

Quality Check Summary

Victoria Gardens Surgery

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Victoria Gardens Surgery as part of its programme of assurance work. The practice provides primary care to the residents of Neath and surrounding areas, as well as local care homes.

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](#).

The current practice manager is leaving, and was handing over to a replacement at the time of the quality check. We spoke to both the outgoing and incoming practice managers on 24 June 2021 who provided us with information and evidence about their service. We used the following key lines of enquiry:

1. How has the practice and the services it provides, adapted during this period of COVID-19? What is the practice road map for returning to pre-COVID-19 levels of services?
2. How effectively is the service able to access wider primary care professionals and other services such as mental health teams, secondary care and out of hours currently?
3. What changes have been made in light of COVID-19 to ensure infection prevention and control standards are maintained?
4. How is the service ensuring that patients (including vulnerable/at risk groups) are able to access services appropriately and safely in terms of the practice environment and 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 key documents we reviewed included:

- Health and Safety risk assessment
- Pandemic management policy

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 were told that at the beginning of the pandemic a number of key changes were made to adapt the environment to allow for social distancing and improve infection control. These included creating a one way system around the practice, limiting the number of patients that could be accepted in to the waiting room and arrangements to wipe down surfaces after use.

The practice manager told us that they monitored the environment on a daily basis.

We saw the practice had a health and safety risk assessment in place, which covered a range of areas including equipment, amenities, fire safety and premises. Actions from previous risk assessments were noted and a review of documentation and environmental checks were evident. We also saw that the practice had a dedicated “red” area¹ room, to isolate patients who were showing symptoms of COVID-19.

We were told that signage was placed around the practice to help patients with the one way system. We also saw evidence of hand sanitising stations that were installed around the practice.

We were told that the practice has remained open throughout the COVID-19 pandemic. Patients could request a consultation via eConsult² or over the phone. Should there be a clinical need, the patient would be invited to attend an appointment in the practice. We were told that if a patient was unable to use eConsult or the telephone system, the practice could accommodate requests for appointments by patients in person.

We were told that staff completed individual COVID-19 risk assessments³ on a regular basis,

¹ Red areas refers to dedicated areas or patient pathways with proven or suspected COVID-19.

² eConsult is a medical app developed to allow GPs to offer online consultations to their patients

³ The All Wales COVID-19 Workforce Risk Assessment Tool has been developed to help people working in the NHS and Social Care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus. The tool aims to help staff understand whether they may be at greater risk, and to help them and their line manager choose the right actions based on the level of risk.

with an additional review if there was a change in their health.

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 control policy
- Pandemic management policy
- Treatment room cleaning policy
- Health and safety risk assessment
- Cleaning audit
- Audit completed by cleaning contractors

The following positive evidence was received:

We saw that an up to date policy is in place for the prevention and control of infection. The pandemic management policy was also implemented to ensure staff were able to manage the risks associated with COVID-19. We were informed that the practice manager updates the team by email and team meetings, to ensure all staff are aware of any changes in guidance or practice.

We were told that the practice had a dedicated “red” area room, separate from the main patient area to isolate patients if required. The room has its own access door and a one way system was in place to prevent contamination throughout the practice. The practice had currently opened one treatment room to patients.

The following areas for improvement were identified:

We were provided with information relating to infection control training which showed not all staff had completed this. We were told that some staff had not received formal training on donning and doffing⁴ personal protective equipment (PPE)⁵. As these staff had the

⁴ “Donning” is the process of safely putting on personal protective equipment and “Doffing” is the process of safely removing personal protective equipment.

⁵ Personal Protective Equipment is equipment that will protect the user and patient against risks such as the spread of infection.

potential to be public facing, it is important that staff are adequately trained to ensure they protect themselves and patients. The practice must ensure that all staff complete mandatory training in a timely manner.

We were told that cleaning schedules and logs were not completed, or in place for all areas. Cleaning is a key part of an infection prevention and control system, and the practice must ensure these are in place. We were told that the cleaning contractors occasionally undertake audits to assess and manage the risk of infection. We saw evidence that an infection control audit had recently been completed by the company and found no areas for improvement within this.

All these issues were dealt with under our immediate assurance process. We wrote to the practice immediately following the quality check requiring a response within one week, to ensure these patient safety issues were dealt with quickly. We were assured by the practice response to this issue, which included the introduction of checks and arrangements for ensuring staff training.

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:

- Staff meeting minutes
- Staff training
- Audit completed by cleaning contractors

The following positive evidence was received:

We were told that staffing levels had been well managed during the pandemic. Staff had worked on a rota basis where necessary to ensure social distancing could be maintained within the practice, and staff who were required to self-isolate or shield⁶ could be protected.

We were told that there was some support available via the local cluster⁷ to ensure the sustainability of services during the pandemic. The cluster has been in contact with the practices during the pandemic to help ensure risks are appropriately managed, and whether service hubs needed to be implemented.

⁶ Shielding, in relation to the COVID-19 pandemic, was a means by the Governments to protect the most clinically at risk people by not leaving their homes and minimising all face-to-face contact.

⁷ A Cluster is a grouping of GPs working with other health and care professionals to plan and provide services locally. Clusters are determined by individual NHS Wales Local Health Boards (LHB's). GPs in the Clusters play a key role in supporting the ongoing work of a Locality Network.

The practice manager confirmed that at the start of the lockdowns, practice team meetings were held by MS Teams communications, but are now being held in the practice with social distancing in place.

We were told that patients could access services bilingually, with Welsh speaking members of clinical and non-clinical staff. There was also access to a number of other languages via other staff members and language line. Information relating to the COVID-19 vaccination was provided in Welsh and English.

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.

Immediate improvement plan

Service: Victoria Gardens

Area: Neath, Swansea

Date of Inspection: 24/06/2021

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Infection Control				
<p>There was a lack of evidence that robust and appropriate infection control measures and checks were in place. This posed a potential risk to patients and staff attending the practice.</p> <p>Full cleaning schedules, logs or audits were not available for the practice. During the quality check call it was confirmed by the practice manager, that cleaning schedules and logs were not completed.</p> <p>The practice manager confirmed that aside from the cleaning audits undertaken by the private</p>	<p>Health and Care Standards, 2.4</p> <p>National Infection Control Manual</p>	<p>We have now implemented a cleaning schedule/log which our cleaner completes every evening</p> <p>We have now completed a hand washing audit. We have asked our infection control nurse to carry out an</p>	<p>Rachel Griffiths</p> <p>Allison Lloyd</p>	

Appendix A

<p>cleaning company, the latest being in May 2021, no other infection control and prevention audits were undertaken. This included hand hygiene and PPE. This meant that the practice could not be assured that acceptable infection control arrangements were being undertaken.</p> <p>We were not assured that all staff were trained to an acceptable level in infection control and prevention.</p> <p>In the quality check call the practice manager advised that non clinical staff did not undertake any formal infection control and prevention training at any level.</p> <p>They also confirmed that non clinical staff had not undertaken formal training in donning and doffing PPE. This was despite a number of these staff being in a public facing role, who were required to undertake tasks such as cleaning and temperature checks. Whilst in response to this issue being identified, PPE training was provided to some staff on 24/06/2021, it is necessary to ensure that training is provided to all remaining staff upon their return to the practice.</p>		<p>impromptu audit monthly and visual checks on the staff. Six monthly official audits will also be undertaken. In Allison Lloyds absence as IC Lead her deputy is Lisa Thorne (PN). Hand washing signage is also being displayed in all WC's.</p> <p>Online elearning in Infection Control Level 1 has commenced. Four members of staff have completed it and it is envisaged to be completed by all staff within 8 weeks,</p> <p>Training has been completed on all staff on PPE.</p>	<p>Rachel Griffiths</p>	<p>8 weeks</p>

Service / health board Representative:

Name (print):	Rachel Griffiths
Role:	Practice Manager
Date:	01/07/2021