Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report

(Announced)

Canolfan Iechyd y Felinheli, Betsi Cadwaladr 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.

Contents

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 Canolfan Iechyd y Felinheli, Betsi Cadwaladr University Health Board on 01 July 2025.

Our team for the inspection comprised of two HIW healthcare inspectors, two clinical peer reviewers, and a practice manager peer reviewer.

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 23 questionnaires were completed by patients or their carers and 10 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 Canolfan Iechyd y Felinheli to be a pleasant, well-maintained practice. The premises were purpose-built with very good accessibility, from level access and automatic doors through to all services being on the ground floor with adjustments in place to aid patients.

There were good processes in place to ensure patients could access the right services and in a timely manner. Most patients who responded to the HIW questionnaire said they could get routine appointments when they needed them, and same-day appointments for urgent matters.

A wide range of services were provided, including a dispensary for medicines. The clinical rooms were clean, tidy and appropriately equipped. The patient waiting area was spacious and pleasant.

Patients were provided with a wide range of information about the practice, health and support at the premises, on the practice website and via social media. In response to a HIW questionnaire, patient feedback was generally positive and included the following comment:

> *"This surgery is excellent, friendly, helpful, nothing is too much bother for them, it is a pleasure to be a patient there."*

This is what we recommend the service can improve:

- Review and update the content of the patient information leaflet and the practice website
- Update the voicemail message to inform patients that their phone call may be recorded
- Put an equality and diversity policy in place for patients.

This is what the service did well:

- A wide range of health promotion information and support available
- Good provision for Welsh speaking patients
- Easy access for patients with mobility difficulties and wheelchair users.

Delivery of Safe and Effective Care

Overall summary:
We found Canolfan Iechyd y Felinheli to have staff who had a sound knowledge of their roles and responsibilities and were committed to providing a high standard of care for their patients.

Some improvements to electronic systems were on-hold due to an anticipated transfer to a new software system (EMIS) however this was expected to take place during 2025.

There were good measures in place to ensure infection prevention and control, and to manage medical emergencies.

Patient records were kept securely, detailed and provided a clear narrative about the condition and treatment of patients.

Patients benefitted from a range of co-located services at the practice, provided both by the practice directly and by the local health board.

This is what we recommend the service can improve:

- Consider using dataloggers to monitor vaccine fridge temperatures
- Hold formal meetings with health visitors to discuss safeguarding issues.

This is what the service did well:

- Patient records and monitoring of long-term medication completed to a high standard
- Up to date policies and procedures to support staff and patients
- Patient feedback about the standard of care.

Quality of Management and Leadership

Overall summary:
We found that Canolfan Iechyd y Felinheli had a supportive and committed management team working in the best interests of staff and patients. The senior partners and management team were seen to be engaged and visible.

Some staff responded to the HIW questionnaire that they felt more staff were needed to provide an effective service. However, other comments indicated that staff wellbeing and work-life balance was acceptable.

We were told how feedback and learning was shared within the practice and the cluster. However, there was scope to build on existing processes to improve the sharing of knowledge.

There were good collaborative relationships in place with external partners and within the cluster. We found there was clear leadership in place, leading to effective service delivery. All staff we spoke to demonstrated a positive commitment to improvement.

This is what we recommend the service can improve:

- Ensure new staff complete mandatory training promptly
- Improve how feedback is shared with both staff and patients.

This is what the service did well:

- A positive approach to staff training and development
- Collaborative working with other services and practices
- Good support for staff wellbeing.

3. What we found

Quality of Patient Experience

Patient feedback

Patients who responded to the HIW questionnaire were mostly positive across all areas, with the negative comments relating only to accessing the GP and booking appointments. However, most respondents who answered said they were able to get a same-day appointment when they need to see a GP urgently and that they could get routine appointments when they needed them.

All respondents rated the service as 'very good' or 'good'.

Patient comments included:

> *"I have received excellent care which has been acted on quickly."*
>
> *"Historically, in all my time visiting Felinheli surgeries I have nothing but the greatest of respect and gratitude for the way I have always been treated and cannot fault the service they provide. Thank you."*
>
> *"Excellent care provided by all areas of the practice 10/10 and we are blessed to have such facilities also feeling safe in their care."*
>
> *"It's a fantastic surgery and we are very lucky."*

Person-centred

Health promotion
A wide range of health information leaflets and posters were available for patients in the reception area, in both English and Welsh. These included information on smoking cessation and healthy eating. Some noticeboards in the waiting area displayed information on specific themes, such as parenting and child health. The practice website included a patient information section, with a comprehensive list of websites providing advice and support.

Information about the practice was available on the practice website and within a leaflet distributed to patients upon registration. New patients were also sent information about how to access health and wellbeing support.

We advised that some elements of the practice website and patient information leaflet required updating, such as MyHealth Online having been replaced by the NHS Wales application and extent of CCTV coverage at the premises.

The practice should review and update the content of the patient information leaflet and the practice website.

All but one respondent to our patient questionnaire agreed there was health promotion and patient information material on display and that they were offered healthy lifestyle advice.

The practice provided a range of nurse led clinics for the management of chronic conditions and additional services. These included minor surgery, cryotherapy, audiology and diabetes management. Additional healthcare professionals who were part of the practice multidisciplinary team (MDT), included health visitors and a mental health practitioner. Other services were provided by the health board and based at the premises, including ophthalmology and speech and language therapy.

The practice offered respiratory syncytial virus (RSV) vaccinations, with suitable processes in place to identify and contact eligible patients. In addition to posters, text messages and social media the practice used telephone calls and letters, ensuring those without digital access were offered the service.

Staff at the practice worked closely with the patient group to ensure they received the right care from the right services. A home visit policy was in place and staff told us that most home visits were to care homes. To ensure vulnerable patients and those without digital access received timely care and access to services specific to their needs, the practice contacted patients by telephone and by letter where applicable.

Dignified and respectful care

We found patients were treated with dignity and respect throughout their patient journey. Clinical rooms provided patients with an appropriate level of privacy with external windows being obscured and doors kept closed during consultations. Privacy curtains were also available.

All but one respondent to the patient questionnaire felt they were treated with dignity and respect.

Closed circuit television (CCTV) recording was used in the waiting area and external to the premises. There was signage to clearly indicate this to patients and an appropriate policy was in place.

A touch screen computer was in place for patients to sign in upon arrival. This was temporarily out of use, as new software was due to be installed and signage directed patients to the reception desk. The spacious reception and waiting area offered some level of privacy, and a room was available next to the reception area to maintain discreet conversations between patients and staff.

We noted that the voicemail message for patients contacting the practice did not state that calls could be recorded.

The practice must ensure that the voicemail message is updated and patients are informed that their phone call may be recorded.

We saw notices displayed at reception and in clinical rooms offering a chaperone service. The surgery offered male and female chaperones and patients could request one at any time. A chaperone policy was in place and we were told that training was planned for September 2025.

All respondents to the HIW questionnaire who provided an opinion agreed they were offered a chaperone for intimate examinations or procedures. Where relevant, patient records included notes about the offer and use of chaperones.

Two rooms were provided next to the waiting area for baby changing and for baby feeding. We noted that the baby changing room had handwashing and drying facilities but no waste disposal. This was addressed during the inspection with a waste bin put in place and a bilingual notice specifying it was for paper towels only, and that used nappies were to be taken away and disposed offsite.

Timely

Timely care

Appointments were mostly made via telephone and could also be made in person or by email request. Each General Practitioner (GP) had daily pre-bookable appointments and patients could request these up to three weeks in advance.

There were good triage processes in place to ensure patients could access the right services and in a timely manner. Staff had received care navigation training and an access and triage policy was in place. Reception staff were further supported through support from clinical staff and use of a flowchart. Staff told us that all urgent cases and children requiring an appointment were seen on the day of request.

Both face-to-face and phone appointments were made available daily, ensuring vulnerable patients had access to services.

The practice actively used social media to share information with patients, such as vaccination campaigns, figures for patients that 'did not attend' per week and which local pharmacist would be open on Bank Holidays.

Patients who responded to the HIW questionnaire were satisfied with the opening hours of the practice. Eighteen respondents agreed that they could get routine appointments when they needed them and a same-day appointment if it was urgent, and three respondents disagreed.

Equitable

Communication and language
Staff told us they could access a translation service to help communicate with patients whose first language was not English. A hearing loop was installed to assist patients with impaired hearing.

Bilingual signage and patient information were available. There were several Welsh speakers at the practice and the Welsh language active offer was displayed to promote the use of Welsh language while at the practice. We saw 'Iaith Gwaith' lanyards and badges worn by staff so that patients could identify them as a Welsh speaker. Staff estimated that around three quarters of their patients were Welsh speakers.

Rights and equality
The practice was in a purpose-built building with very good accessibility both inside and out. There was a free car park with designated disabled bays outside the main doors to allow patients with impaired mobility easy access into the building. There were automatic doors to the front entrance of the practice and all patient areas were on the ground floor, with level flooring throughout.

There was a lower reception desk area that allowed for ease of access for patients in wheelchairs. A wheelchair was available for patient use whilst at the practice, with notices clearly advertising this. All corridors were fitted with handrails to assist patients with impaired mobility.

The patients' waiting area was spacious and clean with plenty of seating available. The waiting area had sufficient seating, including bariatric and high leg chairs to help assist with any mobility issues.

There was a mixed gender toilet in addition to the male and female toilets. This was wheelchair accessible and fitted with grab handles and an emergency alarm.

All patients responding to a questionnaire thought the building was easily accessible and had suitable seating and toilet facilities.

The practice had an equal opportunities and anti-discrimination policy in place for staff. We advised that patients should be included and this was addressed during the inspection with the policy being updated. We recommended that the practice have a separate equality and diversity policy specifically for patients, considering issues such as neurodiversity and the rights of transgender patients.

The practice should put an equality and diversity policy in place specifically for patients.

Staff had undertaken training relating to equality, such as a 'treat me fairly' course. We recommended that the practice consider further training for staff on specific subjects, such as autism awareness.

Staff confirmed that preferred pronouns and names were used, ensuring the rights of transgender patients were upheld.

Information was on display to support carers, including contact details for the local Carers Outreach Service. The practice manager told us the practice had regular contact with the local Carers Support Officer and shared information and promoted events by means of posters and social media. Some members of the practice (clinical and non-clinical) had met with the North Wales Memory Support Pathway Community Development Coordinator to discuss their presence in the area and how they support patients and carers.

However, only three out of ten staff that responded to the HIW questionnaire agreed that the practice maintained a register of carers or signposted carers to support organisations.

The practice should ensure that carers are identified and supported and to raise staff awareness about measures taken.

The practice did not have a Patient Participation Group (PPG). However, we were told that the practice intended to set up a PPG in the future, with group members being representative of the demographics of the patient list.

The practice should consider setting up a Patient Participation Group (PPG) to effectively engage with patients and identify service improvements.

Delivery of Safe and Effective Care

Safe

Risk management
There were processes in place to protect the health, safety and well-being of all who attended the practice and for home visits. The practice was notably clean, tidy and free of clutter. The premises provided ample space to provide services and were in a good state of repair, with staff describing appropriate maintenance arrangements.

A robust and up-to-date business continuity plan was in place, which contained relevant information and emergency contact numbers.

Staff told us that patient safety alerts were disseminated to the practice and communicated in meetings.

Infection, prevention and control (IPC) and decontamination
An IPC policy was in place and all staff had access to this. IPC audits were being carried out in line with the policy.

Staff had received IPC training appropriate to their roles and demonstrated a clear understanding of their IPC roles and responsibilities. The practice had a named nurse identified as the IPC lead.

Clinical rooms were seen to be appropriately equipped to maintain hand hygiene and surface cleaning. The practice was tidy and well organised which assisted effective IPC management. We saw evidence of appropriate cleaning schedules and safe storage of COSHH materials. Appropriate arrangements were in place for the safe storage and disposal of healthcare waste generated at the practice.

Appropriate policies and procedures were in place about the vaccination of staff and the process to follow should staff sustain a needlestick or sharps injury. We saw staff records showing immunisations and Hepatitis B vaccinations.

Three members of staff were non-responders to the Hepatitis B vaccination. We found there were no risk assessments in place to manage this increased risk. This was addressed immediately during the inspection with appropriate risk assessments put in place.

All respondents to the HIW questionnaire agreed that the practice was ‘very clean’ or ‘clean’

Medicines management
Processes were in place to ensure the safe prescribing of medication. The Advanced Nurse Practitioner (ANP) was a non-medical prescriber and their consultations and prescribing were reviewed by the supervising GP at the end of every session.

We noted that repeat medications were not routinely linked to health issues in patient records, which would assist when reviewing a patient's record. We were told that the practice intended to do this when moving over to the EMIS healthcare records system, due to take place within the next six months.

The practice should ensure that repeat medications are routinely linked to health issues once the EMIS system has been adopted.

A member of the administration team ran monthly searches of patients on disease-modifying antirheumatic drugs (DMARDs) and other high-risk drugs to ensure patients were booked in for blood tests as needed. In addition, a GP provided oversight to ensure appropriate monitoring was taking place. We considered this to be good practice.

Vaccines were stored appropriately within dedicated vaccine fridges, which had received annual maintenance checks. An up-to-date cold chain policy was in place to ensure safe storage of refrigerated medicines and we were assured that staff were aware of the action to take should there be a breach in the cold chain. Evidence of twice daily temperature checks were provided to us to confirm adherence to the policy. We recommended that the practice consider the use of a back-up datalogger to identify any temporary problems that may occur out of hours.

The practice should consider using back-up dataloggers to monitor vaccine fridge temperatures.

Appropriate processes were in place for reporting adverse reactions to drugs, using the yellow card system, and for the disposal of expired medicines.

The drugs we checked during the inspection were all in date. The practice had a nominated person responsible for checking the drugs on a weekly basis.

There was appropriate resuscitation equipment and drugs in place for use during a patient emergency such as cardiac arrest, with kits kept both at reception and in a treatment room. These met the primary care equipment standards as outlined by the Resuscitation Council UK guidance. This included automatic external defibrillators.

Some emergency drugs were kept in a locked cupboard in the dispensary. We advised that this was not necessary and that keeping all the drugs and equipment together was best practice. This was resolved during the inspection with the drugs being moved.

We noted that the resuscitation equipment included intravenous fluids and cannulation equipment. The GP explained that they would be the only person to cannulate. However, there was no policy in place about this. During the inspection, the GP decided that the cannulation equipment was no longer required and it was removed.

There was a named nurse responsible for the regular checking and replacement of all resuscitation equipment, consumables and relevant emergency drugs, including two full canisters of oxygen. These checks were all adequately recorded.

Safeguarding of children and adults
Processes were in place to flag individuals with safeguarding concerns and ensure a suitable safeguarding pathway was followed. Children at risk were appropriately Read coded and systems were in place to ensure children on the child protection register could be identified from their family records.

An appropriate safeguarding policy was in place, with a named safeguarding lead. The safeguarding lead had up-to-date training at level 3, which is seen as good practice. Staff had access to the Wales Safeguarding Procedures.

The practice had a 'was not brought' policy to manage children and vulnerable adults who failed to attend their appointments. The safeguarding lead told us they met informally on an ad hoc basis with health visitors to discuss any children at risk. We recommended that regular formal meetings be held, with minutes taken.

The practice should ensure that regular, formal meetings with minutes are held with health visitors to discuss safeguarding issues.

The training matrix showed that staff had received relevant safeguarding training at the appropriate level.

Management of medical devices and equipment
We found medical devices and equipment were in good condition, safe to use and had been appropriately checked. All clinical staff were responsible for checking medical devices and equipment.

Electrical equipment underwent portable appliance testing annually. Suitable contracts were in place for the repair or replacement of relevant equipment. Single use items were used where appropriate and disposed of correctly.

Effective

Effective care

It was apparent that the practice had a dedicated team that worked hard to provide patients with safe and effective care. Staff described good collaboration with the wider GP cluster, working together to improve care for patients.

The practice recognised the importance of significant events and used these as an opportunity for shared learning and to improve processes. Significant event meetings were held as needed, including all relevant staff, and acted upon promptly. Learning from significant events was shared across the practice at clinical meetings and / or by electronic communication.

Staff described a suitable organised process for ordering tests and relaying the results to patients.

The practice telephone system signposted callers with emergency conditions to dial 999. Care navigation trained staff showed good awareness of how to identify life threatening emergencies and signpost help. Patients contacting the practice in mental health crisis would be directed to a GP.

Patients who responded to the HIW questionnaire provided comments about patient care, which included:

> *"I cannot praise [Doctor] enough. He is always great with me and my child. Always ready to listen, always ready to help, and we are so lucky to have him as a family doctor in Y Felinheli. He is a very special doctor."*

> *"Very prompt care enabled me to get treatment for cancer very quickly. I could not praise enough the care I received."*

> *"The GP practice is outstanding; the lead GP provides a fantastic service each time. I felt genuinely listened to and treated with kindness. I had multiple issues last year which meant I visited regularly over a period of time. The GP explained how certain circumstances we have in life can lead to certain reactions in the body, he helped me through such a difficult time in my life. I will forever be grateful."*

Patient records

We reviewed a sample of 10 electronic patient medical records. These were stored securely and protected from unauthorised access in compliance with relevant legislation. Historic paper records were stored securely.

Our review demonstrated that the records were maintained to a high standard. Consultation narratives were thorough with evidence of appropriate decision making, suitable management plans and appropriate referrals when necessary. Patient records were completed contemporaneously, and the information was presented in a manner that was easy for other clinicians to review. We found that clinical Read codes were used effectively and consistently, supporting analysis and audit processes.

The practice used VISION software but was preparing to move across to EMIS software, the date being unknown but expected to be within a few months.

Efficient

Efficient

We found that services were arranged in an efficient manner and were person centred to ensure people felt empowered in their healthcare journey.

Patients had access to several services within the premises, including a diabetes specialist nurse, audiologist and mental health practitioner. Some services provided by the health board made use of the premises, including speech and language therapy and an ophthalmologist. Practice nurses were able to liaise with other co-located services such as health visitors to effectively coordinate care for patients.

We were told that the practice had previously had a physiotherapist funded by the cluster and were hoping to re-instate this service. There was no pharmacist on site, however senior staff told us that they were considering introducing the role into the MDT.

As well as being referred by clinical staff, patients could self-refer for services such as an expert diabetes course or exercise scheme.

Quality of Management and Leadership

Staff feedback

Responses given by staff to the HIW questionnaire were mostly positive. All but one of the respondents agreed that:

- They had appropriate training for their role
- They had the materials, supplies and equipment needed to do their job
- Care of patients is the health centres top priority, and
- They were satisfied with the quality of care and support given to patients.

Less than half of the respondents felt that enough staff were employed at the centre to allow them to do their job properly.

Staff comments included:

> *"We don't have enough staff, regularly need to do extra hours to help. If we had more staff, it would reduce stress in the workplace and could complete tasks quicker and more efficiently."*

However, most felt that the practice took positive action on health and wellbeing, and felt they could achieve a good work-life balance from their current working pattern.

Most respondents to the questionnaire stated that the practice encouraged them to report errors, near misses or incidents and all said that staff involved were treated fairly. All respondents agreed that there were appropriate measures in place at the practice about safeguarding and to maintain effective infection control.

Leadership

Governance and leadership
There were processes in place to support effective governance, leadership and accountability. Staff were clear about their roles, responsibilities and reporting lines and the importance of working within their scope of practice. There were designated leads for specific areas.

We saw that there was a supportive and committed management team working in the best interests of staff and patients. Senior managers were seen to be engaged and visible.

A wide range of policies and procedures were in place to support the effective running of the practice. Policies were detailed, specific to the practice and saved on the shared drive which allowed staff access to them.

We found that staff wellbeing was a priority at the practice, with wellbeing support, good facilities and a positive culture.

During the inspection, all staff were engaged in the process and demonstrated a positive approach to improvement.

Workforce

Skilled and enabled workforce
We saw good evidence of staff development and collaborative working. Staff had a sound knowledge of their roles and responsibilities and appeared committed to providing a quality service to patients.

Staff feedback to the HIW questionnaire indicated some discontent about staff numbers and we suggest the practice management reflect on this.

The practice manager used a training matrix to monitor the training records of clinical and administrative staff. The training matrix did not include doctors because they source supervision and appraisals externally, however, the practice manager said they would consider including resuscitation training for doctors to ensure this was completed periodically.

Overall, compliance with mandatory training requirements was good. However, some training, including health and safety and fire safety awareness, had not been completed by a new member of staff at the practice. The practice manager clarified that this had been identified as a learning point and that more time was now being allocated to new starters to complete mandatory training.

The practice must ensure that all staff, including new starters, have up to date mandatory training.

We saw evidence of regular team meetings taking place with minutes being shared electronically. Nurses did not attend practice meetings and had separate nursing meetings.

Staff were given an opportunity to discuss training needs and development at annual appraisals and given protected time for training. We saw evidence of ongoing scope of practice reviews aligned to continuing professional development

(CPD). Two of the nursing staff had recently attended a one-day clinical learning event. Another member of staff had identified a development opportunity regarding dispensing of medicines and was being supported in this.

Some staff indicated that clinical supervision was informal and the practice should consider putting regular, formal supervision in place.

The practice should ensure that regular, formal clinical supervision takes place and that this is recorded.

Members of the practice team regularly attended educational events locally that were held for member practices of the cluster. In addition, the practice was in the process of setting up its own educational events.

The practice supported the training of medical students. Evidence was seen showing that a GP at the practice had previously won an award for community-based teaching from the University of Manchester medical school.

There were appropriate recruitment policies and procedures in place. The practice manager described the required pre-employment checks for any new members of staff before they joined the practice. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks appropriate to the role.

The practice asked staff to complete a comprehensive self-declaration to confirm they remained suitable to work for the service. This was done annually as part of their performance management. From checking a sample of staff files, one member of staff kept their DBS certificate at home and did not have a copy in their staff file. However, this was confirmed shortly after the inspection and we were assured that practice manager had checked the certificate and sufficient annual reviews had been conducted about their fitness to work.

The practice must ensure that all staff files include a DBS certificate of the type relevant to their role.

The practice used an induction checklist for new starters. This did not specify checks on identity and the right to work in the UK. This was addressed immediately by the practice manager and the induction checklist updated to record the checks had been completed.

Culture

People engagement, feedback and learning
The practice had a patient's complaints procedure and policy which was aligned to the NHS Wales Putting Things Right process. The practice manager was responsible for managing all complaints and this was clear within the complaints policy.

We saw that an electronic log of complaints was kept. Documents and notes relating to individual complaints were scanned and saved, and there was a summary sheet to give an overview of complaints received, brief details and outcomes. This was used on an ad hoc basis to identify any themes or recurring issues.

The practice manager told us that all complaints were discussed with senior partners at the practice and any relevant members of staff. Outcomes and learning points were shared with staff during team meetings and discussed informally within the cluster group.

Verbal complaints or feedback were typically addressed informally by the reception team or practice manager as appropriate. We recommended that verbal feedback be routinely discussed at team meetings as learning points and for staff awareness.

We recommend that verbal feedback and complaints be routinely discussed at team meetings.

The practice carried out patient experience surveys annually, engaging with patients via text message, QR codes, social media and posters, advising patients that paper copies were available if needed. A patient survey action plan was in place to consider and address the feedback received. There was a suggestion box in the patient waiting area.

The practice did not have a mechanism to share with patients if and how feedback had been acted upon.

The practice should consider sharing with patients how their feedback has been acted upon, such as using a 'you said, we did' board.

The practice had a Duty of Candour policy in place and we were told that staff had attended workshops and completed online training on the subject. The practice manager provided an example where the Duty of Candour had been implemented and described processes that were followed and appropriate notifications made.

Information

Information governance and digital technology
We considered the arrangements in place for patient confidentiality and compliance with Information Governance and the General Data Protection Regulations (GDPR) 2018. We saw evidence of patient information being stored securely.

The patient information leaflet included a section about confidentiality and data protection. The practice had a privacy policy which was available for review on the website.

Learning, improvement and research

Quality improvement activities
There was evidence of clinical and non-clinical audits being carried out to monitor quality. We were told learning was shared across the practice to make improvements.

All staff we spoke with during the inspection were receptive to our views, findings and recommendations and showed commitment to addressing areas of improvement.

Whole-systems approach

Partnership working and development
There were good collaborative relationships in place with external partners and within the cluster. The practice was a key part of the local community, with a wide variety of other services co-located within the same building.

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 practice had an equal opportunities and anti-discrimination policy in place for staff. We advised that patients should be included and this was addressed during the inspection with the policy being updated.	No policy was in place about the equality and diversity and fair treatment of patients.	This was discussed with the practice manager.	The existing policy was updated immediately to include patients. In due course a policy specific to patients would be put in place.
Three members of staff were non-responders to the Hepatitis B vaccination. We found there were no risk assessments in place to manage this increased risk.	Staff without adequate immunity were at increased risk of infection.	This was discussed with the practice manager.	This was addressed immediately during the inspection with appropriate risk assessments put in place.

Some emergency drugs were kept in a locked cupboard in the dispensary. We advised that this was not necessary and that keeping all the drugs and equipment together was best practice.	Having emergency drugs located elsewhere could delay treatment in a medical emergency.	This was discussed with a GP.	This was resolved during the inspection with the drugs being moved.
The resuscitation equipment included intravenous fluids and cannulation equipment. The GP explained that they would be the only person to cannulate.	There was no policy in place about this and a risk that untrained staff could attempt to use the equipment.	This was discussed with a GP.	During the inspection, the GP decided that the cannulation equipment was no longer required and it was removed.
The practice used an induction checklist for new starters. This did not specify checks on identity and the right to work in the UK.	All staff must have full records to show their fitness to work at the practice.	This was discussed with the practice manager.	This was addressed immediately by the practice manager and the induction checklist updated to record the checks had been completed.

Appendix B - Immediate improvement plan

Service: Canolfan Iechyd y Felinheli

Date of inspection: 01 July 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
	No immediate assurance issues were found					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Canolfan Iechyd y Felinheli

Date of inspection: 01 July 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.	Some elements of the practice website and patient information leaflet required updating.	The practice should review and update the content of the patient information leaflet and the practice website.	Health and Care Quality Standards - Information	The Practice will review the website and leaflet and has allocated a team member to undertake this review and thereafter regular reviews of the website.	Nominated team member, overseen by Partners.	Commence before end of 2025 and then ongoing.
2.	The voicemail message for patients contacting the practice did not state that calls could be recorded.	The practice must ensure that the voicemail message is updated and patients are informed that their phone call may be recorded.	Health and Care Quality Standards - Information	This has been amended.	Assistant Practice Manager.	Completed.

3.	We recommended that the practice have a separate equality and diversity policy specifically for patients, considering issues such as neurodiversity and the rights of transgender patients.	The practice should put an equality and diversity policy in place specifically for patients.	Health and Care Quality Standards - Equitable	The Practice now has a separate policy as recommended.	Practice Manager.	Completed.
4.	Some staff did not feel that carers were identified and signposted to support sufficiently.	The practice should ensure that carers are identified and supported and to raise staff awareness about measures taken.	Health and Care Quality Standards – Person Centred	The Practice will allocate training time during PET sessions to ensure staff are able to identify and signpost carers correctly. Posters assisting patients to self-identify will also be displayed.	Dr Rigby, Partner.	End of 2025.
5.	The practice did not have a Patient Participation Group (PPG).	The practice should consider setting up a Patient Participation Group (PPG) to effectively engage with patients and identify service improvements.	Health and Care Quality Standards – Person Centred	The Practice will consider a PGP and discuss the best format: face to face or remote interaction.	Practice Manager & Assistant Practice Manager.	12 months.

6.	Repeat medications were not routinely linked to health issues in patient records, which would assist when reviewing a patient's record.	The practice should ensure that repeat medications are routinely linked to health issues once the EMIS system has been adopted.	Health and Care Quality Standards – Efficient	The practice will ensure that repeat medications are routinely linked to health issues once the EMIS system has been adopted.	Partners.	12 months.
7.	Vaccine fridges underwent twice daily temperature checks. However, this would not identify any issues occurring out of hours.	The practice should consider using dataloggers to monitor vaccine fridge temperatures.	Health and Care Quality Standards – Safe	The Practice will investigate the costs of data loggers and decide around the feasibility of this recommendation.	Partners.	12 months.
8.	The safeguarding lead told us they met informally on an ad hoc basis with health visitors to discuss any children at risk.	The practice should ensure that regular, formal meetings with minutes are held with health visitors to discuss safeguarding issues.	Health and Care Quality Standards – Safe	The Practice will organise quarterly meetings with the Health Visiting Team and share the minutes with all relevant staff.	Partners (Dr Rigby for Menai Bridge and Dr Morris for Felinheli)	Ongoing.
9.	Some training, including health and safety and fire safety awareness, had not been completed by a	The practice must ensure that all staff, including new starters, have up to date mandatory training.	Health and Care Quality Standards – Workforce	The one new member of staff who had not completed her E-Learning has now completed it, and all	Practice Manager	Completed.

	new member of staff at the practice.			mandatory E-Learning is done during the first 2 weeks of employment now.		
10.	Some staff indicated that clinical supervision was informal and the practice should consider putting regular, formal supervision in place.	The practice should ensure that regular, formal clinical supervision takes place and that this is recorded.	Health and Care Quality Standards – Workforce	As discussed during the HIW visit regular audits and 6mothly meetings will be held with the ANP to discuss her work.	Partners	Ongoing.
11.	One member of staff kept their DBS certificate at home and did not have a copy in their staff file.	The practice must ensure that all staff files include a valid DBS certificate.	Health and Care Quality Standards – Workforce	The Practice has arranged for an updated DBS to be done, and a copy retained on file once received.	Practice Manager	Completed.
12.	Verbal complaints or feedback were	We recommend that verbal feedback and complaints be	Health and Care Quality Standards –	We have implemented this recommendation	Practice Manager	Completed.

	typically addressed informally by the reception team or practice manager as appropriate.	routinely discussed at team meetings.	Learning, Improvement and Research	and now have a feedback log and minutes of a meeting when the first feedback received was discussed.		
13	The practice did not have a mechanism to share with patients if and how feedback had been acted upon.	The practice should consider sharing with patients how their feedback has been acted upon, such as using a 'you said, we did' board.	Health and Care Quality Standards – Learning, Improvement and Research	We will publish patients responses to questionnaires on our website and Facebook page.	Partners.	Ongoing.

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): **Delyth Owen**

Job role: **Practice Manager**

Date: **3 September 2025**