

General Practice Inspection Report (Announced)

Minfor Surgery, Betsi Cadwaladr
University Health Board

Inspection date: 12 August 2025

Publication date: 12 November 2025



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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Minfor Surgery, Betsi Cadwaladr University Health Board on 12 August 2025.

Our team for the inspection comprised of two 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 seven questionnaires were completed by patients or their carers and eleven 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 Minfor Surgery to be a pleasant and welcoming practice. We observed staff talking to patients in a friendly and professional manner.

Patients were provided with a good range of information, with posters and leaflets at the practice providing advice and support on a range of health-related issues.

There were good processes in place to ensure patients could access the right services and in a timely manner. The practice managed significant fluctuations in patient numbers due to tourism, and all patients who responded to the HIW questionnaire said they could get routine appointments when they needed them.

This is what we recommend the service can improve:

- Update the practice website to include more information for patients
- Carry out a disability access review

This is what the service did well:

- Good provision of Welsh language service and materials.

Delivery of Safe and Effective Care

Overall summary:

We found Minfor Surgery to have staff who were committed to providing a high standard of care for their patients. Patients benefitted from a range of **co-located** services at the practice and clinical staff worked well together.

Suitable processes were in place to support the safe and effective treatment of patients.

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

Immediate assurances:

We reviewed the equipment and drugs used to manage medical emergencies. This is what we noted as requiring immediate improvement.

- Ensure regular checks of emergency drugs and equipment are carried out and recorded

- Centralise the storage of emergency drugs
- Promptly undertake a clinical review and risk assessment and consider whether appropriate emergency drugs are accessible if needed.

This is what we recommend the service can improve:

- Update the premises to address some maintenance issues and enable effective infection prevention and control (IPC).

This is what the service did well:

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

Quality of Management and Leadership

Overall summary:

We found that Minfor Surgery had a supportive and committed management team working in the best interests of staff and patients. The practice manager was a partner in the practice, providing clear leadership and was notably engaged and visible.

Staff responses to the HIW questionnaire reflected a positive work environment with staff feeling involved in decision-making and adequately supported in their roles.

This is what we recommend the service can improve:

- Ensure relevant policies and procedures are specific to the practice
- Put robust systems in place to monitor and record staff compliance with training requirements.

This is what the service did well:

- Good support for staff wellbeing
- Clear leadership.

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

Responses given by patients to the HIW questionnaire were generally positive, with all rating the service provided as 'very good' or 'good'.

Most respondents were satisfied with the opening hours, ability to contact the practice and access to routine appointments. However, fewer said they could get same-day urgent appointments.

Most found it easy to access support for ongoing conditions and over half knew how to reach out-of-hours services.

Respondents agreed the building was accessible, the practice was very clean and health promotion materials were displayed.

There were mixed responses on privacy when talking to reception, but most felt privacy was protected during consultations.

Respondents generally felt appointments were timely, medical details were checked, sufficient time was given, explanations were clear, and they were treated with respect and involved in decisions.

Person-centred

Health promotion

A wide range of leaflets and posters were available for patients in the reception and waiting area, promoting healthy choices and sources of support. These included information on smoking cessation, alcohol reduction and healthy eating. Information was also available promoting vaccinations and screening tests and sources of support for patients managing long-term medical conditions or providing care for others.

Information was available in both English and Welsh, however no information was seen to be provided in alternative formats, such as large print.

The practice should consider providing information in alternative formats.

Information about the practice and services was provided in a leaflet distributed to patients upon registration. We noted that the practice website provided limited information and required improvement.

The practice should review and update the content of the practice website.

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

We noted that there was no clear signage to the front of the practice to identify it. The practice manager explained that signage had previously been shown on the external doors but these had been replaced due to malfunction.

The practice should provide external signage to enable patients to identify the practice.

Various co-located services were made available to patients. On different days the practice provided:

- A family support worker
- An occupational therapist, for patients with mental health issues
- Substance misuse advisors

Health visitors and district nurses were accommodated at the practice, enabling improved access for patients. The practice provided GP medical services to six beds at a local hospital, which involves completing ward rounds twice weekly. GP services are also provided to a local nursing home.

The process and preparations by the practice to manage the annual winter vaccination programme were suitable and the benefits of vaccination were actively promoted.

Staff at the practice worked closely with the patient group to ensure they received the right care from the right services. Reception staff were trained to discuss symptoms with patients and to either book an appointment with the most appropriate practice healthcare professional or signpost to appropriate care pathways. These included Urgent Primary Care Centres, Wales Eye Care Services, dentists, minor injury units, pharmacists working under the minor ailment scheme and self-referral to see a physiotherapist.

The respondents to the HIW patient questionnaire agreed that their GP explained things well to them and answered their questions. All but one of the respondents

said they felt listened to and all agreed they were involved as much as they wanted to be in decisions about their health care.

Dignified and respectful care

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

All respondents to the patient questionnaire felt they were treated with dignity and respect and that measures were taken to protect their privacy during consultations and treatment. The reception desk was partly screened, which offered some level of privacy from the waiting area. However, over half of the respondents to the HIW questionnaire felt they couldn't speak to reception staff without being overheard.

Reception staff were observed welcoming patients in a professional and friendly manner. There was a suitable room available where patients could speak to staff if they required additional privacy.

We reviewed a sample of 10 patient records and no instances were recorded as requiring a chaperone. However, we noted that chaperone notices were prominently displayed in treatment rooms and reception areas, clearly offering the service to patients. A chaperone policy was in place and staff undertook relevant online training.

Timely

Timely care

An up-to-date practice access policy was in place which outlined the arrangements for patients to access care promptly.

Advanced booking appointments with GPs were available and patients requesting a same-day appointment were triaged by a doctor each morning. Patients with learning disabilities and other relevant needs were given longer appointments and seen with a carer, relative or advocate present.

Reception staff had received care navigation training and told us that they were well supported when seeking clinical advice.

We found the triage system to work effectively resulting in good availability of appointments. Staff told us that due to Barmouth having large numbers of tourists,

patient numbers fluctuated seasonally, with approximately eight times more patients in the summer season. It was notable that the practice successfully managed this fluctuation in numbers.

Two out of five patients who responded to our questionnaire told us they were able to get a same day appointment when they needed to see a GP urgently, however all respondents agreed they could get routine appointments when they needed them.

Equitable

Communication and language

Bilingual signage and patient information were available. There were several Welsh speakers at the practice and the Welsh language active offer was displayed to promote the use of Welsh language. We saw staff wearing 'iaith gwaith' badges so that patients could identify them as a Welsh speaker and one of the GP partners was a fluent Welsh speaker.

Staff told us they could access a translation service to help communicate with patients whose first language was not English. A hearing loop was installed to assist patients with impaired hearing. Staff told us that they aided one patient with hearing difficulties by seeing them with a sign language interpreter and would endeavour to have them seen by the same doctor each time.

Information about the practice and services provided were shared with patients through a website, social media and a patient information leaflet. The patient information leaflet was typically given to patients on registration and other copies printed on request. Staff said that larger print copies were not routinely produced but that this was possible.

There were processes in place for the recording and sharing of information from secondary care. Letters and documents were generally scanned onto patient notes and directed to the correct healthcare practitioner to action as required.

Rights and equality

The practice had an appropriate and up-to-date policy in place to promote equality and diversity. This referenced relevant legislation and protected characteristics.

The practice offered good access for patients and a wheelchair was provided for patient use. All patient areas, including treatment rooms and an accessible toilet were located on the ground floor, with level access throughout. Access to the practice was through wide doors that opened in both directions. Staff said patients

entering the practice were clearly visible and they would offer assistance if needed. The accessible toilet included grab handles, however no emergency alarm cords were fitted.

The waiting area was spacious and clean with sufficient seating available. However, none of the seating was fitted with arm rests or chair risers to assist patients with any mobility issues.

The practice should carry out a disability access review to consider whether further adjustments could be reasonably made.

The rights of transgender patients were upheld, with staff confirming that preferred pronouns and names were clearly noted on patient records.

Delivery of Safe and Effective Care

Safe

Risk management

There were processes in place to protect the health, safety and well-being of all who attended the practice. The practice was clean and tidy, free of clutter and generally in a good state of repair.

We noted that some areas of the premises needed attention, including a damaged window in the staff area and minor damage to plaster and paintwork in treatment rooms.

The practice manager told us that work was underway to have the carpeting replaced with appropriate flooring.

The practice must ensure that a programme of work is in place to prioritise and address maintenance issues.

The practice had fire safety measures in place, including trained fire marshals, fire exits, fire extinguishers and alarm systems. However, we noted that fire escape routes were not clearly identified with signage.

The practice must review the fire safety measures and ensure that fire escape routes are clearly identified.

The practice had a business continuity plan which was up to date and available to all staff.

The practice manager had responsibility for receiving patient safety alerts and distributing these to the relevant personnel.

Infection, prevention and control (IPC) and decontamination

An IPC policy was in place and all staff had access to this. The practice had a named nurse identified as the IPC lead. Staff had received IPC training appropriate to their roles. Staff demonstrated a clear understanding of their IPC roles and responsibilities.

The practice manager told us that cleaning procedures had been recently reviewed, and all rooms now had specific cleaning schedules on the doors.

An IPC audit had been carried out, however there was no evidence that these were done on a regular basis nor that an action plan was in place.

The practice must ensure that IPC audits are carried out on at least an annual basis and appropriate action plans put in place.

Treatment rooms were equipped with hand hygiene facilities. However, these required updating to meet current IPC standards such as having mixer taps, no overflow and having splashbacks without tile grouting.

All but one of the treatment rooms were fitted with carpet flooring which does not allow for effective IPC and there was no evidence to show appropriate deep cleaning taking place. However, the practice manager told us that work was underway to have the carpeting replaced with appropriate flooring. In addition, one treatment room had wallpaper which did not allow for effective IPC. Redundant wooden framed patient couches were present in treatment rooms, which did not allow for effective IPC.

To ensure effective IPC the practice must ensure, within a reasonable timeframe, that clinical areas have:

- Updated hand hygiene facilities
- Carpet and wallpaper replaced
- Redundant couches removed

We saw that up-to-date procedures were in place for waste management. However, we noted that most clinical waste bins did not have lids. Clinical waste bags awaiting collection were stored securely, however they were not labelled appropriately.

The practice must ensure that clinical waste bins are fitted with lids and that clinical waste bags are labelled appropriately.

The practice had an up-to-date policy about needlestick injuries. We noted some staff lacked awareness about the potential need to attend an emergency department in the event of a needlestick injury and that flowcharts were not displayed. This was addressed during the inspection with needlestick injury flowcharts put on display in treatment rooms.

Systems were in place to ensure relevant clinical staff had Hepatitis B immunity, as part of the recruitment procedures.

Respondents to the HIW questionnaire who had invasive procedures agreed that staff wore gloves during the procedure, that equipment was individually packaged and that antibacterial wipes were used to clean their skin prior to the procedure. All respondents to the questionnaire said the practice was very clean

Medicines management

Processes were in place to ensure the safe prescribing of medication. Repeat prescriptions were printed by administrative staff with appropriate authorisation by a GP.

The practice had one nurse as a non-medical prescriber. We found them to be appropriately mentored, supported and supervised. The practice also carried out regular reviews of their consulting and prescribing, which was notably good practice.

We reviewed patient group directions (PGDs). We found some information that was out of date and needed to be removed, which was done during the inspection. Other PGDs were generally satisfactory, however some needed minor attention to ensure they had been completed and authorised correctly.

The practice must ensure that all PGDs are completed and authorised correctly.

We found that the practice held controlled drugs securely and in tamper-evident packaging. However, we noted that this included expired drugs that should have been disposed of. During the inspection, the practice manager made arrangements for appropriate disposal of the expired drugs. Records of controlled drugs were consistent with stock levels. However, we advised that record keeping be improved to show weekly stock checks and include details of disposal if any vials were partially used.

The practice told us they would review their requirements for storing controlled drugs, which included the request for disposal of existing stock on the day of the inspection. If controlled drugs are to be stocked in the future, processes must be put in place to ensure that there is a practice standard operating procedure (SOP) which covers the ordering, storing, administering, recording, and destruction of the drugs, in line with the relevant legal frameworks. An audited controlled drugs register, which demonstrates regular checks, must be kept on the premises and be readily available for inspection at any time.

We reviewed the equipment and drugs used to manage medical emergencies. We found that there was no evidence of regular checks being carried out, and not all emergency medicines were centralised together for ease and timely access.

The emergency drugs held met the minimum requirements of the UK Resuscitation Council primary care quality standards. However, to ensure patients receive optimal care the practice should consider their patient group, the types of medical emergency that could be reasonably expected and the level of care that could be provided by the clinical staff, and whether additional emergency drugs should be included. For example, the practice provides a substance misuse service, which therefore increases the risk for attendances of opiate users and Naloxone should be considered a drug to be kept on site for emergencies. In addition, the nearest emergency department is long distance from the practice, and its rurality and demands on the Wales Ambulance Service NHS Trust (WAST) can reportedly result in long waits for an ambulance if one was needed.

This presented an increased risk to patient safety and was dealt with under HIW's immediate assurance process. Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

An automatic external defibrillator (AED) was available, fully charged and had pads for both adults and children. No signage was in place to indicate the location of the emergency equipment.

The practice must ensure that appropriate signage is in place to show the location of emergency equipment.

Vaccines were stored appropriately within dedicated vaccine fridges, which had received annual maintenance checks. An up-to-date cold chain policy was in place to ensure safe storage of refrigerated medicines and we were assured that staff were aware of the action to take should there be a breach in the cold chain. Evidence of twice daily temperature checks were provided to us to confirm adherence to the policy.

Drugs stored in treatment rooms were checked and found to be in date. We noted that ambient room temperature checks, to ensure appropriate storage conditions, were not carried out.

The practice should carry out and record ambient room temperature checks to ensure drugs are stored under appropriate conditions.

Staff had completed appropriate training for dealing with medical emergencies and cardio-pulmonary resuscitation.

Safeguarding of children and adults

We considered the safeguarding procedures in place at the practice and found a comprehensive policy which included both adults and children and referenced the Wales safeguarding procedures. The policy was accessible to all staff on a shared drive. The practice had a named safeguarding lead and deputy, which were recorded in the policy.

A process was in place to ensure the medical records of children with a safeguarding status, together with their parents / carers and siblings, were identifiable to staff by way of an alert marker within the patient records.

The practice worked with other agencies to share information and staff described an example where this resulted in appropriate action being taken to support and protect a child. Child protection concerns arising were discussed at daily meetings. However, formal in-house child protection meetings were not regularly held.

The practice should introduce formally minuted, practice-based meetings about safeguarding issues.

A training matrix showed that staff had received relevant safeguarding training at an appropriate level.

Management of medical devices and equipment

We found medical devices and equipment were in good condition, safe to use and had been appropriately checked. Single use items were used where appropriate and disposed of correctly.

All clinical staff were responsible for checking medical devices and equipment daily and reporting any issues to the practice manager.

Effective

Effective care

Suitable processes were in place to support the safe and effective treatment and care of patients. These included staff meetings to discuss clinical updates, learning and new guidance.

There was an appropriate process for managing significant events where incidents could be reported by the Datix online system. Staff described an example where this had been implemented, including where learning had been identified and shared, leading to improved practices.

Referrals were being managed appropriately, including both standard and urgent referrals. Staff told us that all test results were reviewed by a GP within two days of receipt, then allocated and actioned appropriately with notes attached to the patient record. Typically, patients were asked to phone the practice for results but would be contacted directly if urgent action was required.

The practice telephone system signposted callers with emergency conditions to dial 999. Patients in need of urgent medical help or those in a mental health crisis were provided with suitable support and information. The practice also provided clinics to support patients with mental health and substance misuse issues.

Patient records

We reviewed a sample of 10 electronic patient records which were stored securely and in line with legislative requirements.

Overall, the records were comprehensive and of a very good quality showing evidence of appropriate and timely assessment of clinical problems, recording of relevant clinical signs, investigations, treatment and referrals.

We saw evidence of appropriate READ coding, significant past medical problems listed, repeat medications recorded correctly and with appropriate review dates. Examples were seen of allergies to medication being recorded and of consent for sharing information with a family member.

Patient records were completed contemporaneously and the information were presented in a manner that was easy for other clinicians to review.

Efficient

Efficient

We found that services were arranged in an efficient manner and were person-centred to ensure people feel empowered in their healthcare journey. Various additional services were provided at the practice such as an occupational therapist, family support worker and substance misuse advisors. In addition, both health visitors and district nurses operated out of the premises.

Clinical staff told us they felt empowered to share learning and organise work between themselves to improve efficiency.

Clinical information was shared within the practice using the electronic EMIS system. Staff told us the practice also planned to move to electronic prescribing later in the year.

Quality of Management and Leadership

Staff feedback

Staff responses to the HIW questionnaire reflected a positive work environment with staff feeling involved in decision-making and adequately supported in their roles.

All respondents felt they could suggest improvements and were involved in decisions affecting their work.

Every respondent reported having appropriate training and having had an appraisal or development review in the last 12 months. Most staff agreed there was an appropriate skill mix, adequate materials, and enough staff to perform their roles effectively.

All staff felt the practice took positive action on health and wellbeing and that they could achieve a good work-life balance. Awareness of occupational health support was also high.

Comments included:

“Excellent place to work. All staff including doctors, nurses, trust staff are happy to work here.”

“A special site to work in and a good and friendly crew.”

Leadership

Governance and leadership

There were processes in place to support effective governance, leadership and accountability, to ensure a sustainable delivery of safe and effective care. The practice manager was a managing partner and provided clear and visible leadership. Staff told us they felt able to approach the management team with any issues or concerns and that the practice manager made themselves available as much as possible.

Staff were clear about their roles, responsibilities and reporting lines and the importance of working within their scope of practice. It was also clear there was a supportive and committed management team working in the best interests of staff and patients. Designated leads were in place for various roles, including safeguarding and IPC and there was a lead nurse.

We observed that staff at the practice worked well together and discussions indicated a positive and well-supported team.

A wide range of policies and procedures were in place to support the effective running of the practice. Policies were saved on the shared drive which allowed staff access to them. We noted that some documents were generic and would benefit from being made more specific to the practice.

The practice should review policies and procedures to ensure they are specific to the practice, where appropriate.

The practice held monthly staff meetings, with minutes circulated by email to ensure information was shared to those that could not attend.

Workforce

Skilled and enabled workforce

We spoke with staff across a range of roles. They all had sound knowledge of their roles and responsibilities and each appeared committed to providing a quality service to patients. We were told the practice encouraged professional development and saw examples of this, such as the practice nurse being supported to complete a prescribing course.

A training matrix was in place, with staff updating details on a whiteboard and maintaining their own training records. Compliance was generally good; however we found some evidence could not be readily provided. We advised that a more robust system should be used to ensure compliance can be monitored effectively and to ensure staff skills and knowledge are up to date in line with their role.

The practice must ensure that a robust system is in place to effectively monitor compliance with mandatory training requirements and ensure evidence of relevant training is held by the practice.

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

The practice manager demonstrated an electronic system that was being put in place to record staff details and highlight any information that was missing or required updating.

We saw that formal appraisals were carried out annually for nursing and administration staff. There were no records for doctors because they source supervision and appraisals externally.

Culture

People engagement, feedback and learning

The practice had a patient's complaints procedure and policy which was aligned to the NHS Wales Putting Things Right process. The practice manager was responsible for managing all complaints and this was clear within the complaints policy. We noted that contact details for HIW were not included in the procedure made available to patients. This was resolved during the inspection with appropriate details added.

Complaints and concerns were appropriately recorded along with actions taken. Significant concerns were also logged using the health board DATIX system and any feedback shared with staff.

Patients, relatives and carers were able to provide feedback about the service in a range of ways, including a suggestion box in the waiting area. A patient survey was carried out in January 2025 by the cluster practices and results analysed.

However, four out of seven patients who responded to the HIW questionnaire said the practice had never asked about their experience of the service, whilst five respondents said they did not know how to complain about poor service if they wanted to do so.

The practice had an up-to-date Duty of Candour policy in place. Staff felt comfortable to speak up regarding any concerns they had and a whistleblowing policy was in place to support this. In addition, staff felt comfortable to share any suggestions they might have and could provide these to their manager for consideration.

Information

Information governance and digital technology

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

The practice understood its responsibility when processing information and there were various policies and procedures in place supporting this, such as Information Governance and the GDPR.

Learning, improvement and research

Quality improvement activities

There was evidence of some clinical and internal audits in place to monitor quality. We were told learning was shared across the practice to make improvements.

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

Whole-systems approach

Partnership working and development

The practice worked actively within the local GP cluster to build a shared understanding of the challenges and the needs of the local population and to help integrate health care services for the wider area. Co-location of district nurses and health visitors at the practice improved partnership working and provided a more effective service for patients.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The practice had a policy about needlestick injuries. We noted some staff lacked awareness about the potential need to attend an emergency department in the event of a needlestick injury and that flowcharts were not displayed.	Potential risk to staff, if prompt actions are not taken in the event of a needlestick injury.	This was discussed with the lead nurse.	This was addressed during the inspection with needlestick injury flowcharts put on display in treatment rooms.
We found that the practice held controlled drugs securely and in tamper-evident packaging. However, we noted that this included expired drugs that should have been disposed of.	Controlled drugs must be stored securely and expired drugs should be disposed of appropriately and promptly to minimise the risk of misuse.	This was raised with the practice manager.	During the inspection, the practice manager made arrangements for appropriate disposal of the expired drugs.

The practice had a patient's complaints procedure, however contact details for HIW were not included.	Patients may be unaware how to escalate a concern if necessary.	This was raised with the practice manager.	This was resolved during the inspection with appropriate details added.
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Appendix B - Immediate improvement plan

Service: Minfor Surgery

Date of inspection: 12 August 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
<p>1. We reviewed the equipment and drugs used to manage medical emergencies. We found that there was no evidence of regular checks being carried out, and not all emergency medicines were centralised together for ease and timely access. The emergency drugs held met the minimum</p>	<p>The practice must:</p> <p>a) Immediately implement a robust process to ensure regular checks of emergency drugs and equipment are carried out and recorded</p> <p>b) Centralise the storage of emergency drugs to ensure ease of and timely access</p> <p>c) Promptly undertake a clinical review and risk assessment of the services provided by the practice using the patients using</p>	<p>Health and Care Quality Standards: Safe</p>	<p>a) Medical Emergencies Policy to be implemented which includes emergency equipment checklist and emergency medicines check list.</p> <p>Hold practice meeting to ensure all staff are aware of the checking procedure and locations of medication and equipment with</p>	<p>Sean Langridge</p>	<p>5 days (20/08/2025)</p>

<p>requirements of the UK Resuscitation Council primary care quality standards. However, to ensure patients receive optimal care the practice should consider whether additional emergency drugs should be included.</p>	<p>them and consider whether appropriate emergency drugs are accessible if needed.</p>		<p>training running through emergency situations. (Held within two weeks)</p> <p>b) Reviewed with GP 13/08/2025 trolley should hold all the equipment to enable resuscitation.</p> <p>The emergency medicines will be held centrally in the treatment room drawer which will be clearly labelled emergency medicines. The drawer will also hold a laminated sheet with dosing instructions.</p> <p>c) Email to LMC 13/08/2025 to confirm their understanding of what medicines to hold. Reviewed the</p>		
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				Mythbuster 9 with one GP Partner will be shared with the other GP Partner 15/08/2025 formulate risk assessment and order medications into practice.		
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Sean Langridge

Job role: Managing Partner/Practice Manager

Date: 13/08/2025

Appendix C - Improvement plan

Service: Minfor Surgery

Date of inspection: 12 August 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.	Information was available in both English and Welsh, however no information was seen to be provided in alternative formats, such as large print.	The practice should consider providing information in alternative formats.	Health and Care Quality Standards 2023 - Information	Practice Leaflet is available in large print. Review of current external leaflets to check if available in other formats.	Sean	Complete
2.	The practice website provided limited information for patients and required improvement.	The practice should review and update the content of the practice website.	Health and Care Quality Standards 2023 - Information	Review and update current website utilising AI for coding	Sean	6-12 Months
3.	There was no clear signage to the front of	The practice should provide external signage to enable	Health and Care Quality Standards 2023 - Information	Quote requested to have signage etched onto front door.	Sean	3 Months

	the practice to identify it.	patients to identify the practice.				
4.	The waiting area had sufficient seating. However, none of the seating was fitted with arm rests or chair risers to assist patients with any mobility issues.	The practice should carry out a disability access review to consider whether further adjustments could be reasonably made.	Health and Care Quality Standards 2023 - Equitable	Review to be undertaken - review format created and will be collated for actions points that can be made.	Sean	3 Months
5.	We noted that some areas of the premises needed attention, including: <ul style="list-style-type: none"> • Carpeting requiring replacement • Damaged window glass in a staff-only area • Minor damage to plaster and paintwork in treatment rooms 	The practice must ensure that a programme of work is in place to prioritise and address maintenance issues.	Health and Care Quality Standards 2023 - Safe	Premises audit to be completed. Collating a list of works that need to be addressed and graded for priority.	Sean	3 Months
6.	Fire escape routes were not clearly identified with signage.	The practice must review the fire safety measures and ensure that fire escape routes are clearly identified.	Health and Care Quality Standards 2023 - Safe	Discussed with our fire safety company they will do assessment on 1st October.	Sean	Complete

7.	An IPC audit had been carried out, however there was no evidence that these were done on a regular basis nor that an action plan was in place.	The practice must ensure that IPC audits are carried out regularly and appropriate action plans put in place.	Health and Care Quality Standards 2023 - Safe	IPC done annually, action plans to be implemented. Some action will appear on the maintenance works.	Sean/Sian	3 Months
8.	Treatment rooms required some updating to ensure effective IPC could be maintained.	To ensure effective IPC the practice must ensure that treatment rooms have: <ul style="list-style-type: none"> • Updated hand hygiene facilities • Carpet and wallpaper replaced • Redundant couches removed 	Health and Care Quality Standards 2023 - Safe	This section will be completed in with point 5 and 7.	Sean	3 Months
9.	Most clinical waste bins did not have lids. Clinical waste bags awaiting collection were stored securely, however they were not labelled appropriately.	The practice must ensure that clinical waste bins are fitted with lids and that clinical waste bags are labelled appropriately.	Health and Care Quality Standards 2023 - Safe	Ordered bins and clinical waste bags are now labelled	Sean	2 Weeks
10.	Some Patient group directions (PGDs) needed minor	The practice must ensure that all PGDs are completed and authorised correctly.	Health and Care Quality Standards 2023 - Safe	PGD's have all been updated and signed off.	Sian/Sally	Complete

	attention to ensure they had been completed and authorised correctly.					
11.	No signage was in place to indicate the location of the equipment used for medical emergencies.	The practice must ensure that appropriate signage is in place to show the location of emergency equipment.	Health and Care Quality Standards 2023 - Safe	In place.	Sean	Complete
12.	Drugs stored in treatment rooms were checked and found to be in date. We noted that ambient room temperature checks, to ensure appropriate storage conditions, were not carried out.	The practice should carry out and record ambient room temperature checks to ensure drugs are stored under appropriate conditions.	Health and Care Quality Standards 2023 - Safe	Thermometers have been ordered and will adapt the fridge control sheets to document temperatures.	Sean	2 Weeks
13.	Child protection concerns arising were discussed at daily meetings. However, formal in-house child protection meetings were not regularly held.	The practice should introduce formally minuted, practice-based meetings about safeguarding issues.	Health and Care Quality Standards 2023 - Safe	Now an agenda item on staff meeting agenda.	Sean	Complete

14.	A wide range of policies and procedures were in place. Some documents were generic and would benefit from being made more specific to the practice.	The practice should review policies and procedures to ensure they are specific to the practice, where appropriate.	Health and Care Quality Standards 2023 - Efficient	A full re-review of policies to be undertaken to ensure bespoke to practice	Sean	12 Months
15.	We advised that a more robust system should be used to ensure compliance can be monitored effectively and to ensure staff skills and knowledge are up to date in line with their role.	The practice must ensure that a robust system is in place to effectively monitor compliance with mandatory training requirements and ensure evidence of relevant training is held by the practice.	Health and Care Quality Standards 2023 - Workforce	Currently utilising whiteboards in Nursing room and reception area. Currently looking to replace with technology (currently in development)	Sean	12 Months

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): Sean Langridge

Job role: Managing Partner

Date: 30 September 2025