Quality Check Summary
Bryn Mawr Well Being Centre
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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Bryn Mawr Well Being Centre as part of its programme of assurance work. Bryn Mawr Well Being Centre forms part of GP services provided within the areas served by Aneurin Bevan University Health Board.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Health and Care Standards 2015 (and other relevant regulations). Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found here.

We spoke to the practice manager and two representatives from the health board on 24 January 2022 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 is the practice 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 been made in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How is the practice ensuring that patients are able to access services appropriately and safely in terms of the environment and access to appointments?
- How is the practice meeting the needs of Welsh speaking patients when accessing healthcare services through the medium of Welsh?

• What arrangements are in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussion and decision making is undertaken appropriately and sensitively?

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:

- Individual staff health and safety risk assessments
- Environment risk assessment
- Infection prevention and control risk assessment

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

We saw that various risk assessments had been undertaken, including infection prevention and control (IPC), and staff health and safety risk assessments. These assess the personal risks of continuing to carry out their role during the pandemic and to highlight any adjustments needed to working practices.

We were told that the practice was purpose built three years ago and included a large waiting area, a one way system throughout the practice and disabled access. These features made it easier for staff to adapt the setting in line with social distancing guidance.

Staff informed us that social distancing signage was displayed throughout the setting and the waiting room was arranged to allow for patients to wait with appropriate social distancing.

We were informed that the practice has remained open throughout the COVID-19 pandemic. Patients are encouraged to phone for an appointment, and all are triaged at the door before entering the surgery. Phone consultations are also offered by GP and nurses and eConsult¹ was introduced at the beginning of the pandemic.

Staff told us that, in the event shielding patients needed to see a clinician, they will offer them an appointment first thing in the morning in order to avoid contact with any other

¹ eConsult enables NHS based GP practices to offer online consultations to their patients. This allows patients to submit their symptoms or requests to their own GP electronically and offers around the clock NHS self-help information, signposting to services, and a symptom checker.

patients. If a patient who had tested positive for COVID-19 or was displaying symptoms needed to see a clinician, staff would ask them to wait in their car and phone them when they are ready to see them. The patient would then enter the surgery via an alternative entrance and be seen in the closest room to the entry door used, to avoid contact with any other staff and patients.

We were told that the practice provides services to patients residing in care homes and visits have continued throughout the pandemic. The practice has approximately 90 patients in care homes and, once a week, a dedicated GP calls and visits the care homes. We were told that the clinical staff follow the care home's procedures when entering the premises. We were also told that the practice has procedures in place for any clinicians who are undertaking home visits.

Staff informed us that, although no members of staff are fluent welsh speakers, the practice provides bilingual leaflets and has bilingual messages on the phone lines. The practice also has access to a translation service, should any patients want or need to communicate in a language other than English.

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:

- Current cleaning policy
- Cleaning schedules for the past 2 weeks
- Current infection prevention and control policy
- Current training data for all staff in infection prevention and control.

The following positive evidence was received:

We saw that the practice had a policy in place for the prevention and control of infection. The policy has been amended to reflect the management of COVID-19. The practice manager confirmed that cleaning schedules have been increased and the use of personal protective equipment (PPE) has been optimised, with adequate stocks sourced and monitored on a regular basis. We also saw evidence that staff have completed relevant Infection Prevention and Control training.

We were told that all staff at the practice received training on the correct use of PPE, including donning and doffing.² Staff would also conduct spot checks on each other to ensure PPE is worn correctly at all times.

We saw evidence of training records for staff in infection prevention and control. All records were complete and up to date.

No areas for improvements were identified.

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:

- Copy of corporate policy/process for future pandemic emergency.
- Staff team meeting minutes for the last 3 months.

The following positive evidence was received:

It was apparent throughout the quality check that the practice had made improvements to support them in meeting the challenges brought on by the Covid-19 pandemic. We saw that the practice had a standard operating procedure in place that outlined actions to be taken in the event of a COVID-19 outbreak or another pandemic emergency.

We were informed that waiting times for primary and secondary care services have increased during the pandemic which has placed more demand on the practice. Whilst having an inhouse mental health practitioner has been very beneficial for the practice, staff informed us that they were experiencing difficulties getting patients seen by external mental health services. They told us that patients suffering with mental health issues were not being seen in a timely manner due to a seemingly lack of responsiveness from mental health services.

We were told that team meetings are held and we saw evidence that detailed records are being maintained.

² Donning - putting on personal protective equipment (PPE); Doffing - taking off personal protective equipment (PPE)

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.