

# General Practice Inspection Report (Announced)

Bro Pedr Medical Group Taliesin  
Surgery, Hywel Dda 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 Bro Pedr Medical Group Taliesin Surgery, Hywel Dda University Health Board on 23 April 2025.

Our team for the inspection comprised of two HIW healthcare inspectors and three clinical peer reviewers.

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 73 questionnaires were completed by patients or their carers and 24 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.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found patients generally received a positive experience at Bro Pedr Medical Group, Taliesin Surgery. Patients were treated with dignity and respect throughout their patient journey and there were appropriate arrangements in place to help enable them to access services in a timely manner. However, some patients expressed dissatisfaction in their feedback with regards to accessibility of urgent or same-day appointments. We saw patients had access to integrated healthcare services from the practice, including a health board-led physiotherapy service and a pharmacy co-located next door.

Most patients rated the service as ‘very good’ or ‘good’ and provided positive comments on their patient experience journey. Telephone systems and triage procedures were found to be suitable, with the practice making investments to improve the patient experience over the telephone. Throughout our inspection, we found staff treated patients in a polite and respectful manner.

The practice was bilingual where the Welsh language was fully integrated into the services for patients. Patients told us this was important for them when discussing their healthcare in their preferred language.

The practice had a positive approach to equality and diversity with staff showing a commitment to, and understanding of, the need to support all patients equally.

This is what we recommend the service can improve:

- Conduct a review of the information for patients regarding the availability of a private space for confidential discussions
- Consider the patient comments HIW received and where necessary, take action to improve the experience of patients calling for same day appointments and the availability of the e-consult service.

This is what the service did well:

- Good evidence of specific health promotion literature was available for different patient groups
- All staff had received equality and diversity training, which was supported by a robust policy
- The Welsh language was fully integrated into the service, significantly benefiting the local community.

## Delivery of Safe and Effective Care

Overall summary:

We found the practice to be clean, tidy and organised to enable safe and effective care to be delivered to patients. The rooms we inspected were in a good state of repair and free of clutter. However, we noted some chairs within one waiting room were upholstered in a cloth material which could be challenging to clean and effectively decontaminate. All other equipment was maintained to a good standard to enable effective decontamination.

We saw medicines were managed appropriately in line with current guidance and to a comprehensive and up to date practice policy. We found emergency equipment was correctly managed and checked weekly. However, there were no paediatric automated external defibrillator (AED) pads available. These were dealt with during the day of our inspection and the actions taken by HIW are at [Appendix A](#) of this report.

Safeguarding measures were robust, and detailed notes were recorded in patient records where appropriate. All staff were appropriately trained in safeguarding to a suitable level for their roles. Overall, patient records were completed to a good standard and were stored securely to prevent unauthorised access.

Personal Protective Equipment was routinely available and frequently used by staff. We also found robust arrangements in place for the management of needlestick injuries, and staff were knowledgeable on the steps to take to reduce the risks of healthcare associated infections.

This is what we recommend the service can improve:

- Ensure robust documentation of their workforce continuity plan

This is what the service did well:

- Patient referrals were managed to a good standard, including those which were urgent
- Clear and consistent patient records contained detailed descriptions regarding allergies, medications and continuity notes.

## Quality of Management and Leadership

Overall summary:

There were suitable processes in place to support effective governance, leadership and accountability at the practice. Staff were clear about their roles and responsibilities, with good support in place from the leadership team. Most staff

feedback was positive, highlighting strong support for the leadership and management of the practice.

Staff were respectful of one another, and all felt confident if needing to speak up if they had a concern. The practice management informed us of wellbeing activities which the practice team undertake and of the healthy work environment they are a part of. However, some staff told us they were not aware of the occupational health and wellbeing support available to them.

We found supportive arrangements in place for staff and the induction of new team members. A tailored programme of induction was in place for new starters in each of the practice areas. The staff we spoke with, and the results of our staff survey confirmed they felt appropriately trained to undertake their role. Additionally, most staff confirmed they had received an appraisal in the last 12 months.

Complaints were overseen by the practice manager, and most patients told us they would know how to make a complaint if they needed to. However, over half of respondents to the HIW patient survey told us they have never been asked about their experience of the service.

We noted effective working relationships within the local GP cluster and between other healthcare providers within the local community.

This is what we recommend the service can improve:

- Access for patients to their annual patient survey
- Ensure staff are appropriately informed of their ability to access occupational health and wellbeing services.

This is what the service did well:

- Staff were clear about their roles, responsibilities and reporting lines
- Staff were supported by the practice to undertake training above the mandatory requirements
- Staff wellbeing activities were actively supported by practice management.



## 3. What we found

### Quality of Patient Experience

#### Patient feedback

HIW issued a questionnaire to obtain patient views on the care being provided at Bro Pedr Medical Group Taliesin Surgery. In total, we received 73 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 73 responses.

Most patients rated the service as ‘very good’ (39/73) or ‘good’ (23/73). Nine patients said their overall experience was either ‘poor’ or ‘very poor’. Whilst there were no direct comments elaborating on their feelings of poor experience, it is possible these relate to the difficulty in accessing an appointment, and the regular change of GP staff impacting continuity of care as highlighted below. Patient comments included the following:

*“Always great service - always get appointment easily! Great with children and helpful”.*

*“Excellent Service at the Surgery”.*

*“The staff at the surgery are all lovely, but there is not enough of them. It is often difficult to get a pre bookable appointment with a few doctors, which only leaves the options of same day appointments. These go very fast, making it difficult to get an appointment. The car park is also not big enough for patients to park in. Once you have an appointment, you are treated well”.*

*“I have been with them 20 years and they are absolutely wonderful”.*

*“Unfortunately, there is a constant change of new doctors who know nothing about their patients and only stay for about six months. Therefore, continuity of care is lacking”.*

*“Some people say they can't get through on the phone in the mornings to make an appointment. I have nearly always been able to get through and make an appointment”.*

*“All receptionists are always friendly and helpful, face to face and over the phone. All medical staff are the same. Always feel that you are a person, not just a number. Thank you all”.*

*“Very happy with this GP Practice. Excellent staff all round and I can get an appointment when needed. Certainly, better than the Practices I have been with in England!”.*

## **Person-centred**

### **Health promotion**

We found a varied amount of information available for patients throughout the practice and on their website. Information to promote a healthy lifestyle included weight management techniques, support services and smoking cessation advice. We also saw good examples where tailored documentation was available in one place for older persons and separately to carers.

We saw patients had access to integrated healthcare services at the practice, including a health board-led physiotherapy service and a pharmacy co-located next door. Patients also had access to a dietician and weight management service, as well as smoking cessation. We heard how the practice worked closely with other agencies to drive an integrated service for patients, these included routine meetings with public sector partners and close working within the GP cluster group. These arrangements enabled patients to access help and support in a timely manner.

A text message service was used to remind patients of upcoming appointments to help prevent missed sessions. The process for missed appointments was appropriate and outlined within practice policies. Texts and letters were sent out to those who did not attend appointments, with follow-up communication issued by practice staff where appointments are routinely missed.

Preparations by the practice to manage the annual winter vaccination and immunisation programmes were suitable. Patients were made aware of these programmes through posters, online and via letter.

### **Dignified and respectful care**

We found patients were treated with dignity and respect throughout their journey at the practice. Clinical rooms provided an appropriate level of privacy, including closed doors during consultations, and external windows with blinds or curtains to prevent patients being overlooked. The reception area was away from the waiting areas and a sign informed patients a private area was available for confidential discussions. All telephone calls were taken away from the main reception desk.

These measures helped ensure patient privacy was upheld. However, despite the measures available, most respondents to the HIW questionnaire indicated they were not able to talk to reception staff without being overheard (33/58). One patient commented:

*“...There is no privacy whatsoever at the reception desk”.*

**The practice should review the patient feedback about privacy and ensure a private space is used for confidential discussions.**

The provision of chaperones was managed appropriately and advertised to patients proactively at reception, in waiting rooms and in each clinic room, and training was offered to all chaperones. In the patient records we reviewed, all except one demonstrated a chaperone was offered for a relevant examination. This was an older record and more recent instances had all been appropriately recorded. For patients who responded to the question about chaperones, the majority (27/31) stated they were offered one. While the practice clearly demonstrates an understanding of the importance of chaperones and proactively highlights this through notices, alternative communication methods should be explored about the availability of chaperones.

**The practice must consider how its chaperone service is communicated to patients more widely.**

Most respondents to the HIW patient questionnaire felt the GP explained things to them well and answered their questions (59/68) and that they felt listened to (56/59). In addition, most (58/65) felt they were involved in decisions about their healthcare as much as they wanted to be. Patient comments included:

*“Staff are always ready to listen”.*

*“The doctor I saw listened to me and made me feel seen regarding my issues”.*

Reception staff were observed welcoming patients in a professional and friendly manner. However, some patients provided negative comments in the questionnaire about their experience with reception staff. Most respondents to the HIW patient questionnaire (62/67) felt they were treated with dignity and respect, and most (53/55) also felt measures were taken to protect their privacy. Patients told us:

*“I have always found the staff to be friendly & professional. I've always received exceptional care and any concerns that I've had have been dealt*

*with empathy & promptly. I am very grateful for the care that Bro Pedr have given both myself and my partner over the last 12 months”.*

*“The GP was very kind as well as being very good. She put me at ease”.*

*“The doctor I saw listened to me and made me feel seen regarding my issues”.*

*“An excellent practice all round. Staff are very kind and caring”.*

*“I feel I have doctors that I have formed a good relationship with, who listen to me and who always give me the best treatment. When I have been in hospital, Dr [redacted] has often phoned to check on how I am when I've been discharged. [They have] also taken time to research alternative medications that will suit my individual needs. I feel very well cared for”.*

Respondents to the HIW staff survey felt measures were taken to protect patient confidentiality as well as their privacy and dignity. They also felt satisfied with the quality of care and support they give to patients, and that the care of patients is the practice's top priority.

## Timely

### Timely care

The arrangements in place to enable patients to access services in a timely manner were satisfactory. Patients were able to telephone the practice to secure an appointment for the same day, subject to availability. We were also told that patients were suitably informed of the different options available to them in terms of accessing appointments or securing advice from a health care professional. However, it was noted some patients expressed negatively about access to appointments.

In response to the HIW questionnaire, most patients (63/73) were satisfied with the opening hours of the practice, they could obtain routine appointments (65/73), and felt their appointment was on time (48/71. Additionally, most patients (65/73) said they would know how to access out of hours GP services if needed. Patient comments included:

*“Phone call appointments are often same day, and if it's about my medication that makes it easier”.*

*“Generally, can get same day appointments. Staff friendly”.*

*“The practice has improved a great deal recently. As far as I know, you can get a same day appointment to see a GP if you ring early in the morning”. The availability of a GP has improved a lot and the quality of the consultation, from my own experience, has been very good too”.*

However, nearly half of patients said they were not able to have a same-day appointment when they felt they needed to see a GP urgently, and under a third said they were not offered the option to choose the type of appointment they preferred.

Patient comments in this regard included:

*“They don't always offer phone call consultations which is important for those who don't have access to a car especially if they also take care of children at home. This should be essential for patients' health, ensuring they can speak to a GP”.*

*“What appointment! [you're] not able to book online, m.e is not supported by this practice, you have to join the bun fight of 8:30 am call for an appointment and when you do get through it is normally to be told call back tomorrow. The answering system is confusing if you want to book a routine appointment”.*

*“The morning telephone wait for an appointment, only to be told there are none left is unacceptable. Afternoon visits make you wait a week”.*

*“Can never get through to reception via phonenumber in the morning to make an appointment and then when I do they are all full”.*

Some patients also provided comments regarding the practice e-consult and online services:

*“E-consult is only available for certain hours which is crazy”.*

*“Online booking service on the NHS Health app hasn't worked since June 2024. You can view your own previous or upcoming booked appointments, but you can't book any appointments through app”.*

*“Unless urgent, the only way to get an appointment is to do an E-consult, which must be done between "Monday to Friday, 10 am-12 pm but may close earlier if the practice reaches capacity for the day." Surely this should be available 24/7 and would be acknowledged during surgery hours. By restricting the hours, it only serves to make it appear that they are*

responding to all patient requirements. (Also, not everyone has access or feels competent to complete E-consult)”.

The concerns raised by some patients regarding the timely access to their GP are not unique to this practice as this is an emerging picture across Wales. This is a common finding gained through patient feedback across HIWs GP inspection programme. Nonetheless, whilst access to GP appointments is a national issue, the practice must explore options and opportunities to improve timely patient access to its services.

**The practice must consider options and opportunities within the practice and the cluster to improve the overall timely access to GP services. This should include same day appointments.**

The patient triage process in place was appropriate and we found the practice to be proactively patient-focused. The non-clinical staff involved in the telephone triage process had appropriate access to expert advice, and triage flowcharts were comprehensive and supported them through the process.

The practice had invested in a new telephone system to help assist patients, including a ‘call back’ feature to prevent the time spent in a telephone queue. While we acknowledge the feedback received from patients outlined above, we were told the latest telephone data available to the practice showed good telephone answering response times.

There were suitable processes in place to support patients in a mental health crisis. Reception staff were trained to triage patients over the telephone and give clear care pathways or signposting, as appropriate. This included the NHS 111 ‘Option 2’ service, where patients can access a trained mental health professional. The practice website also provides signposting to other mental health support services. It was positive to hear that the local health board mental health service providers were invited to the practice’s multidisciplinary meetings.

## **Equitable**

### **Communication and language**

Suitable arrangements were in place to enable effective communication between clinicians and patients. Information about the services offered by the practice, including any changes, were appropriately communicated on screens, in patient leaflets, online and communicated by staff at reception. Internal communication was appropriate, including both formal and informal means for communicating messages or updates. Staff meetings and emails were used to communicate formal

updates or changes to procedures. The processing of mail was robust and enabled timely care to be delivered to patients.

A comprehensive set of arrangements were documented in relation to patient consent. Recently updated policies and guidance documents were available for staff and patients. We found the system for circulating information regarding patients being seen by other practitioners was suitable, as was the management of incoming and outgoing referrals.

The practice was bilingual and the Welsh language was fully integrated into the services for patients. Most staff were Welsh speakers and discussions between clinicians and with patients were frequently conducted through the medium of Welsh. Visual aids to identify Welsh speakers and bilingual signs meant patients could freely communicate in their preferred language without the need to ask. The majority of practice documents were available in Welsh, and staff informed us they had access to the health board translation service when needed. The 19 patient questionnaire respondents who indicated their preferred language as Welsh said they were either actively offered or sometimes offered the opportunity to speak Welsh (16/19). Most Welsh speaking respondents (15/17) also felt comfortable using the Welsh language at the GP surgery and that healthcare was available to them in Welsh (13/18). Patients provided written feedback in their HIW survey responses to say that speaking Welsh made a difference to them when accessing healthcare from this setting.

### **Rights and equality**

The practice had a positive approach to equality and diversity, with staff showing a commitment and understanding of the need to support all patients equally. The practice was accessible at ground level and any patients with specific mobility needs were seen in consultation rooms on the ground floor. We also noted toilets were accessible to patients with mobility needs, and we saw staff assisting patients where appropriate during the inspection.

We confirmed the equality and diversity policy had been recently updated and was reviewed regularly. We also confirmed staff had recently completed equality and diversity training. Reasonable adjustments for staff had also been made, including new chairs and desk equipment. Staff provided us with examples of how the practice had supported patients with a specialist chair in the waiting area.

The rights of transgender patients were also upheld, with staff confirming that preferred pronouns and names were used from the outset of transition.

Most patients (64/68) felt the building was accessible, that the toilet facilities suited their needs (60/61), and the practice was 'child friendly' (37/41). All patients told us there were enough seats in the waiting area.

Most respondents to the HIW patient questionnaire felt they could access the right healthcare at the right time and that they had not faced discrimination when accessing this health service. However, some patients did provide feedback and written comments regarding the availability of wider NHS services. Whilst these are important observations on the healthcare available to patients in this locality, these do not form part of the inspection into this setting. Nevertheless, these concerns will be shared with the health board for their consideration as part of HIW's partnership arrangements.



# Delivery of Safe and Effective Care

## Safe

### Risk management

Satisfactory arrangements were in place to protect the health, safety and wellbeing of patients and staff. Clinical rooms were in a good state of repair and free of clutter. All respondents to the staff questionnaire told us they were content with the efforts to keep staff and patients safe. Staff respondents also told us they would be happy with the standard of care provided by this practice for themselves or a family member.

We saw appropriate signage throughout the practice, including hand hygiene posters, as well as suitable safety and security signage on display. Sharps containers were securely fixed and were not overfilled, with a suitable waste disposal contract in place.

The practice business continuity plan was up to date and available to all staff in a shared drive, as well as being available in hard copy. We found most practice risks and continuity planning to be suitable, however, we did not see evidence of workforce continuity planning. Written plans to capture the risks associated with workforce continuity will help prepare the practice for the future and prevent any impact on the continuity of patient care.

**The practice must document their workforce continuity planning.**

The practice demonstrated good cluster cooperation to ensure patient care could continue in the event of an emergency which would necessitate the closure of the practice building. Patient safety alerts and significant events were appropriately recorded and overseen by practice management. We also saw how patient safety alerts were regularly disseminated to the practice and communicated in meetings.

### Infection, prevention and control (IPC) and decontamination

We found the practice was clean and had suitable policies and procedures in place to prevent and control the spread of infection. The cleaning audits and schedules we reviewed were fully complete and evidenced a proactive approach to IPC. All except one patient responding to the HIW questionnaire felt the practice was either 'clean' or 'very clean'. Most respondents (48/51) also noted that signage was displayed regarding what to do if they had a contagious infection. All except two patients indicated staff washed their hands before treating them.

All but one respondent to the HIW patient questionnaire who had received an invasive procedure said an antibacterial wipe was used to clean their skin prior to the procedure. Additionally, all but one said staff used gloves during the procedure, and all said any equipment used was individually packaged or sanitised.

All equipment and surfaces were maintained to a good standard to enable effective decontamination. However, several chairs in one waiting room were upholstered in cloth material. While the seating was not visibly dirty, this material makes it challenging to effectively decontaminate.

**The practice must ensure all equipment and surfaces can be effectively cleaned and decontaminated to prevent cross infection.**

Suitable procedures were in place for the management and disposal of all waste. Personal Protective Equipment was used appropriately to maintain good IPC, and appropriate hand washing facilities were available within treatment rooms. Satisfactory arrangements were in place to segregate people with transmissible infections to reduce the risk of cross infection. We also found robust arrangements for the management of needlestick injuries. The staff we spoke with were knowledgeable on the steps to take to reduce the risks of healthcare associated infections and demonstrated a good understanding of IPC.

The staff records we reviewed demonstrated compliance with IPC training appropriate to their role. Respondents to the HIW staff questionnaire said there was an effective IPC policy and cleaning schedules in place. Respondents also said appropriate PPE was supplied and used.

### **Medicines management**

The procedures in place for the management of medicines were robust. The clinical fridges storing vaccines and medicines were well-organised, clean and had a comprehensive record of temperature checks. A cold chain breach policy was in place to ensure any impacted medicines were managed appropriately.

All medicines we reviewed were checked on a weekly basis and were within their expiry dates. No controlled drugs were kept at the practice. There was a nominated nurse responsible for the management of medicines, with checks conducted by all of the nursing team on rotation.

While there were robust arrangements in place for managing medicines, we did find improvements needed for the management of prescription booklets. We found the reference numbers for these were not currently being recorded to maintain an audit trail, which potentially increased the risk of loss or misuse of prescriptions.

**The practice must record the reference numbers for their prescription booklets.**

All the emergency drugs and equipment met the Resuscitation Council UK guidelines. The comprehensive records we reviewed showed weekly checks took place of all emergency equipment and drugs by the named nurse responsible. We saw these checks included expiry dates and due dates for replacement.

An automated external defibrillator (AED) was in place and was fully charged. We found the AED had pads for adults, however, there were none available for paediatric patients. The adult pads specifically stated they were unsuitable for use on paediatric patients. In the event of a cardiac emergency with a paediatric patient, this could prevent or delay necessary treatment. This matter was dealt with on the day of inspection and the details of the actions taken by HIW are included at [Appendix A](#) of this report.

There was an appropriate mechanism in place should help be urgently required within the practice. All staff knew the location of the AED, but we were informed the sign on the room to indicate its location had been misplaced. The practice replaced the notice to indicate its location on the day of our inspection.

We saw that oxygen cylinders were in date, with appropriate stock levels, and arrangements were in place for reporting any incidents. We were told all clinical staff were aware of how to turn on the oxygen cylinder and training was delivered as part of the annual basic life support training.

### **Safeguarding of children and adults**

The procedures and policies in place for the safeguarding of children and adults were satisfactory. The staff we spoke with were aware of the practice safeguarding lead and their details were on display and within practice policies. The All-Wales Safeguarding procedures were available to all staff via their shared drive.

Our review of patient records showed cases where safeguarding concerns were flagged and followed the correct pathway, and where applicable, included checks being undertaken of the Child Protection Register. Staff reported their frustrations with the timely distribution of information from children's services, although, multi-agency safeguarding meetings and regular cluster meetings were conducted.

We saw all staff were trained to an appropriate level in the safeguarding of children and adults.

### **Management of medical devices and equipment**

We found medical devices and equipment were correctly checked and in good condition. Suitable contracts were in place for the repair or replacement of this equipment. Single use items were used where appropriate and disposed of correctly.

## Effective

### Effective care

We saw appropriate processes in place to support the effective treatment and care for patients. Staff told us that practice partners and the practice manager communicate changes or new guidance routinely. The minutes of meetings we saw were comprehensive and circulated for those who could not attend.

Patient referrals were managed appropriately, including those which were urgent. Audits were undertaken by staff on any suspected cancer referrals. The process for ordering and relaying test results to patients was also robust.

### Patient records

We reviewed ten electronic patient records, which were stored securely and were password protected from unauthorised access. Overall, the records were clear, written to a good standard and complete with appropriate information. They were contemporaneous and information was easy to understand for other clinicians reviewing the records.

We found there was a good and consistent use of clinical Read codes, which makes analysis and audit easier. However, we did note some instances where 'first episode' Read codes were being used more than once. This could make records challenging when conducting a problem orientated review but would not impede the care provided for patients. The patient records where chronic disease was recorded contained a full summary of conditions, including all past and continuing problems, as well as the medication being taken. We also saw proactive recording of allergies and the recording of 'no allergies'.

In contrast to the patient comments earlier in the report about seeing different GPs, the patient records demonstrated good continuity of care, with close oversight and supervision of patients by all the GPs. The records also evidenced good quality patient consultations.

From the older notes reviewed, we found that the patient's language choice was not always recorded, however, in newer records, language choice was now being recorded appropriately.

## Efficient

**Efficient**

We found services were arranged in an efficient manner and were person-centred to help ensure patients felt empowered throughout their healthcare journey. Self-referrals were available for physio services based on the site, as well as a dietician and smoking cessation service.

We saw staff working across services to effectively coordinate care, to promote best outcomes for patients, and help prevent unnecessary hospital admissions. Speciality frailty and respiratory nurses saw patients on site and the practice worked closely with district nurses undertaking home visits.

# Quality of Management and Leadership

## Staff feedback

HIW issued a questionnaire to obtain staff views on the services being provided at Bro Pedr Medical Group Taliesin Surgery. In total, we received 24 responses. Some questions were skipped by some respondents, meaning not all questions had 24 responses.

Most staff responses were positive, and some of the comments we received included:

*“We all work effectively as a team and staff are well supported by The Partners”.*

*“I enjoy working at Bro Pedr. My colleagues are what makes me enjoy coming to work. The majority of patients are polite and friendly”.*

*“It’s a great place to work. Partners and management are really supportive, and I always feel I can speak to them if there are issues”.*

*“Helpful staff who help with queries and provide good working environment”.*

## Leadership

### Governance and leadership

We found a supportive and committed management team working in the best interests of staff and patients. A clear chain of management and clinical oversight were evident at the practice, and all the staff we spoke with knew who to report any issues to. Practice policies and procedures were satisfactory and the means of communicating any changes to staff were appropriate. All policies and procedures were stored within a shared drive which all staff had access to.

Staff meetings took place monthly, and the minutes evidenced suitable discussions on policy updates, health and safety and infection control. Meetings also took place to discuss significant events and ensure lessons learned were implemented. Safety notices were recorded in a spreadsheet to ensure they are suitably managed and any changes communicated effectively.

The practice manager described the regular wellbeing initiatives in place for staff, including routine walks around mid-Wales and the Wales Coast Path. Human

Resources for the practice were managed via a contract with an external provider which enabled access to wellbeing or counselling sessions for staff, where needed.

Practice management explained their current main challenges were the higher acuity of patients and some temporary staff absences causing increased workloads. These were being effectively managed but were currently recognised as the most challenging areas for the service.

## Workforce

### Skilled and enabled workforce

We found good working relationships across the different teams working within the practice. Staff told us they were happy and proud to work for the practice and the National Health Service. We saw the overall culture of the practice was to support one another to deliver the best service possible for their patients.

We found supportive arrangements in place for staff and the induction of new team members. A tailored programme of induction was in place for new starters in each of the practice areas. The staff we spoke with confirmed they worked within the scope of their practice, skills, and experience. We saw an appropriate skill mix across the teams to deliver the services required. As outlined earlier in this report, we did not see these matters had been appropriately recorded and risk assessed.

Training was overseen by the practice manager, with training needs identified through appraisals and the practice development plan. We saw full compliance with all mandatory training requirements, including basic life support; infection prevention and control; as well as safeguarding. We saw good practice with examples of recent training having been undertaken in care navigation for all staff. In addition, further noteworthy practice was identified whereby nurses were able to undertake training to develop and further their clinical practice.

Respondents to the HIW staff survey felt they have either received full (19/24) or partial (5/24) training to undertake their role. Most respondents also said they had received an appraisal within the last 12 months.

From the sample of staff records we reviewed, we saw all mandatory pre-employment checks had taken place, including Disclosure and Barring Service (DBS) checks, and routine self-declarations to confirm staff members' continued fitness to work. We were assured that staff would be supported to raise a concern should the need arise, and we were provided with the practice whistleblowing policy.

Employment contracts and staff vaccinations were overseen by the practice manager. We saw evidence all staff had a current contract in place and clinical staff were appropriately immunised.

In response to our staff survey, all but one agreed they could meet the conflicting demands on their time at work, and that there was an appropriate skill mix at the setting. All respondents agreed they had adequate materials, supplies and equipment to do their job, and most felt there were enough staff to allow them to do their job properly, however, five disagreed with this statement. The practice may wish to reflect on this finding and explore reasons why some staff feel this way. Some respondents (4/24) told us they were not aware of the occupational health and wellbeing support available to them.

**The practice must improve the information for staff regarding the occupational health and wellbeing services available to them.**

## **Culture**

### **People engagement, feedback and learning**

We found suitable policies and procedures in place for the collection, review and response to patient feedback and complaints.

All patient feedback was reviewed by the practice manager and we noted a 'you said, we did' board in reception, to inform patients of the response to their feedback. We were told feedback was discussed at weekly GP partner meetings and then communicated to all staff in practice meetings.

Complaints were overseen by the practice manager and followed a suitable procedure which was aligned to the NHS Wales Putting Things Right process. We saw an annual review process was in place to monitor key trends or themes through the complaints received. Posters were displayed around the practice to advertise the complaints process to patients and included a named staff member for patients to contact. We saw onward referrals to the Public Service Ombudsman for Wales, but we did not see reference to the newly established patient support and advocacy service, Llais. This was added to the procedures during the inspection. While the procedures in place for managing complaints were comprehensive, a number of patients (27/72) told us they would not know how to make a complaint regarding this service.

**The practice should review the patient feedback regarding their complaints procedure to ensure all patients are aware of the means to raise a complaint.**



We reviewed a sample of patient complaints from the last financial year and saw no common themes emerging. All the complaints we reviewed were dealt with in line with practice procedures and Putting Things Right.

The responsibilities of staff regarding the Duty of Candour were outlined in a suitable policy and procedure which had been recently reviewed. Whilst there were no Duty of Candour incidents for us to review, the procedure in place was satisfactory.

The staff we spoke with felt able to speak to the practice manager regarding any concerns they may have. All staff also told us they felt comfortable to share any suggestions they might have with the practice manager for their consideration. However, some respondents to our staff questionnaire said they were not involved in deciding on changes introduced that affected their work (6/24).

Staff told us that an annual patient survey was conducted. However, over half of respondents to the HIW patient survey (46/73) told us they have never been asked about their experience of the service, and 10 patients could not remember.

**The practice should improve the promotion of and access to their annual patient survey.**

## **Information**

### **Information governance and digital technology**

The practice had an up-to-date policy which outlined the steps taken to ensure the robust management of information. We noted an active subscription to the health board operated data protection officer service.

We saw appropriate systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high-quality data and information.

## **Learning, improvement and research**

### **Quality improvement activities**

Continuous improvement was driven by staff and patient feedback. This included reflections in practice management meetings and discussions with staff. The practice engaged in activities to continuously improve by developing and implementing innovative ways of delivering care.

## **Whole-systems approach**

**Partnership working and development**

Regular multidisciplinary meetings took place with healthcare partners. The practice worked within the local GP cluster to build a shared understanding of the challenges and the needs of the local population, and to help integrate healthcare services for the wider area. Relationships with other services were good and benefitted the experience of patients.

## 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 summarises 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
The automated external defibrillator (AED) had pads for adults, however, there were none available for paediatric patients. The adult pads specifically stated they were unsuitable for use on paediatric patients.	Any paediatric patient requiring the assistance of an AED would be unable to be treated.	This was brought to the attention of the practice nurse, manager and partners.	Paediatric pads and a spare battery were ordered that day for delivery at the earliest available date.

## Appendix B - Immediate improvement plan

**Service:** Bro Pedr Medical Group Taliesin Surgery

**Date of inspection:** 23 April 2025

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	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No additional immediate improvements were identified on this inspection.					

## Appendix C - Improvement plan

**Service:** Bro Pedr Medical Group Taliesin Surgery

**Date of inspection:** 23 April 2025

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	Standard / Regulation	Service action	Responsible officer	Timescale
1.	Most respondents to the HIW questionnaire indicated they were not able to talk to reception staff without being overheard (33/58).	The practice should review the patient feedback about privacy and ensure a private space is used for confidential discussions.	Health and Care Quality Standards - Dignified and Respectful Care.	We have placed the sign in a better position, so it is easily visible to visitors on arrival at reception	Practice Manager	Completed
2.	Four patients who responded to the HIW questionnaire said they were not offered a chaperone	The practice must consider how its chaperone service is communicated to patients more widely.	Health and Care Quality Standards - Dignified and Respectful.	Chaperone information is clearly displayed in all clinical rooms, waiting rooms, in the practice leaflet, on the in-house TV system and all clinicians ask patients if they require a	Practice Manager	Completed

				chaperone before examinations		
3.	Nearly half of patients told us that they were not able to have a same-day appointment when they felt they needed to see a GP urgently (33/69). A number of patients (26/64) also told us they were not offered the option to choose the type of appointment they preferred. Some patients also provided comments regarding their negative experience with the practice e-consult and online services.	The practice must consider options and opportunities within the practice and the cluster to improve the overall timely access to GP services. This should include same day appointments.	Health and Care Quality Standards - Timely.	<p>Same day appointments are available Monday - Friday but we have very high demand with a large practice list size.</p> <p>Reception staff have been reminded to offer both f2f and telephone appointments.</p> <p>We can now place a message on the telephone system to advise when same-day appointments have gone, but patients can still pre-book.</p> <p>eConsult has been amended to be available between 11</p>	Practice Manager	Completed

				am - 1 pm to offer lunchtime access for those that work.		
4.	No evidence was presented of written workforce continuity planning to capture the associated risks.	The practice must document their workforce continuity planning.	Health and Care Quality Standards - Safe.	This document is being produced.	Practice Manager	End of August 2025
5.	Several chairs in one waiting room were upholstered in cloth material. This material makes it challenging to effectively decontaminate.	The practice must ensure all equipment and surfaces can be effectively cleaned and decontaminated to prevent cross infection.	Health and Care Quality Standards - Safe.	All of the cloth chairs have been replaced	Practice Manager	Completed
6.	Reference numbers for prescription booklets were not currently being recorded to maintain an audit trail, which potentially increased the risk of loss or misuse of prescriptions.	The practice must record the reference numbers for their prescription booklets.	Health and Care Quality Standards - Safe.	A spreadsheet is being created for this purpose	Practice Manager	End of August 2025



7.	Some respondents to the HIW staff questionnaire (4/24) told us they were not aware of the occupational health and wellbeing support available to them.	The practice must improve the information for staff regarding the occupational health and wellbeing services available to them.	Health and Care Quality Standards - Culture.	All staff have been emailed the up-to-date details of a 24/7 Helpline available to them and their family which also provides 6 sessions per topic per staff member.	Practice Manager	Completed
8.	A number of patients (27/72) told us they would not know how to make a complaint regarding this service.	The practice should review the patient feedback regarding their complaints procedure to ensure all patients are aware of the means to raise a complaint.		The complaints procedure is in the practice leaflet and Putting Things Right leaflet available at reception. Information is also displayed on the website and the in-house TV display. Receptionists also signpost patients to a complaints form that can be completed via the practice website.	Practice Manager	Completed
9.	Staff told us that an annual patient survey was conducted. However, over half of respondents to the	The practice should improve the promotion of and access to their annual patient survey.	Health and Care Quality Standards - Culture.	The annual patient survey is advertised in the waiting room at both practice sites, on the in-house TV	Practice Manager	Completed

HIW patient survey (46/73) told us they have never been asked about their experience of the service, and 10 patients could not remember.			display, on the website and our Facebook page. Patient questionnaires are available in the waiting rooms with a box for them to be posted anonymously and a link to complete the questionnaire online is published on the website and Facebook.		
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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 (print):** Lucy Holland-Hancock

**Job role:** Practice Manager

**Date:** 20/06/2025