Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report

(Announced)

Brynhyfryd Medical Centre, Swansea Bay University Health Board

Inspection date: 12 June 2025

Publication date: 28 October 2025

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-80633-607-4

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:

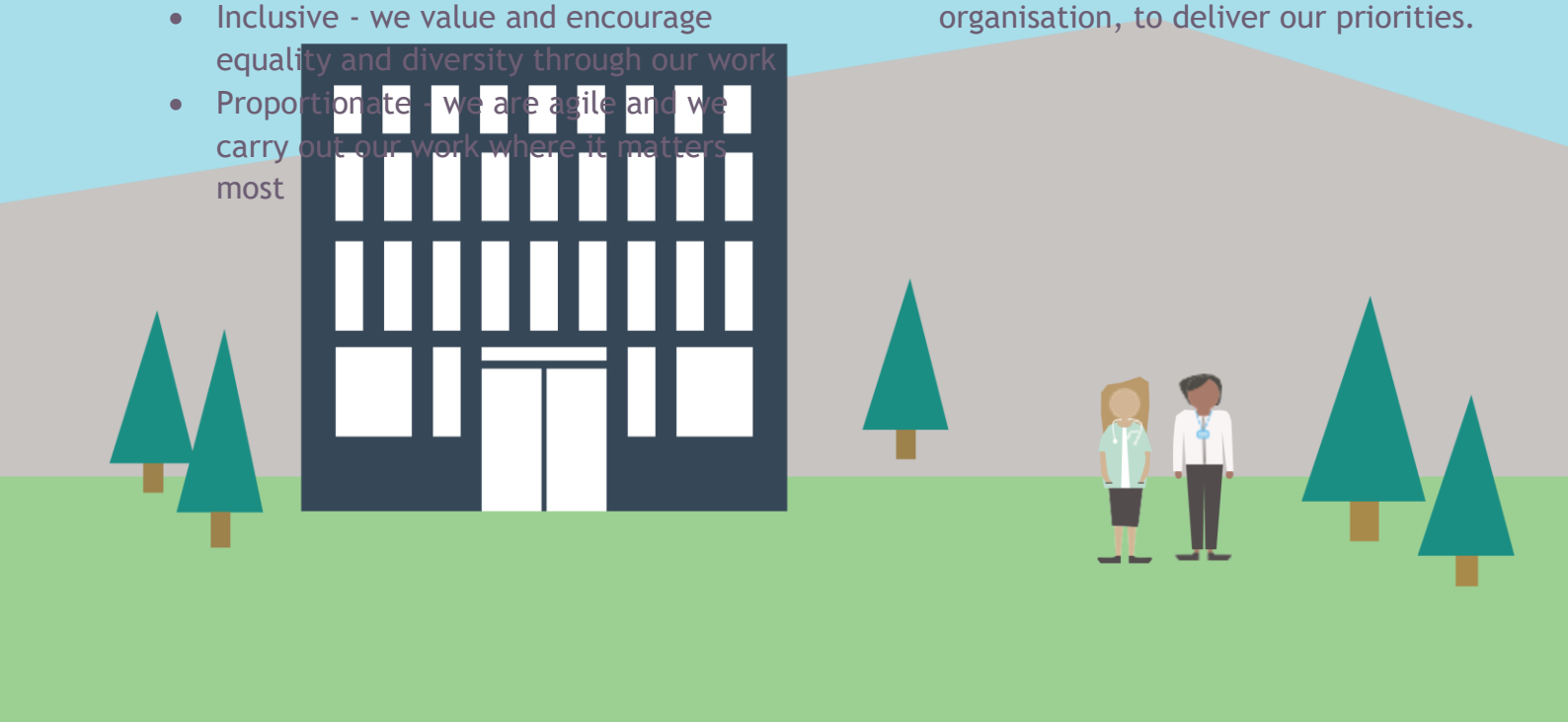
- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Brynhyfryd Medical Centre, Swansea Bay University Health Board on 12 June 2025.

Our team for the inspection comprised of one HIW healthcare inspectors, two clinical peer reviewers, and a practice manager 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 90 questionnaires were completed by patients or their carers and nine 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 Brynhyfryd Medical Centre was committed to providing a positive experience for its patients. The practice provides diverse health information in waiting areas and online. Most patients feel well-informed and involved in their healthcare decisions, with GPs explaining information clearly and listening attentively.

Staff treat patients with dignity and maintain privacy through closed doors, curtains, and separate consultation areas, though signage for patient pod use and chaperone services requires improvement. Reception staff handle patient interactions professionally, maintaining confidentiality by conducting calls away from the desk and offering private rooms for sensitive discussions. Staff communicate clearly, use hearing loops, adapted materials for disabilities, and maintain up-to-date patient records with a system for managing secondary care information.

There was timely access with appointments, with early GP triage and care navigation ensuring appropriate access; however, some patients report difficulties with same-day appointments and limited booking times.

The practice offers face-to-face assessments and referrals for mental health crises, coordinating with NHS and third-sector services while maintaining patient contact during the referral process. The practice promotes equality through staff training and reasonable adjustments but a small number of patients felt that they faced discrimination, based on their protected characteristics, when trying to access services.

This is what we recommend the service can improve:

- Ensure signage throughout the practice is clear
- Appointment availability.

This is what the service did well:

- Good supply of health promotion materials
- Patients felt they were treated with dignity and respect
- The practice has processes to ensure timely access to care, including online, walk-in and telephone appointment booking.

Delivery of Safe and Effective Care

Overall summary:
The practice is well-maintained with clear hazard signage and processes to ensure health and safety. Sharps bins are properly managed, and a Business Continuity Plan is in place. The practice collaborates with the cluster to improve patient care and manages patient safety alerts effectively. However, there is a lack of a written risk assessment for home visits, and the practice should develop a home visits policy.

Infection prevention and control (IPC) standards are upheld, with effective cleaning regimens and hand hygiene practices. The practice has policies for needlestick injuries and bloodborne viruses, although some policies lack version control.

Waste disposal procedures are appropriate, and staff vaccination programs are in place. Medicines management processes ensure safe prescribing and storage, but some policies are missing. Emergency drugs and equipment are regularly checked, and staff are trained for medical emergencies.

Safeguarding policies protect vulnerable children and adults, with multi-agency cooperation.

The patient records we assessed were well-maintained and securely stored. We found efficient patient movement through care pathways, with close coordination with secondary care, specialist nurses and district nurses.

This is what we recommend the service can improve:

- During the inspection we found clinical items which had passed their expiry dates
- Creation and completion of several policies.

This is what the service did well:

- Management of patient pathways and referrals
- Good standard of IPC
- Good collaboration between the practice and the local GP cluster.

Quality of Management and Leadership

Overall summary:
The practice held regular meetings and had documented agendas to foster team engagement, learning and good governance. The practice faces challenges, such as limited resource capacity and funding constraints, for certain projects but maintains clinical oversight of the delivery of these projects.

We found there to be a structured recruitment process that ensures a skilled workforce, with continuous professional development opportunities and regular training. Staff roles are clearly defined, and systems are in place to ensure ongoing suitability and compliance.

We saw that the practice values patient feedback and uses it to inform changes, although we did find some documentation requiring improvement. Information governance and digital technology processes are in place to securely handle patient data. Quality improvement activities, including audits and clinical reviews, are regularly conducted to aid learning and improvement of services. There were also clear collaborative relationships with other practices within the cluster and system partners which support service improvements and operational alignment.

This is what we recommend the service can improve:

- Undertake audit of referrals to services
- Ensure access to documentation such as job descriptions when required.

This is what the service did well:

- Effective governance and leadership
- Skilled workforce with regular appraisals for all staff
- Quality improvement activities.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care at Brynhyfryd Medical Centre for the inspection in June 2025.

In total, we received 90 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 90 responses. Responses were mixed across all areas, with most of the negative comments relating to accessing the GP and booking appointments. Many respondents rated the service as 'very good' (39/90) or 'good' (32/90)

Patient comments included:

> ***"Excellent service and GP was very thorough."***
>
> ***"Practice always professional courteous, Dr always on time with monthly reviews."***
>
> ***"I have been a patient at this surgery all my life. The past year due to an ongoing health issue I have had contact with the surgery on a monthly basis. I can always get an appointment via the online system and on the occasions where I have received a call back the doctors have been extremely thorough on the phone and not rushed at all. The doctors that I have dealt with are all extremely helpful and so are the girls on reception. Keep up the good work."***
>
> ***"Not all reception staff are helpful and on times can be rude and unprofessional. Also given conflicting information about services provided."***
>
> ***"Care is not consistent across GP's at the practice, some are better than others - on one occasion a GP had not read my notes before my appointment and was unaware of my age and the medication I take, during the appointment they guessed my age to be ten years younger and offered medication I could not have taken - I was able to correct them. Other GP's are extremely kind and caring and make an effort to help feel at ease and heard during the appointment..."***

Person-centred

Health promotion

The practice had a wide range of written health promotion information available for patients. The information was displayed in the foyer, the patient waiting area and promoted through the practice website. We saw health promotion information on a variety of topics including mental health and wellbeing services, smoking cessation, vaccinations and carers information.

We were told the practice engaged with the health board who ran several community services from the practice. These included access to a community wound clinic, health visitors, virtual ward and dieticians. In addition, the practice provided space for the All Wales Diabetes Prevention Programme (AWDPP), 'Help me Quit' smoking cessation and weekly virtual ward meetings from their boardroom.

All except two of the respondents who answered the question on health promotion in our patient questionnaire felt that health promotion information was on display at the practice. Over half of respondents said they were offered healthy lifestyle advice, with only 16 disagreeing. Most respondents agreed that their GP explained things well to them and answered their questions. In addition, most respondents felt they were listened to and involved as much as they wanted to be in decisions about their healthcare.

Dignified and respectful care

During our inspection, we observed that patients were consistently treated with compassion and respect. Staff demonstrated a clear commitment to upholding patient privacy and dignity at all stages of assessment and treatment. Clinical rooms ensured adequate privacy for patients, with doors remaining closed during consultations. Additionally, privacy curtains and window blinds were available in both treatment and consulting rooms to further enhance confidentiality and dignity.

Consultation and treatment areas were intentionally situated away from the main reception, thereby supporting patient privacy and dignity.

There was a patient pod area within waiting area which we found to be an area of good practice; however, there was no notice displayed to indicate patients can use this if they wish to.

The practice should display a notice for patients so they are aware that they can use the patient pod if required.

Reception staff greeted patients in a courteous and professional manner. To maintain confidentiality, telephone calls were conducted in the administration office rather than at the reception desk. Whilst conversations at the reception desk could occasionally be overheard, a notice offering a private room for more confidential discussions was displayed.

A chaperone service was reported to be available, whilst this was advertised in the waiting area, there were no visible notices displayed in consultation or treatment rooms indicating this service. All staff had received chaperone training and new employees were provided with this training as part of their induction.

The practice should ensure that chaperone posters are displayed in consultation and clinical rooms.

Timely

Timely care

There were processes in place to ensure patients could access care in a timely way, with the most appropriate person. Patients were made aware of how they could access face-to-face consultations via the patient information leaflet, website or notices at the practice. The practice access policy also included this information.

Patients could arrange an appointment by filling in an online form, telephoning the practice or visiting in person. There was an initial clinical triage undertaken by a GP, starting at 7:30am for requests made online and telephone triage began at 8:00am. For those with digital access, a text message was sent to the patient to advise of the outcome of the triage, otherwise they were contacted by telephone.

The reception staff would carry out relevant care navigation for the GP to triage. We confirmed there was training for care navigators and we found there was a good patient pathway in place. There were comprehensive directions for certain symptoms in the care navigation policy. All requests would go via the GP apart from appointments for the nurse which are booked directly by staff.

For patients requiring urgent mental health support or who were in crisis, following triage, a face-to-face assessment would be offered, if a referral to mental health services was considered likely. This referral would be by letter or telephone according to the urgency. Other options to access urgent mental health support included the NHS 111 option 2 or self-referral to third sector organisations such as MIND. We found the practice made good use of cluster-based support services. Whilst awaiting acceptance of a referral the surgery advised that they

would make efforts to keep in touch with the patient or a nominated relative for updates to check for deterioration.

In response to the patient questionnaire, Most patients felt satisfied with the opening hours of the practice, with slightly fewer who felt able to contact the practice when needed and knew how to access out of hours services if they needed medical advice or an appointment that could not wait until the GP was next open. In addition, just over half of patients reported being able to access routine appointments when needed with the same number who felt able to book a same-day appointment when they needed to see a GP urgently. When attending the practice, just over half of patients said their appointment was on time.

The following comments were given about accessing the GP:

> ***"No appointments available on the day if you don't get online by 7:30. Very rare can you get an appointment on the day, unless waiting for a call back. Most people work and cannot get appointments to suit."***
>
> ***"I think working people should be taken into consideration. I work 8-4 Mon-Fri and not always able to get appointments after 4pm when needed."***
>
> ***"Difficult for those who don't have access to online services. Very hard to get through by telephone first thing in the morning..."***
>
> ***"Trying to get hold of the practice to get appointments is difficult. The online system is only available for early hours in the morning and you can't book appointments over the phone after first opening time in the morning, which is not suitable for everyone."***

The practice should consider options and opportunities to improve the overall timely access to its services and appointment system.

Equitable

Communication and language
We observed staff at the practice communicating in a clear and appropriate manner, in a language suitable to the needs of the patient. We noted a hearing loop was installed for those patients who used a hearing aid and this was clearly displayed in reception.

We were told the practice reviewed incoming mail promptly to update patient medical summaries. Interactions with out-of-hours doctors were also recorded in

patient medical summaries, reviewed by a coding team and workflows were created for GPs if action was needed. There was a buddy system to appropriately record, code and act on secondary care information such as test results, discharge summaries and outpatient letters. We were told test results were marked by clinicians and tasks sent to administrative staff to contact patients for appropriate follow-up.

For patients without digital access, the practice ensured that information about their conditions, services and changes was communicated in a suitable manner, such as face to face or letter, considering any additional communication barriers. Home visit requests could be made before 10:30 am, considering patient access and disability needs.

The practice communicated service information and important changes through various methods, including a website, leaflets and newsletters. Communication was adapted for those with learning disabilities or cognitive impairments, such as large print for the partially sighted and easy-read materials for those with learning disabilities.

Staff communicated patient-related information via tasks in the clinical system and used email for general correspondence. Updates were shared verbally or by email, with weekly team leader meetings and monthly operational meetings to ensure actions were taken.

We were told there were several Welsh speaking clinical staff and could assist patients who wished to access care through the medium of Welsh. We saw a variety of bilingual material and notices. We were told lanyards to identify Welsh speakers had been provided by the Health Board; however we did not observe these being worn during our inspection. The practice also had access to translation services, if required.

An up-to-date Patient Consent Policy was maintained, covering patients lacking capacity and minors.

Rights and equality
The practice provided good access to the premises with automatic doors, an accessible toilet, a lowered reception desk, hearing loop and clear signage, though signage was not bilingual. All patients who responded to the questionnaire felt the building was easily accessible.

We found equality and diversity were promoted to staff through up to date practice policies and mandatory staff training. Most staff had completed relevant

training, including the social model of disability, and the practice employed a diverse workforce.

Staff provided examples where reasonable adjustments were made, so that everyone, including individuals with protected characteristics, could access and use services on an equal basis. This highlighted that people's rights and equality were upheld for both patients and staff.

Around one quarter of those who answered our questionnaire told us they felt they could not access the right healthcare at the right time. A total of 14 respondents felt that they faced discrimination when accessing the service due to various protected characteristics.

Delivery of Safe and Effective Care

Safe

Risk management
The practice was clean, tidy and well-maintained with appropriate signage for hazards such as oxygen storage and wet floors. There were processes in place to protect the health, safety and wellbeing of all who attended the practice.

All sharps bins we viewed in rooms were signed and dated, not overfilled and the lids were appropriately closed.

An up-to-date Business Continuity Plan was in place and accessible to staff, covering long-term staff absences but not partnership risks, which were addressed separately. The practice used locum GPs and nursing staff to support sessions and aimed for continuity by employing the same locums when possible.

Patient safety alerts were managed by the practice manager and shared with GPs, significant events were logged and discussed in clinical meetings with shared learning implemented. Staff were aware of emergency procedures, including the use of panic alarms and locations of emergency drugs and equipment.

The practice lacked a written risk assessment for home visits. Assessments for ambulance waits considered clinical need and available resources. Communication with nursing homes included virtual ward rounds and planned visits to share health and safety information.

The practice should develop and implement a home visits policy to ensure staff are aware of the process required before, during and after a home visit, which should include maintaining the safety of both staff and patients.

Infection, prevention and control (IPC) and decontamination
The environment, policies and procedures, staff training and governance arrangements upheld the standards of IPC and protected patients, staff and visitors using the service. Two outstanding estates issues existed but were scheduled for resolution the following week, with ongoing risk mitigation discussed.

A cleaning contract was in place, although cleaning schedules were not visibly posted in treatment rooms. We were told there was a non-documented cleaning regimen carried out by nurses. Daily cleaning of treatment rooms and in between patients was the responsibility of the nursing staff. Hand hygiene facilities included elbow-operated taps and wipeable surfaces, with staff observed

practicing effective handwashing. Disposable single use equipment was also used for nursing procedures, such as venepuncture, dressing changes and injections. There was a sterilisation policy available to staff.

An appointed IPC lead was identified and staff understood their IPC responsibilities. The practice maintained policies on IPC and needlestick injuries, with training records monitored by the practice manager. There was also a blood borne virus policy in place and there were blood spillage kits in treatment rooms. However, we found that most of the policies did not have version control for example next review date and signed off. Furthermore, not all policies are practice specific.

The practice must ensure all practice policies are updated to ensure they are practice specific and version controlled.

Needlestick pathway posters are displayed in the treatment rooms however the contact details of who to contact if there has been a needlestick injury is not completed.

The practice must ensure that all relevant contact details are completed on needlestick pathway posters.

Appropriate waste disposal procedures were in place with locked bins and monthly audits. The staff vaccination programs included flu and hepatitis B immunisations, although some documentation for hepatitis B status was incomplete.

The practice must ensure that it maintains a robust log of staff immunisation records, which should include a record of any declined testing and associated risk assessments.

There were appropriate rooms available to accommodate any infectious patients. Respondents to our questionnaire said there were signs at the entrance explaining what to do if they had an infection. Almost all respondents said there were hand sanitizers available and agreed healthcare staff washed their hands before and after being treated.

Medicines management
Processes were in place to ensure the safe prescribing and management of medication. The process for patients to request repeat medication was clear and prescriptions were processed in a timely manner by suitably trained administrative staff and signed by a GP or other trained prescriber. However, we did not see a medicine management policy or resuscitation policy in place.

The practice must ensure that a medicine management and patient collapse (medical emergency) policy and procedure is in place and cascaded to staff.

Prescription pads were stored in a locked storeroom, logged and signed out. Unused pads were controlled and excess stock returned. Prescription pads of departing GPs were shredded by the practice to prevent misuse.

There was an audit trail for prescription collection, especially for controlled drugs (CDs), requiring patient or nominated person to undertake ID verification upon collection. Repeat prescriptions were managed via multiple request methods with a 48-hour turnaround. Medications were reviewed by doctors or pharmacists, with non-compliance tracked weekly and patients invited for review as needed.

We found that vaccines were stored in dedicated clinical refrigerators maintained within the required temperature range, with twice-daily temperature checks using data loggers. We found the fridges to be adequately stocked and not over filled. There was also a cold chain policy in place to manage temperature deviations. Nursing staff were aware of the upper and lower temperature limits and what to do in the event of a breach to the cold chain and who to report this to.

There was in-house training to support prescribing staff, with queries directed to GPs or pharmacists. The practice maintained an up-to-date prescribing policy. Emergency drugs were checked weekly and logged accordingly. General drug checks occurred weekly but were not always recorded, one instance of expired lidocaine was noted and subsequently disposed of safely by the practice. Until recently, expired drugs disposal was via the pharmacy, however, onward drug disposal was unclear due to pharmacy refusal to take any further expired stock.

The practice must ensure that a new method for safe disposal of expired medication is in place.

There was appropriate resuscitation equipment and drugs in place for use during a patient emergency, such as a cardiac arrest. Emergency drugs, oxygen cylinders and automated external defibrillators (AEDs) were checked weekly by a named nurse and all equipment met Resuscitation Council UK standards. AED pads and batteries were in date; staff knew how to use the equipment and its location, though AED signage was not standard and should be changed. There were clear audit processes in place for the regular checking and replacement of all resuscitation equipment, consumables and relevant emergency drugs, including oxygen.

The practice should change the AED signage to the internationally recognised signage for this type of equipment.

Two in-date oxygen cylinders were available; staff knew how to operate them but had not completed formal British Oxygen Company (BOC) training. The practice did not hold controlled drugs on site.

The practice needs to ensure governance arrangements around maintenance and incident reporting for oxygen is clear.

Staff had completed appropriate training for medical emergencies and all clinical staff had undertaken appropriate basic life support training.

Safeguarding of children and adults
Safeguarding policies and procedures within the practice ensured staff and patients could report concerns, with appropriate investigations and actions to protect vulnerable children and adults. The practice engaged in multi-agency cooperation and maintained up-to-date safeguarding documentation and training tailored to staff roles.

Whilst monitoring practice attendance and safeguarding concerns, the practice reviewed significant correspondence and missed external appointments for children up to 16 years, with liaison possible with on-site health visitors or midwives for any concerns.

We noted that one of the GPs served as the safeguarding lead, with a deputy in place and staff were aware of this structure. Staff had access to safeguarding training appropriate to their roles, with level three training completed for the lead.

The practice used a medical information system known as EMIS to maintain the child protection register, although updates were needed to remove those no longer at risk. Records included clear markers for children at risk and looked after children, with processes reviewed regularly.

The practice must establish a clear process to monitor children on the at-risk register and to ensure removal of those children who no longer require ongoing monitoring.

Management of medical devices and equipment
The service ensured safe use of medical equipment by using mainly single-use items and having a named nurse to conduct weekly checks. We noted, however, documentation shows some gaps from December to April.

The practice must ensure all documentation related to weekly equipment checks is completed thoroughly when due.

Equipment appeared well-maintained and stored properly, with servicing contracts in place. Electrical equipment had annual portable appliance testing and calibration annually via an external company. Emergency repairs involved removing equipment from service and arranging repairs or replacements through the practice manager.

We were told that each GP maintained their own clinical bag for off-site patient (home) visits.

Effective

Effective care

The practice had processes in place to support safe and effective care, this included the provision of care at the practice or within the GP cluster and wider primary care services.

We found the process for ordering and relaying test results to patients was robust, with the individual GP or lead nurse holding overall responsibility for this. Follow up appointments and further testing would be arranged if required.

The practice circulated updates and national guidelines via email and meetings, used Datix for incident reporting and shared new NICE guidelines through the practice manager.

Urgent, routine and suspected cancer referrals were managed by GPs with updates provided through the Welsh Clinical Communications Gateway (WCCG). Locum GPs received a referral process pack.

The practice answerphone advised patients with "red flag" symptoms suggesting a medical emergency to call 999 rather than wait on the phone. Reception staff were also trained to identify these symptoms and direct patients to call 999 when necessary and had access to a GP undertaking triage for further immediate advice.

Test results were ordered and communicated by GPs, with a buddy system in place for follow-up during absences.

The practice referred patients in mental health crisis to an on-call GP and to the local child or adult community mental health team. Staff were aware of the NHS 111 option 2 service for non-urgent mental health needs, and there was a mental health and wellbeing board on display for general signposting advice.

Patient records
We reviewed a sample of 10 electronic patient medical records and multiple consultations for each. The records reviewed formed part of the EMIS electronic system.

The quality of patient medical records was good. Records were clear regarding evidence and reasoning for decisions made relating to patient care. They were up to date, complete, understandable and contemporaneous. There was a comprehensive recording of the history, examinations, investigations and planned treatment, with evidence of the use of diagnostic Read codes.

Records were being stored securely and in compliance with the relevant data protection standards.

The practice also maintained processes for significant event analysis (SEA), complaints and compliments, contributing to comprehensive records management.

Efficient

Efficient
Services were arranged to enable efficient patient movement through care and treatment pathways, for example by allowing self-referral for physiotherapy alongside GP referrals. Staff coordinated care by signposting or referring patients to other specialties to promote optimal outcomes and reduce unnecessary hospital admissions. This was done by directly referring to a specific consultant or specialist nurses. The staff reported a close working relationship with the specialist nurses they had frequent contact with.

Quality of Management and Leadership

Leadership

Governance and leadership

Staff and managers had clear roles and responsibilities, with leaders maintaining visibility through regular meetings and an open-door policy, fostering approachability and team engagement.

The practice held monthly meetings with documented agendas and minutes, alongside quarterly meetings between doctors and reception teams that included role-play exercises to address complaints and novel scenarios. Policy updates are shared via the human resource system with staff required to acknowledge receipt once read. Whilst policies were accessible, several lacked review dates. Staff welfare initiatives included a wellbeing board and designated leads existed for safeguarding, complaints, infection control and clinical governance, supporting specialised advice and oversight.

The practice faced challenges such as limited capacity and funding constraints for cluster projects, such as counselling and youth wellbeing programs. Clinical oversight for the delivery of these projects was managed by senior partners and leads, with quality assurance frameworks overseen by the practice manager and clinical leads, ensuring clinical information sharing and learning dissemination.

Workforce

Skilled and enabled workforce

The practice followed a structured recruitment process including verification of identity, disclosure barring service (DBS) checks, employment history, references, qualifications and regulatory body registration. Training records were maintained with dates of completion noted.

The practice manager confirmed there were enough staff with the correct skill mix to carry out the services expected. From discussions with staff across a range of roles, all agreed they worked within their scope of practice and there was enthusiasm for study and opportunities to progress skills if desired.

Nursing staff advised us they had access to continuous professional development (CPD) opportunities and this was generally supported. There was a positive ethos regarding knowledge and learning, with some staff working towards further clinical development. The practice manager also supported the progression of the overall

workforce. Time was apportioned to enable attendance at relevant training. We were provided with a training matrix which confirmed that most staff had completed all mandatory training and plans were in place for staff to renew their training where applicable.

Systems were in place to ensure continued staff suitability, including regular DBS updates, self-declarations, supervision and appraisals. Healthcare professionals' registration status was monitored to ensure their revalidation was up to date.

Staff roles and responsibilities were defined with evidence of alignment between qualifications, skills and workload allocation. Training was ongoing with specific updates planned for asthma, Chronic Obstructive Pulmonary Disease (COPD) and smear tests. Clinical supervision included a GP buddy system and access to prescribers was maintained during working hours. However, some documentation such as job descriptions was not readily available on-site.

The practice should ensure access to workforce documentation, such as job descriptions, are available.

The practice has a workforce plan addressing capacity, skill mix and contingencies for absenteeism and vacancies. Plans included recruitment of past registrars and employment of physician associates and locum pharmacists. Skill mix and competencies were reviewed on an ongoing basis to meet patient needs.

Culture

People engagement, feedback and learning
The practice maintained a complaints log managed by the practice manager, with a noted reduction in complaints about access and appointments due to an online system. Complaints were discussed in meetings to identify themes and trends and there was a named staff member responsible for handling complaints in line with the NHS 'Putting Things Right' process. Complaints procedure details were displayed for patients.

Patient suggestions were welcomed and used to inform changes, such as the creation of reception guidelines following a complaint, although there was no process to communicate changes to patients. The practice may wish to consider tools, such as "you said, we did" board. Learning from complaints and feedback was considered through meeting discussions and documented actions.

Staff were encouraged to share ideas and raise concerns through team meetings and surveys, with an emphasis on openness about colleagues' conduct. An up-to-date whistleblowing policy was available to support this process.

Information

Information governance and digital technology
Processes were in place to securely collect, share and report data and information relating to patients. There were various policies and procedures in place supporting this, such as Freedom of Information, Information Governance and the General Data Protection Regulations (GDPR).

We saw evidence of patient information being stored securely and the practice's process for handling patient data was available for review on their website.

Learning, improvement and research

Quality improvement activities
The practice actively engaged in audit and quality improvement activities to aid learning and service improvement. For example, using patient concerns to develop reception guidelines and sharing quality improvement resources through partnership meetings. Regular clinical and internal audits occurred via hot reviews, educational sessions and operational meetings, while learning from prescribing comparisons and cluster reviews informed practice improvements. We found the practice did not participate in research projects or accreditation schemes.

Outcomes from monthly meetings were communicated to staff through team leaders.

Whole-systems approach

Partnership working and development
We found evidence of partnership working with the practice's collaboration within a GP cluster. Medical staff attended cluster meetings and the practice worked with the cluster to provide initiatives, pilots and services on a cluster wide basis.

Collaborative relationships were evident through joint working with other practices, where managers met to share ideas and align operational approaches, such as appointment systems.

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
Expired Lidocaine and some out of date equipment was found during the inspection	Using expired medication or equipment could have a detrimental effect on a patient or cause significant harm	HIW made the nurse and practice manager aware immediately	The items were safely disposed of by the practice immediately on being made aware.

Appendix B - Immediate improvement plan

Service: Brynhyfryd Medical Centre

Date of inspection: 12 June 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 immediate assurance issues					
2.						
3.						

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: Brynhyfryd Medical Centre

Date of inspection: 12 June 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.	There was a patient pod available for use at the practice, however there was no signage to show this was available to patients.	The practice should display a notice for patients so they are aware that they can use the patient pod if required.	Health and Care Quality Standards - Person Centred - Dignified and Respectful Care	Poster has been displayed and added to the waiting rooms screens.	Karen Chadwick, Practice Manager	Completed
2.	Chaperones were available for patients should they require this, however there was no signage outside of waiting areas to offer this service,	The practice should ensure that chaperone posters are displayed in consultation and clinical rooms.	Health and Care Quality Standards - Person Centred - Dignified and Respectful Care	Posters have been produced and displayed in consultation rooms.	Karen Chadwick, Practice Manager	Completed

3.	Responses to the HIW survey conducted for this inspection.	The practice should consider options and opportunities to improve the overall timely access to its services and appointment system.	Health and Care Quality Standards – Person Centred – Timely Care	Our access surveys highlighted similar misunderstandings of our system. Our online service is open for 2 hours per day and patients can also use the website to request non urgent appointments throughout the day. All contacts are reviewed by a GP, and a timescale is added dependant on urgency. We will evaluate the new feedback from patients and display 'you said, we did' on our waiting room screens.	KC	Ongoing
4.	We found there was no home visits policy in place.	The practice should develop and implement a home visits policy to ensure staff are aware of the process required before, during and after a home visit, which	Health and Care Quality Standards – Safe – Risk Management	Home visit risk assessment policy devised and linked to Lone worker policy. Awaiting GP partner sign off.	Karen Chadwick, Practice Manager	31/10/2025

		should include maintaining the safety of both staff and patients.				
5.	We found several policies which were not practice specific, lacking version control, signatures and dates of review.	The practice must ensure all practice policies are updated to ensure they are practice specific and version controlled.	Safe – Risk Management	There is a version control specific spreadsheet that highlights changes made to policies. Any policies with no version control or not practice specific will be updated.	Karen Chadwick, Practice Manager	31/12/2025
6.	Needlestick pathway posters are displayed in the treatment rooms however the contact details of who to contact if there has been a needlestick injury is not completed.	The practice must ensure that all relevant contact details are completed on needlestick pathway posters.	Health and Care Quality Standards – Safe – Risk Management	Updated.	Karen Chadwick, Practice Manager	Completed
7.	The staff vaccination programs included flu and hepatitis B immunisations,	The practice must ensure that it maintains a robust log of staff immunisation records, which should	Safe – Risk Health and Care Quality Standards – Management	New employee checklist already implemented, and only HEP B status	Karen Chadwick, Practice Manager	Completed

	although some documentation for hepatitis B status was incomplete.	include a record of any declined testing and associated risk assessments.		missing is from GP's who have no records. Confirmation letter received from missing personnel folders.		
8.	When reviewing documentation, we did not see a medicine management policy or resuscitation policy in place.	The practice must ensure that a medicine management and patient collapse (medical emergency) policy and procedure is in place and cascaded to staff.	Health and Care Quality Standards – Risk – Medication Management	Draft medicine management policy currently awaiting sign off, along with patient collapse (medical emergency) policy to be written by clinical team.	Dr Lynne Rees, Senior Partner	31/10/2025
9.	We were informed that the previous safe disposal method for expired medication (linked pharmacy) was no longer available.	The practice must ensure that a new method for safe disposal of expired medication is in place.	Health and Care Quality Standards – Risk – Medication Management	Following discussion with local pharmacy they are happy to accept our expired medication for safe disposal.	Karen Chadwick, Practice Manager	Completed
10.	The AED poster displayed was not standard and needs updating.	The practice should change the AED signage to the internationally recognised signage for this type of equipment.	Health and Care Quality Standards – Risk – Medication Management	New posters have been displayed with correct signage.	Karen Chadwick, Practice Manager	Completed

11.	Two in-date oxygen cylinders were available; staff knew how to operate them but had not completed formal British Oxygen Company (BOC) training.	The practice needs to ensure governance arrangements around maintenance and incident reporting for oxygen is clear.	Health and Care Quality Standards – Risk – Medication Management	Maintenance and incident report drafted, awaiting clinical sign off. BOC training added to training matrix for clinical staff.	Karen Chadwick, Practice Manager	31/10/2025
12.	The practice used a medical information system known as EMIS to maintain the child protection register, although updates were needed to remove those no longer at risk.	The practice must establish a clear process to monitor children on the at-risk register and to ensure removal of those children who no longer require ongoing monitoring.	Health and Care Quality Standards – Risk - Safeguarding	Meeting organised with safeguarding leads and HV's to discuss and implement process for monitoring.	Dr Katy Owens, Safeguarding lead	31/10/2025
13.	The service ensured safe use of medical equipment by using mainly single-use items and having a named nurse to conduct weekly checks. We noted,	The practice must ensure all documentation related to weekly equipment checks is completed thoroughly when due.	Health and Care Quality Standards – Risk - Management of medical devices and equipment	Dedicated time has been in place for 6 months for the nurses to ensure completion of weekly equipment checks.	Karen Chadwick, Practice Manager	Completed

	however, documentation shows some gaps from December to April.					
14.	Staff roles and responsibilities were defined with evidence of alignment between qualifications, skills and workload allocation. However, some documentation such as job descriptions was not readily available on-site.	The practice should ensure access to workforce documentation, such as job descriptions, are available.	Health and Care Quality Standards – Workforce - Skilled and enabled workforce	Job descriptions are on the practice shared drive, but to ensure all staff have access they have been added to the HR software.	Karen Chadwick, Practice Manager	Completed

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): **Karen Chadwick**

Job role: **Practice Manager**

Date: **06/10/2025**