about their setting. 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. We questioned the practice on how they are making sure all patients have safe and appropriate access to services.

The following positive evidence was received:

We saw evidence of an environmental risk assessment, which included how the practice planned to mitigate any risks. This was accompanied by a risk safety checklist for risks associated with the COVID-19 pandemic.

During the height of the pandemic, we were told that many clinics and services were significantly reduced or stopped. Some essential clinics, such as wound care, continued with the use of higher level Personal Protective Equipment (PPE). A decision was made to stop the B12 injections where possible and provide nutritional advice to patients to promote self-care. Prior to the pandemic all phlebotomy services were centralised at Barry Hospital. The walk-in system changed to a Booking System, which we were told had some issues. The practice developed its own phlebotomy service, so that essential investigations could continue with minimal interruptions to patient therapies.

We were told that changes were made to the physical environment. Carpeted floors were replaced with hard floors and fabric seats were replaced with wipe clean chairs to allow for suitable cleaning. Screens were installed at reception and leaflets, magazines and other non-essential items were removed from the waiting area. We were told that there was signage outside and inside the practice with permanent floor markers, to promote social distancing.

We were told consultations with clinicians were completed via telephone. Any non-urgent enquiries such as registrations and prescription queries, were made by email. Patients were encouraged to come to appointments on time and told to remain outside the surgery until they were called in. The practice manager explained that an intercom system had been installed outside the entry doors where patients could announce their arrival, without having to enter the building. Seating in the waiting area was removed to maintain safe social distancing between patients. All Patients were asked to wait outside/in their cars until invited into the surgery by a clinician. A one way system was implemented with social distancing markers to reduce contact between patients. Computer equipment was removed from offices to discourage non-essential foot-fall within the surgery.

Porthceri surgery was used as a 'hot hub'¹ to see patients who were showing symptoms of COVID-19. St Brides Practice was used as a 'safe site' environment, for patients who were deemed at a higher risk of developing serious complications of COVID-19. Staff who were considered high risk, were redeployed there in the interim until home working IT and

¹ a place for GPs to see patients with coronavirus symptoms face-to-face

telecoms systems were re-configured to enable full offsite home working for both admin and clinical staff.

The lead GP told us that the practice was still undertaking home visits and visits to care homes when absolutely necessary. We were told that if home visits were required then they were performed by the lead GP. The GP informed us that visits outside the practice were done with the use of full PPE and following social distancing guidelines. We were told that PPE and other disposable equipment was bagged appropriately and disposed of in clinical waste bins at the practice upon a clinicians return.

The practice manager told us that non-essential staff were encouraged to work remotely where possible. Systems were implemented and equipment, such as laptops were purchased to allow for this. We were told that prescription requests were encrypted and sent securely via an NHS approved digital solution, directly, to the patient's nominated pharmacy of choice. Where this was not possible prescriptions were faxed to pharmacies or collected by their drivers. Patients were made aware of this.

We were told that the new processes were being reviewed on a rolling basis and that no complaints or concerns had been raised at the time of the quality check.

The following areas for improvement were identified:

We were told that if home visits or visits to care homes were required then they were usually performed by the lead GP. However, no formal home visit risk assessments had been created in relation to COVID-19. In order to formalise this, we will require a risk assessment for home visits to be drawn up. A formal risk assessment is required for home visits and visits to care homes with specific procedures identified for COVID-19.

Infection prevention and control

During this process, we reviewed infection control policies, cleaning schedules and staff training. We also questioned the setting about how the changes they have introduced to make sure appropriate infection control standard are maintained. We reviewed key systems including the use of personal protective equipment (PPE).

The following positive evidence was received:

As previously mentioned, we saw evidence of a COVID-19 risk safety checklist assessment which included procedures for infection prevention and control (IPC).

We were told that during the pandemic, the practice, where possible, limited the number of patients attending the site for appointments. An email system enabled patients to submit

pictures of ailments which were reviewed by clinicians. In addition, remote consultations and face to face appointments were available.

Patients who attended face to face appointments were risk assessed to ensure they did not have any COVID-19 symptoms. Anyone who presented with symptoms of the virus was seen at the hot hub in Porthceri Practice. Patients were also provided with safety instructions for attending the practice.

We saw evidence that all staff had received up to date IPC training, which included sufficient training to ensure appropriate use of PPE. Donations of scrubs had been received and all staff were required to wear them and change in work. Donated scrubs were given to clinicians to wear whilst awaiting delivery of colour coded scrubs for all staff. All staff had access to appropriate PPE in the building, and the practice manager advised that there were sufficient reserves.

We were told that the practice had developed a revised cleaning schedule specifically for COVID-19. As previously mentioned, floors and chairs were replaced to allow for sufficient cleaning. The practice Manager told us that Veridical/Bactericidal Disinfectant sprays and wipes were purchased and rooms were decontaminated between uses. Non-essential equipment was removed from offices and waiting areas and rooms were locked to reduce footfall.

No improvements were identified.

Governance

As part of this standard, HIW reviewed policies and procedures for future pandemic emergencies. We also questioned the setting about how they have adapted their service in light of the COVID-19 pandemic, how they are interfacing with wider primary care professionals and their risk management processes.

The following positive evidence was received:

The Vale Group Practice formed part of the Central Vale GP Cluster² with six other practices and covered a population of over 60,000.

We were told that there was good communication between the health board and the practice. The practice felt able to request assistance if there were any issues that required health board involvement. Enhanced services³ were adapted and delivered and this was driven by the health

² 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 cluster play a key role in supporting the ongoing work of a Locality Network.

³ Enhanced services are medical services outside the normal scope of primary medical services, which are designed around the needs of the local population.

board. The systems of working with other agencies were described, such as the pharmacy and allied health professionals.

Staff explained that throughout the pandemic all routine appointments would be by telephone or video consultation. Calls were triaged by clinicians and there was one triage list for both emergency and routine appointments. We were told that the practice had suspended minor surgeries, but were making arrangements to revert to normal service. Cervical screening was initially stopped but we were told this has now recommenced. The practice manager told us that the local mental health liaison service had experienced staffing issues and many patients were reviewed by the GPs. A Senior Mental Health Nurse was employed by Vale Group Practice to provide mental health consultations which were now remote telephone consultations due to remote working throughout COVID-19. We were told that delays to the mental health services had been experienced, due to the high demand during the pandemic.

We saw that staff were provided with a workforce risk assessment tool, which staff completed to show their risk category if they were to contract the virus. Staff with high risk were redeployed to the clean site, at St Brides or to remote working from home. The practice manager explained how staff were supported through regular communication with management staff. Updates were provided in team meetings and via a virtual communications group, which was also used to keep in contact whether staff were in work or not. We were told that there were weekly virtual meetings between GPs and management. There were weekly update e-mails to all staff and update e-mails from the practice manager and GP partners. We saw evidence of staff training in IPC to level 2.

Arrangements and communication with out of hours services (OOH) have continued, with reports being downloaded onto the patient notes via the Welsh Clinical Communications Gateway (WCCG)⁴ for the attention of the duty doctor. We were told that on occasion, discharges from secondary care had been made prematurely, in particular in end of life care or where packages of care and medications were required. This was fed back to the health board. Arrangements for prescriptions and domiciliary services were made by the GP's in these cases.

No improvements were identified.

⁴ WCCP is a national system in Wales for the electronic exchange of clinical information, such as referrals, that integrates primary and secondary care systems using familiar yet highly secure Internet technology.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it 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 Quality Check.

As a result of the findings from this quality check, 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.

Improvement plan

Setting: Ravenscourt GP Practice

Date of activity: 1 December 2020

The table below includes improvements identified during the Tier 1 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	<p>There was not a formal risk assessment process in place for home visits and care home visits.</p> <p>The practice is required to complete a document risk assessment for home visits and visits to care homes with specific procedures identified for COVID-19.</p>	Standard 2.1 Managing Risk and Promoting Health and Safety	<p>Document Risk Assessment completed.</p> <p>Continue to only undertake absolutely necessary visits. Ensure formal risk assessment is undertaken prior to any visit.</p>	Dr B Roper Lead GP Partner	Actioned

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: Linda Church

Date: 18 December 2020