Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report

(Announced)

St Isan Road Surgery, Cardiff and Vale 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 St Isan Road Surgery, Cardiff and Vale University Health Board on 01 July 2025.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 11 questionnaires were completed by patients or their carers and seven 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:
The practice was committed to providing a positive experience for its patients.

Staff treated patients with dignity and maintained privacy through closed doors, curtains and separate consultation areas. The practice ensured equitable healthcare access through printed materials, letters, emails and care packs, facilitating access for older adults and those without digital access. They also offered multiple appointment access options, including online booking, telephone and in-person visits, with face-to-face consultations as the default.

Reception staff handled patient interactions professionally, maintaining confidentiality by conducting calls away from the desk and offering private rooms for sensitive discussions. Staff communicated clearly, use hearing loops, adapted materials for disabilities and maintained up-to-date patient records with a system for managing secondary care information.

This was what we recommend the service can improve:

- Emergency appointment availability
- Routine appointments availability.

This was what the service did well:

- Effective collaboration with various agencies to enhance patient access and health promotion
- Equitable healthcare access through various communication methods
- Multiple appointment access options, including online booking and face-to-face consultations.

Delivery of Safe and Effective Care

Overall summary:
The practice was spacious, clean and well-maintained, with processes in place to protect the health, safety and wellbeing of all attendees. Staff were well-prepared for significant health emergencies, including pandemics and collaborated closely with local clusters for care continuity. Patient safety alerts were managed by designated staff and significant events were reviewed monthly with comprehensive documentation and shared learning. The business continuity plan coverage of business partnership risks, particularly GP partner sickness or absence, was vague and needed clearer explanation.

Infection prevention and control (IPC) standards we were upheld, with effective cleaning regimens and hand hygiene practices. The practice had policies for IPC, however, there were some areas that needed improvement. There was no evidence of completed weekly cleaning schedules in treatment rooms and the cleaning cupboard was unlocked, posing a safety risk. Additionally, clinical waste bins were stored unsecured outside, indicating a need for improved secure storage.

Safeguarding policies protected 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.

Overall, the practice demonstrated a strong commitment to patient safety and effective care, but there were areas that required attention to ensure the highest standards were maintained.

This was what we recommend the service can improve:

- Ensuring the Control of Substances Hazardous to Health (COSHH) cupboard is locked
- Securing waste receptors and reconsider storage need with lockable storage internally and externally.
-

This was what the service did well:

- Management of patient pathways and referrals
- Good collaboration between the practice and secondary care.

Quality of Management and Leadership

Overall summary:
The practice held regular meetings with documented agendas to foster team engagement, learning and good governance.

We found there to be a structured recruitment process that ensured a skilled workforce, with continuous professional development opportunities and regular training. Staff roles were clearly defined and systems were in place to ensure ongoing suitability and compliance. Staff were well-informed about their roles and responsibilities and the practice maintained an open-door policy for communication. The practice had a Public Health Wales bronze award for health and wellbeing and effectively managed cluster projects.

Quality improvement activities, including audits and clinical reviews, were regularly conducted to aid learning and improvement of services. There were also

clear collaborative relationships with other system partners which support service improvements and operational alignment.

This was what we recommend the service can improve:

- Displaying the NHS complaints procedure for patients
- Further review of job descriptions and responsibilities to ensure completeness.

This was what the service did well:

- The practice demonstrates strong governance and accountability systems
- Staff were well-informed and communication was actively maintained
- The practice had a bronze award for health and wellbeing.

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 St Isan Road Surgery for the inspection in July 2025. In total, we received 11 responses from patients at this setting.

Responses were mostly positive across all areas, with the negative comments relating to accessing the GP and booking appointments. All respondents rated the service as 'very good' or 'good'.

Some comments we received on the service were:

> ***"I have always felt that the GPs in the practice listen to what you say and give very good advice."***
>
> ***"The reception staff are always very courteous and helpful. Likewise, so are the Doctor's, I have always been happy with the service I receive and commend the surgery for the excellent care they provide."***
>
> ***"The booking of routine appointments is not easy. I would definitely support phone and video appointments."***

Person-centred

Health promotion

The practice had a wide range of written health promotion information available for patients. The information was displayed in the reception area, the patient waiting area and promoted through the practice website. Resources included printed leaflets and information sent directly to patients, ensuring those without internet or mobile phone access received necessary support.

We were told the practice engaged with the health board who ran several community services from the practice including access to health visitors. Regular multidisciplinary team (MDT) meetings include a discharge hub for advance care planning, regular meetings with the community mental health team (CMHT), physiotherapy, social prescribing and occupational therapy, with referrals

discussed in GP-led meetings. The practice had implemented projects focusing on unhealthy behaviours such as alcohol consumption and smoking cessation, alongside pre-diabetic clinics offering lifestyle advice. Patients could access support from dieticians and participated in walking groups provided by Action in Caerau & Ely (ACE) and information disseminated via leaflets, social media and text messaging.

The practice ensured older adults and those without digital access could obtain health promotion information and access to services through printed materials, letters, emails and care packs, facilitating equitable healthcare access. The practice followed a clear 'Was Not Brought' policy, with staff contacting patients who missed appointments by phone and sending informational leaflets. Hospital appointment non-attendance was monitored by a designated staff member who referred to GPs as needed, ensuring good safety netting.

All respondents who answered the question on health promotion in our patient questionnaire felt that health promotion information was on display at the practice. All bar one respondent said they were offered healthy lifestyle advice. All respondents also agreed that their GP explained things well to them and answered their questions and 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.

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 available and this was advertised in the waiting area, with notices also displayed in consultation and treatment rooms indicating this service was available. All staff had received chaperone training and new employees were provided with this training after six months in post. The chaperone policy was comprehensive but Read codes for chaperone usage were not

available. The policy was due to be updated with specific Read codes to ensure these were used in patient records in the future.

The practice must ensure that Read codes are added to the electronic patient record system regarding the use of and offer of chaperones.

Timely

Timely care

Effective processes were in place to ensure patients accessed timely care through appropriate channels, with a focus on patient choice, inclusivity and safety. The practice employed a flexible appointment system with clear care navigation pathways, ensuring patients could access care, treatment and advice from the most appropriate healthcare professional. Mental health crisis management and referrals were also systematically addressed to support vulnerable patient needs.

The practice offered multiple appointment access options including online booking via the NHS application, telephone and in-person visits, with face-to-face consultations as the default. Urgent cases were prioritised and same-day assessments were typically available, with capacity expanded as needed. An up-to-date access policy was publicly available on the practice website and included this information.

Reception staff completed care navigation for the duty GP to triage. Non-clinical staff used a written care navigation pathway and received training to direct patients appropriately without conducting clinical triage. Staff were supported by clinical colleagues when uncertain. Clinical triage was managed separately to ensure patient safety.

There were comprehensive directions for certain symptoms in the care navigation policy. Children aged 12 and under were automatically offered face-to-face appointments. The practice accommodated communication needs for older and vulnerable patients, ensuring inclusivity for those without digital access.

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. Risk management included safety netting, follow-up appointments and negotiation with specialist services. Patients not meeting thresholds received primary care support and third sector service advice. Other options to access urgent mental health support included the NHS 111 option 2. The practice received timely discharge letters from crisis intervention teams, usually within 48 hours, facilitating follow-up support for patients after crisis care.

The practice carried out annual satisfaction questionnaires to gather feedback, including from older and digitally excluded patients, supported by handouts and staff assistance. The practice monitored call volumes and workload distribution, which had improved access and reduced complaints.

In response to the patient questionnaire, most patients felt satisfied with the opening hours of the practice and felt able to contact the practice when needed. Slightly fewer 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 contrast, less than 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 under half of patients said their appointment was on time.

Some comments we received on accessing the GP included:

> ***"Had to wait far too long for a face-to-face appointment."***
>
> ***"Very difficult to get a face to face, or even a phone consultation with my GP of choice."***
>
> ***"The frantic rush at 8am to try and get some sort of appointment on that day is absolutely disgusting. This practice needs to stop, it is extremely frustrating and totally unnecessary in this day and age, alternative practices should be found, it is a pure lottery system that only a few will win."***
>
> ***"The booking of routine appointments is not easy. I would definitely support phone and video appointments."***

The practice must 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. The practice employed multiple communication methods, including a website and written leaflets and adapted these for patients with disabilities or without digital access. We noted a hearing loop was installed for those patients who used a hearing aid and this was clearly displayed in reception.

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. We found a workflow policy in place; however, this did not appear to consider annual leave or GP absence.

Patients were kept informed of important changes through various means including newsletters, letters and leaflets, with consideration for those without digital access and those requiring accessible formats, such as face to face or letter, considering any additional communication barriers.

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.

The practice currently had no Welsh-speaking staff but used language line services and a Welsh-speaking GP would be joining the practice soon. Staff advised that they had requested Welsh language training but that support from the health board was viewed as insufficient. Language requirements were included in recruitment adverts. We saw a small variety of bilingual material and notices throughout the practice.

An up-to-date patient consent policy was maintained, covering patients lacking capacity and minors. Efforts were made to accommodate older patients and those with communication barriers through suitable information formats.

Rights and equality
The practice provided good access to the premises with automatic doors, an accessible toilet, hearing loop and clear signage, although not all signage was 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 annual staff training. We confirmed all 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. The electronic patient record system recorded a patient's preference of pronouns and 'known as' which flagged to all staff upon opening the individual patient record.

The majority of those who answered our questionnaire told us they felt they could access the right healthcare at the right time. All respondents confirmed they had not faced discrimination when accessing the service due to various protected characteristics.

Delivery of Safe and Effective Care

Safe

Risk management
The practice was spacious, clean, tidy and well-maintained with appropriate signage for hazards. 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 (BCP) was in place and accessible to staff. However, the BCP's coverage of business partnership risks, particularly GP partner sickness or absence, was vague and recommended for clearer explanation and alignment with the partnership deed.

The practice must explain more clearly the cover arrangements in the event of GP partner sickness or absence in the business continuity plan.

The practice was prepared for significant health emergencies, including pandemics and collaborated closely with the local cluster for care continuity. They were able to use facilities such as the Urgent Primary Care Centres (UPPC) should the need arise urgently. Staff used triage and house calls with ambulance services to manage urgent needs.

Patient safety alerts were managed by designated staff with clear processes for action and distribution. Significant events were reviewed monthly in significant event analysis (SEA) meetings with comprehensive documentation and shared learning. Staff were aware of emergency procedures, including the use of panic alarms and locations of emergency drugs and equipment.

New and locum staff received thorough induction processes. Ambulance delays were managed with documented assessments and guidance for families or carers to ensure patient safety should the patient’s condition deteriorates.

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. There were no outstanding estates issues.

A cleaning contract with cleaning schedules were in place and audits were conducted regularly. However, we saw no evidence of completed weekly cleaning schedules in treatment rooms. The cleaning cupboard was also unlocked so patients could access cleaning products hazardous to health, therefore posing a safety risk. During the inspection an email was sent to estates requesting a lock to be placed on door immediately.

The practice must ensure a lock is placed on the door to the cupboard containing Control of Substances Hazardous to Health (COSHH) products.

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.

An appointed IPC lead was identified although currently off sick and staff understood their IPC responsibilities. IPC duties were covered by the nursing team at present. The practice had policies on IPC and needlestick injuries, with training records monitored by the practice manager. Needlestick pathway posters were displayed in the treatment rooms with all relevant details displayed. Staff received regular online IPC updates and were aware of the IPC policy location on the practice's network and folder.

The practice had a waste management policy and appropriate procedures for handling sharps and clinical waste. However, whilst appropriate waste disposal procedures were in place with monthly audits taking place, clinical waste bins were stored unsecured outside and although sharps bins were locked, they were kept in an unlocked room, indicating a need for improved secure storage.

The practice must ensure the secure storage of clinical waste on-site.

The staff vaccination programs included flu and hepatitis B immunisations, with documentation for hepatitis B status appropriately completed and logged.

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. All bar one respondent 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.

Prescription pads were stored in a locked cupboard and managed by reception staff who maintained an audit trail of prescription numbers. Unused pads were controlled and excess stock returned. Prescription pads from departing GPs were shredded on site with destruction recorded.

There was an audit trail for prescription collection. Pharmacies maintained records of prescriptions collected, with larger pharmacies typing out lists. However, small numbers of patients collecting prescriptions were not individually logged.

Repeat prescriptions were managed via multiple request methods including an NHS Wales application and emails with a 72-hour turnaround. Medication reviews varied from monthly to annually depending on the medication, by doctors or pharmacists, with non-compliance tracked and patients invited for review as needed. Trained prescription clerks managed reauthorisation under strict controls and referral to GPs if overuse was suspected. The practice was recruiting a pharmacist to lead prescribing audits and policy updates.

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. Annual portable appliance testing (PAT) testing and protocols for temperature excursions were in place.

There was appropriate resuscitation equipment and drugs in place for use during a patient emergency, such as a cardiac arrest. Emergency drugs were checked weekly and logged accordingly. Emergency equipment including an automated external defibrillator (AED) was checked twice weekly by a named health care assistant, with records of expiry dates maintained. All equipment met Resuscitation Council UK standards. Oxygen cylinders were available, staff were trained in their use and incidents were reported to the practice manager. 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 did not currently hold controlled drugs on site, so there were no procedures for their management.

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 demonstrated good evidence of effective multi-agency and multi-professional working, with regular meetings and accessible services such as pharmacy and community mental health teams. All staff completed basic safeguarding training, whilst nurses and GPs received level three training appropriate to their roles.

The practice had an up-to-date safeguarding policy and a clear policy matrix indicating the designated GP lead, ensuring staff clarity on responsibilities. Staff had access to the Wales Safeguarding Procedures. However, there was no system to identify children on the child protection register from family records and it was unclear if children at risk were appropriately Read coded, though notes were flagged.

The practice must establish a clear process to monitor children on the at-risk register, to ensure:

- **Clear markers for children at risk and looked after children**

- **Accurately record children who require ongoing monitoring or removal of those children who no longer require such monitoring.**

Management of medical devices and equipment
The practice ensured safe use of medical equipment by using mainly single-use items, annual testing and calibration managed by a practice manager and by documenting all checks.

Equipment was observed to be in good condition and stored appropriately with servicing and maintenance contracts in place, with nurses responsible for reordering emergency repairs or replacements via the practice manager. Electrical equipment had calibration annually via an external company.

For off-site visits, we were told that each GP maintained their own clinical bags and medicines, with nurses reminding staff to check for expiry dates.

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 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.

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

The practice answerphone directed patients with critical "red flag" symptoms to call 999 rather than wait on the phone. Reception staff were also trained in basic life support, sepsis recognition and trained to direct patients to call 999 when necessary. All staff had access to the GP undertaking triage for immediate advice.

Test results were ordered and managed by medical staff who also handled most result communication, with the practice nurse primarily involved in relaying specific results such as diabetes blood tests and wound swabs.

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 practice operated a digital patient record system with paper records stored remotely, following standard NHS Wales digital protocols for record handling, employing trained staff for summarising information and conducting regular audits for data quality.

Patient records demonstrate clear evidence and reasoning for care decisions, were up to date, complete and easily searchable by doctors, with no issues found in the inspected records. Furthermore, chronic disease andmedicines management were found to be appropriately managed in the records reviewed.

There was a comprehensive recording of the history, examinations, investigations and planned treatment, with evidence of the use of diagnostic Read codes.

Records were stored securely in compliance with data protection regulations, with an effective records management system including IT support in place.

The practice also maintained processes for 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 enabling self-referral for physiotherapy. Staff coordinated care by signposting or referring patients to other specialties. These included respiratory services and diabetes patients who could refer to district nurse teams to coordinate care, promote optimal outcomes and reduce unnecessary hospital admissions. The staff reported a close working relationship with the specialist nurses they had frequent contact with.

Quality of Management and Leadership

Staff feedback

HIW issued a questionnaire to staff to obtain their views about the practice. We received seven responses from staff at this setting. All the responses given by staff were positive, due to the low number it was not possible to identify any themes. Staff commented:

> *"Very happy environment to work in.*
> *We were always treated with respect and it's like a little family.*
> *Definitely a pleasure to come into work."*

> *"Superb place to work, well supported. Brilliant team, we work very hard, providing excellent service to patients."*

> *"The surgery was a very pleasant environment to work in. Fabulous team ethic. Our patients were of utmost priority and we feel that we deliver the best."*

> *"This was a professional and well-run practice run by a skilled mix of clinicians and administrators/managers who all strive to deliver the best possible primary care service for our patients and best possible working environment for the team."*

Leadership

Governance and leadership

The practice demonstrated robust governance and accountability systems with a senior partner responsible for clinical oversight and a practice manager overseeing the Quality Assurance and Improvement Framework (QAIF). Staff and managers were well-informed about their roles, responsibilities, reporting lines and the importance of working within their scope of practice, including non-clinical and non-medical clinical staff.

Leaders maintained an open-door policy and actively engage with the team via various channels including meetings, emails and phone calls. Regular meetings were held monthly or bi-monthly with documented minutes recorded and shared with staff. Information on policy changes and safety notices were disseminated through a system called 'TeamNet' and general emails, with regular audits and staff required to acknowledge receipt once read.

The practice held a bronze award for health and wellbeing and had an up to date wellbeing policy. Cluster projects were managed effectively under service level agreements. Key challenges included limited space, information governance loopholes, funding constraints and contract restrictions.

Clinical oversight for the delivery of projects was managed by senior partners and leads. Quality assurance frameworks were overseen by the practice manager and designated leads for specific areas such as safeguarding, infection control and complaints, ensuring clinical information sharing and learning dissemination in a timely manner. Overall, well-managed processes supported sustainable delivery of safe and effective care, with confident staff handling data and good examples of cluster collaboration.

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. Skill mix and competencies were reviewed at least annually. Work schedules were planned four weeks in advance for reception and six weeks ahead for doctors, with recent reviews indicating additions of salaried staff and a pharmacist to complete the workforce. 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. The practice experienced low staff turnover and managed absences and vacancies proactively.

Staff members felt competent and worked within their defined scope, with access to senior clinical advice when needed. Workload allocation respected individual scope, with adjustments made during staff absences, such as increased hours and use of nurse locums. Nursing staff advised us they had access to continuous professional development (CPD) opportunities and this was 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. Clinical supervision was facilitated through on-site and virtual meetings, ensuring appropriate oversight.

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. Whilst some records such as immunisation updates and staff health clearances were reviewed by designated personnel, not all documentation was directly observed. Job descriptions and responsibilities were maintained but required further review to ensure completeness.

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

Culture

People engagement, feedback and learning

The practice distinguishes between informal and formal complaints, tracking them through records or spreadsheets. It handled immediate resolutions and escalated more serious issues to senior staff, ensuring adherence to the NHS 'Putting Things Right' procedures. A named staff member was responsible for managing complaints, with arrangements in place for coverage during absences. However, details of the NHS complaints procedure were not currently displayed for patients.

The practice welcomed patient suggestions through various channels, including a feedback box, annual surveys, online feedback and email. Communication about changes based on feedback was shared via letters. Plans existed to reintroduce a patient participation group that was paused due to COVID-19, aiming to involve diverse patient groups more actively.

Learning from complaints and feedback was considered through meetings where actions were recorded. Staff were encouraged to share ideas and raise concerns via individual meetings or direct communication with designated personnel. The practice supported whistleblowing, though we did not see if a current policy was available.

Information

Information governance and digital technology

The practice demonstrated effective data management and security by appointing a trained data protection officer, using Digital Healthcare Wales services and maintaining clear data handling processes accessible to patients through various formats. 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. Data quality was ensured via regular audits and performance was monitored through systematic reviews of complaints and feedback. The practice also complied with mandatory external data submissions and used systems such as Datix for incident reporting.

Learning, improvement and research

Quality improvement activities

The practice demonstrated a proactive approach to audit and quality improvement, utilising data quality audits, incident-prompted audits by GPs and discussions of significant events in meetings. Whilst not currently engaged in research projects or accreditation schemes, the practice actively reviewed incidents, complaints and mortality cases to drive continuous improvement.

Whole-systems approach

Partnership working and development

The practice demonstrates a proactive and engaged approach to understanding its role within the broader primary and secondary care systems by participating in regular multidisciplinary team (MDT) meetings, collaborating with pharmacies and involving external partners in the in-house meetings. The practice maintained strong collaborative relationships through cluster meetings with other GP practices and showed enthusiasm in addressing system-wide challenges and population needs. It also identified opportunities for improvement such as enhancing communication with secondary care through additional meetings.

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
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: St Isan Road Surgery

Date of inspection: 1 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
1.	There were no immediate assurance issues.					

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: St Isan Road Surgery

Date of inspection: 1 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.	The chaperone policy was comprehensive but Read codes for chaperone usage were not available.	The practice must ensure that Read codes are added to the electronic patient record system regarding the use of and offer of chaperones.	Health and Care Quality Standards - Dignified and Respectful Care	Read-codes have been replaced by Snomed Terms. Added terms to policy and circulated updated policy to Staff	Practice Manager	Done 16th October 2025
2.	Responses to the patient survey.	The practice must consider options and opportunities to improve the overall timely access to its services and appointment system.	Health and Care Quality Standards - Timely Care	The practice does a substantial amount of work to improve access for its patients. In addition to what we already do, the practice has participated in the	Practice Manager	It is standard practice to consider options and opportunities to improve the overall timely access to its

				annual Access Standards Framework since it was established in 2019. This includes an annual Patient Satisfaction Survey, followed by practice and collaborative discussion and actions around the responses. Assurance is supplied to the health board, via reports with evidence of work done, mid-year and annually. We are in the first year of participating in a 3 year 'Continuity of Care' QI project, to improve continuity of care for patients. This will include the patient voice.		services and appointment system. Ongoing

				What we will do is review our patient education materials about access; from the feedback in the survey, it appears that patients are not aware of all the options available to them. Set up a prominent 'what you said, what we did' display and encourage patients to get involved year round.		
3.	An up-to-date business continuity plan (BCP) was in place and accessible to staff. However, the BCP's coverage of business partnership risks, particularly GP partner sickness or absence, was vague and recommended for clearer explanation	The practice must explain more clearly the cover arrangements in the event of GP partner sickness or absence in the business continuity plan.	Health and Care Quality Standards – Safe	The partners will review the partnership agreement and business continuity plan, and update this element.	Partners	31st Oct 2025

	and alignment with the partnership deed.					
4.	The cleaning cupboard was unlocked so patients could access cleaning products hazardous to health, therefore posing a safety risk.	The practice must ensure a lock is placed on the door to the cupboard containing Control of Substances Hazardous to Health (COSHH) products.	Health and Care Quality Standards – Infection, Prevention and Control	Needs a lock and to be kept locked during opening hours.	Practice Manager	Done 1st September 2025
5.	Whilst appropriate waste disposal procedures were in place with monthly audits taking place, clinical waste bins were stored unsecured outside and although sharps bins were locked, they were kept in an unlocked room, indicating a need for improved secure storage.	The practice must ensure the secure storage of clinical waste on-site.	Health and Care Quality Standards – Infection, Prevention and Control	We are sourcing a suitable outdoor store.	Practice Manager	31st October 2025

6.	There was no system to identify children on the child protection register from family records and it was unclear if children at risk were appropriately Read coded, though notes were flagged.	The practice must establish a clear process to monitor children on the at-risk register, to ensure: • Clear markers for children at risk and looked after children • Accurately record children who require ongoing monitoring or removal of those children who no longer require such monitoring.	Health and Care Quality Standards – Safeguarding	Pathway to be clarified and shared with all. Read codes no longer exist. SNOMED Terms: Child on protection register Child removed from protection register Family member on child protection register Family member subject of child protection problem Family member no longer subject of child protection problem Child at risk Child no longer at risk	Dr Bethan Brooks, Child Protection Lead	31st October 2025
7.	Whilst some records such as immunisation updates and staff health clearances	The practice must ensure access to workforce documentation, such as job descriptions, are available.	Health and Care Quality Standards – Workforce	Job descriptions are available on our HR software, senior staff can access all of	Team Leaders	Review by 31st Oct 2025, update at appraisal

	were reviewed by designated personnel, not all documentation was directly observed.			them, and individual staff can access their own. Job descriptions were observed at inspection. We will review and make sure all in place.		if appropriate.

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: