

General Practice Inspection Report (Announced)

Crwys Medical Centre, 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.



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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 Crwys Medical Centre, Cardiff and Vale University Health Board on 23 October 2025.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 27 questionnaires were completed by patients or their carers and 5 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:

Patient feedback provided in response to our survey was notably positive, with all but one patient rating the overall service received as very good. All patients confirmed that they were treated with dignity and respect and that the healthcare professional explained things well to them.

The appointment system enabled effective navigation, clinical assessment, and prioritisation of appointments. Notably, the majority of respondents were satisfied with appointment access. Patients told us in our survey that they could obtain same-day and routine appointments when required, and that they were content with the type of appointment offered.

Health promotion advice was displayed throughout the practice and a range of GP and nurse-led clinics for the management of chronic conditions and additional services were available. This included weekend flu clinics to aid patient schedules and uptake.

We observed friendly interactions between staff and patients, and reception staff were seen to engage with patients in a quiet tone. However, we recommend that signage is placed near reception to inform patients that a side room is available if greater privacy is preferred.

Chaperone information was displayed on television screens and on the practice website to inform patients of their right to be accompanied during examinations. However, we recommend that posters are displayed in clinical rooms, and that the offer and uptake or decline of a chaperone is consistently recorded in patient notes, along with details of the chaperone present.

This is what we recommend the service can improve:

- Ensure patients are aware that conversations in reception can be held with greater privacy
- Ensure chaperone offer and recording is strengthened.

This is what the service did well:

- Patient feedback about the overall experience, care and access to the practice was positive
- The practice adapted its services to meet local population need.

Delivery of Safe and Effective Care

Overall summary:

We reviewed a sample of patient records and found them to contain safe clinical assessment and completed to a good clinical standard.

The building appeared fit for purpose, with appropriate fire safety precautions, electrical equipment testing, and legionella checks completed.

Clinical areas were found to be visibly clean, and there was evidence of environmental improvements, such as replacement flooring, to enable effective cleaning. However, we recommend that end of day cleaning schedules are maintained in clinic rooms.

Nursing staff and healthcare support workers had clear roles and responsibilities relating to infection prevention and control (IPC), which were well understood. However, evidence of IPC training was found to be inconsistent.

It was positive to see some IPC-related audit activity undertaken, including hand hygiene and waste audits, which were completed and scored well. An annual practice-wide IPC audit is recommended for robustness.

There were appropriate processes in place for the management of vaccines and other cold chain medications, and suitable procedures were in place for staff to raise the alarm, such as in the event of a patient collapse. However, some out-of-date medications and equipment were identified throughout the practice.

Staff were generally aware of the latest safeguarding guidelines and the process to follow for reporting any safeguarding concerns. Practice safeguarding meetings took place and included routine attendance from health visitors. However, a safeguarding policy was required to underpin practice and training completed to level 3 for the clinical safeguarding lead.

We reviewed a recent significant adverse event, which included a robust process for recording, reviewing, and identifying actions and learning from the event.

The practice benefitted from a good degree of pharmacy input, which supported the undertaking of discharge medication reviews.

Immediate assurances:

- Out-of-date medication, stock and equipment
- Staff training in IPC and safeguarding for the lead clinician

This is what we recommend the service can improve:

- End of day cleaning schedules to be implemented
- An annual practice-wide IPC audit to be undertaken
- Development of a safeguarding policy and awareness of the latest guidelines

This is what the service did well:

- Appropriate processes for managing vaccines and other cold-chain medications by nursing staff
- Practice safeguarding meetings included routine attendance from health visitors
- Clinical record keeping was found to be to a good standard.

Quality of Management and Leadership

Overall summary:

The practice manager demonstrated a good knowledge in the running of the practice. All staff that we spoke with demonstrated a good understanding of their roles and responsibilities and all appeared committed to patient care.

We recommend that there is a greater degree of structure, minuting and recording to ensure that practice meetings, forums and associated processes are centrally located and readily accessible.

Whilst staff responses to our survey was low, feedback was overall positive, with all staff agreeing that care is the practices top priority and would recommend this practice as a good place to work.

We reviewed a sample of staff files and noted that work was on-going to collate a co-ordinated, central record of pre- and on-going employment related documentation and checks, including staff training. However, as a training practice, we noted good medical supervision arrangements in place.

We reviewed a sample of formal complaints, which were low in number and without obvious themes or trends. These had been acknowledged and responded to in a timely manner.

The practice was involved in several cluster quality improvement activities, which targeted topical and relevant issues affecting the local population. Some internal practice audits were undertaken, but we recommend that this is consolidated into a forward-looking year ahead schedule of audits.

The practice maintained close professional links with a range of health board community services, including district nurses, health visitors, midwives and a counsellor, with some services co-located to support timely and joined-up care.

Immediate assurances:

- Aspects of staff pre- and on-going employment checks, including training.

This is what we recommend the service can improve:

- Greater structure, minuting and recording of practice wide forums, meetings and associated processes
- Identify training needs according to roles and responsibilities, ensuring that there is a system in place to monitor and evidence its completion
- Consider an annual audit schedule, with a process in place to record, share and follow up, as required.

This is what the service did well:

- Staff feedback was overall positive
- Complaints were generally low, with no themes or trends, and timely resolution
- Close working relationships with health board and other community services.

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

We invited patients to complete a survey and received 27 responses. Most respondents rated the overall service received as very good, with all but one of the remainder stating the service was good.

Patient comments included:

" The receptionists are always polite and very helpful. The doctors here are amazing, always fantastic service"

"Maybe a more private area to speak to receptionist. Stating intimate problems in front of the waiting room was a bit intimidating e.g. smear or lumps."

"I'm very happy with the GP practice. I can always get a suitable appointment, and nurses are knowledgeable and friendly."

"I really feel that this surgery could have a better process for emergency appointments than a sit and wait."

Person-centred

Health promotion

Health promotion advice was displayed throughout the practice, including information on common illnesses, screening campaigns, and local support services. Information was of good quality and up to date.

The practice provides a range of GP and nurse-led clinics for the management of chronic conditions and additional services, including physiotherapy, flu and travel vaccinations. Positively, weekend flu clinics had been introduced during the autumn period to aid patient schedules and uptake.

Dignified and respectful care

All patients confirmed that the GP explained things well and answered all questions, with all but one stating they felt listened to. Positively, all patients confirmed they were treated with dignity and respect.

The practice was accessible, visibly clean and well presented. We observed friendly interactions between staff and patients, and reception staff were seen to engage with patients in a quiet tone. However, we recommend that signage is placed near reception to inform patients that a side room is available if greater privacy is preferred. Telephone calls for appointments were taken in a private office away from public areas.

The practice should place a sign near reception informing patients that sensitive conversations can be held in a side room.

Chaperone information was displayed on television screens and on the practice website to inform patients of their right to be accompanied during examinations. However, we recommend that posters are displayed in clinical rooms, and that the offer and uptake or decline of a chaperone is consistently recorded in patient notes, along with details of the chaperone present.

The practice must ensure that the offer and uptake or decline of a chaperone is entered into patient notes, in line with standards set out by the General Medical Council (GMC). Posters should be displayed in clinical areas.

Timely

Timely care

The appointment system enabled effective navigation, clinical assessment, and prioritisation of appointments. Pre-bookable face-to-face and telephone appointments were offered up to six weeks in advance, and there was good uptake of the NHS Wales app to facilitate these bookings. Emergency appointments were available to patients face-to-face with the on-call doctor through a sit-and-wait system.

Notably, the majority of respondents were satisfied with appointment access. Patients told us in our survey that they could obtain same-day and routine appointments when required, and that they were content with the type of appointment offered.

For patients with chronic or ongoing medical needs, the majority confirmed that they were able to access care and support easily when needed.

Equitable

Communication and language

Staff confirmed that they would accommodate any known language or communication needs and were aware of services such as Language Line.

The majority of respondents stated that their preferred language was English. Of the two respondents who stated their preferred language was Welsh, one indicated that they could communicate in Welsh. However, both confirmed that written materials were not available through the medium of Welsh.

The practice was mindful of patient vulnerabilities and of those who may struggle to communicate over the telephone. In such instances, the practice confirmed that face-to-face appointments would routinely be offered to this patient group.

Delivery of Safe and Effective Care

Safe

Risk management

The building appeared fit for purpose, with appropriate fire safety precautions and electrical equipment testing in place. Legionella checks had also been completed, with remedial actions taken where necessary.

Staff were able to request emergency assistance from their individual clinical areas. When asked, staff were familiar with this process and understood how to respond.

We reviewed the business continuity plan (BCP) and found it to be insufficiently detailed and not fully tailored to the practice. This had already been identified as an area for improvement by the practice manager.

The practice should ensure that a sufficiently detailed and tailored business continuity plan is developed.

We confirmed that patient safety alerts are disseminated to staff as required; however, they were not stored on a shared drive or in a readily accessible single location. We advise the practice to implement this to ensure ease of access for all staff.

Infection, prevention and control (IPC) and decontamination

Clinical areas were found to be visibly clean, and there was evidence of environmental improvements, such as replacement flooring, to enable effective cleaning. We confirmed that cleaning of clinic areas was completed daily but not routinely recorded.

The practice should ensure that end-of-day cleaning schedules are kept in each clinic room and maintained consistently.

Nursing staff and healthcare support workers had clear roles and responsibilities relating to infection prevention and control (IPC), which were well understood. However, evidence of IPC training was found to be inconsistent. This was addressed through our immediate assurance process, as detailed in Appendix B.

Clinical waste, including sharps items, was appropriately segregated and securely stored both internally and externally to the premises.

It was positive to see some IPC-related audit activity undertaken, including hand hygiene and waste audits, which were completed and scored well. However, we recommend that the practice completes an annual, practice-wide IPC audit to ensure that good practice is maintained throughout.

The practice should undertake a comprehensive annual IPC audit.

Staff were aware of how to respond to a needlestick injury. However, there was no underpinning policy or flowchart of what immediate actions to take in clinic to support staff if should an incident were to occur.

The practice should ensure a needlestick flow chart is on display in clinic and that there is a policy to support this process.

Medicines management

There were appropriate processes in place for the management of vaccines and other. This included the ordering, stock and fridge temperature checks, including an awareness of what to do in the event of any cold chain issues.

Suitable procedures were in place for staff to raise the alarm, such as in the event of a patient collapse. All emergency equipment was readily accessible, including the defibrillator and oxygen. However, some out-of-date medications and equipment which may be required in an emergency was identified. This was dealt with through our immediate assurance process, found in Appendix B.

A range of other out-of-date and unused clinical stock and equipment was identified in various areas of the practice.

The practice must ensure that responsibility for checking stock and equipment is appropriately delegated, with stock and equipment segregated and disposed of in a timely manner.

We found paper prescriptions and pads to be suitably stored. However, we recommend that the practice strengthens its processes regarding the logging of these when they are delivered to the practice, supported by an on-going stock taking process.

The practice should ensure that there are suitable processes for the logging and stock taking of paper prescriptions and pads.

We reviewed a sample of patient group directions (PGDs) and found these to be appropriately completed and signed, ensuring that staff have the delegated authority to administer certain medications to patients.

Safeguarding of children and adults

Staff were generally aware of the latest guidelines and the process to follow for reporting any safeguarding concerns. However, we recommend that this area is reflected upon in future training sessions or practice-wide meetings. The practice should also ensure that there is a safeguarding policy in place to underpin and support its safeguarding practices.

The practice should ensure that a safeguarding policy and process are created and that awareness of these is circulated to all staff.

Training to the relevant level had been provided to staff according to their roles and responsibilities, except for Level 3 training for the safeguarding lead. This was addressed through our immediate assurance process, as detailed in Appendix B.

Practice safeguarding meetings took place and included routine attendance from health visitors. It was positive to observe the practice routinely placing system flags onto the records of family members and siblings in the event of any child protection or safeguarding concerns.

Management of medical devices and equipment

Medical devices and equipment were found to overall be in good working order. There was evidence of calibration and through contracts with relevant manufacturers and suppliers. However, some items had either not been serviced at the appropriate interval or were no longer in use. These items were removed from use during the inspection.

Effective

Effective care

We reviewed a recent significant adverse event, which included a robust process for recording, reviewing, and identifying actions and learning from the event. This led to a wider practice clinical audit, which ultimately resulted in safer management of patients prescribed the affected medication. The overall quality of the approach was noted to be of a good standard.

We found an overall timely and auditable process for dealing with referrals and other correspondence in and out of the practice for secondary care and/or other professionals.

The practice benefitted from a good degree of pharmacy input, which supported the undertaking of discharge medication reviews. While it would be beneficial for this resource to cover other reviews and audits, the pharmacist role is cluster-funded and their work is not directed by this practice alone.

Patient records

We reviewed a sample of patient records and found them to contain safe clinical assessment and completed to a good clinical standard

All notes were appropriately coded, contained a comprehensive narrative, and problem lists were relevant, all of which would enable a locum GP to provide good continuity of care.

All paper and electronic records were found to be held securely and away from patient access and view.

Quality of Management and Leadership

Staff feedback

Due to the low number of staff responses, it is not possible to include a full summary in this report. The practice may wish to use this feedback as an indicator and to support its own feedback exercises.

Of the responses received, staff feedback was mostly positive across a breadth of feedback areas. Notably, all staff agreed that care is the practice's top priority and would recommend this practice as a good place to work.

Leadership

Governance and leadership

The practice manager demonstrated a good knowledge in the running of the practice. All staff that we spoke with demonstrated a good understanding of their roles and responsibilities and all appeared committed to patient care.

We considered the overall practice-wide communication, degree of formality, recording and documentation across various practice meetings, forums and associated processes. We would recommend that there is a greater degree of structure, minuting and recording to ensure that files are maintained for audit trail purposes.

The practice should ensure that there is a greater degree of structure, minuting and recording of practice wide forums, meetings and associated processes.

In response to our staff survey, whilst limited in number, all staff felt able to meet conflicting demands on their time at work and that they have adequate equipment to undertake their role. One respondent did not feel that there is enough staff or an appropriate skill mix.

Positively, all staff agreed that their job is not detrimental to their health and that the practice takes positive action on health and wellbeing. Two respondents however felt that work-life balance could be strengthened.

All but two staff felt able to make suggestions to improve services at the practice and are involved in deciding on changes that may affect their work. All respondents agreed that the practice encourages them to report errors, near misses or incidents and that action is taken to ensure these do not reoccur.

Workforce

Skilled and enabled workforce

We reviewed a sample of staff files and noted that work was on-going to collate a co-ordinated, central record of pre- and on-going employment related documentation and checks. However, there were some inconsistencies and omissions regarding disclosure and barring service (DBS) checks and staff immunisations. This was dealt with through our immediate assurance process, found in Appendix B.

We reviewed a sample of staff training files and found recent evidence that a range of training had been completed, relevant to roles and responsibilities. However, similarly to the above, work was on-going to identify training needs and to ensure that this is recorded in a consistent manner.

As a training practice, we noted good medical supervision arrangements in place. This included use of hot reviews and an open-door policy for training doctors to raise any clinical concerns during patient consultations.

Culture

People engagement, feedback and learning

There were a number of ways for patients to submit concerns, compliments and feedback. We reviewed a sample of formal complaints, which were low in number and without obvious themes or trends. These had been acknowledged and responded to in a timely manner.

Other routes for providing feedback well were advertised, including options to contact the local health board, Llais and the Ombudsman service.

Information

Information governance and digital technology

All electronic and paper patient records were found to be securely stored and most staff agreed that they can access the IT systems they need to provide care and support to patients.

Learning, improvement and research

Quality improvement activities

The practice was involved in several cluster quality improvement activities, which targeted topical and relevant issues affecting the local population.

We noted a recent QI initiative into a drug misuse programme had delivered tangible benefits for this patient group, including improving or maintaining their ability to work. We considered this to be well placed for further analysis or QI work.

Some internal practice audits were undertaken, but we recommend that this is consolidated into a forward-looking year ahead schedule of audits, which are recorded, shared and followed up, as required.

The practice should consider creating an annual audit schedule, with a process in place to record, share and follow up, as required.

Whole-systems approach

Partnership working and development

The practice maintained close professional links with a range of health board community services, including district nurses, health visitors, midwives and a counsellor. Some services were co-located at the practice to support timely and joined-up care.

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

Immediate improvement plan

Service: Crwys Medical Centre

Date of inspection: 23 October 2025

Findings

We were not assured that sufficient processes were in place to ensure staff training was completed, recorded, and monitored by the practice. Although we saw evidence of a training matrix in development, this did not provide adequate assurance on the day of the inspection.

We identified gaps in essential training areas. While we were verbally assured during the inspection that GPs had completed Level 3 safeguarding training, evidence of this was not available on the day. Furthermore, Level 2 infection prevention and control (IPC) training had not been completed by clinical staff.

Improvement needed		Standard/ Regulation	Service action	Responsible officer	Timescale
1.	The practice must ensure that safeguarding (level 3) and IPC (level 2) training is completed. The practice must ensure that they routinely record and monitor staff training at regular intervals.	Health and Care Quality Standards (2023)	We have sourced an online IPC Level 2 training course via NHS England eLearning for Healthcare site which all clinical staff are in the process of completing. Safeguarding Level 3 training is available via the Health Board and all staff required to do this have been advised how to book. This is to ensure that we have up to date certificates and clear dates when it will be due next. This will be monitored and	PM - Andy Smith	IPC timescale = 1-2 weeks Safeguarding 1-3 months depending on course availability

			reminders sent to each clinician until complete. All training is now recorded in our Training Needs Analysis which will be updated and reviewed on a regular basis.		
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Findings

We identified some outdated medication and equipment, which formed part of the emergency kit used for managing medical emergencies. This included aspirin, tubing, dextragel, and benzylpenicillin. We also identified a range of other outdated medication and equipment located in several clinical and storage areas of the practice.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
2. The practice must ensure that emergency kit checks are recorded on a weekly basis. The practice is advised to consider streamlining responsibility for these checks The practice must review all stock held on the practice premises is reviewed to ensure that it remains fit for purpose and ready for use.	Health and Care Quality Standards (2023) Resuscitation Council UK: Primary Care Quality Standards	We are in the process of merging all previous stock control spreadsheets into one which will include clear dates of expiry and will be the responsibility of the nursing team to check and control only. This will be reviewed on a weekly basis by one of the team and any near expiry items will be highlighted in red on the spreadsheet. Spot checks will be carried out on a bi-monthly basis to ensure this is being updated correctly and all outdated items are removed.	Practice Nurse Julie Owen	We will be working on the spreadsheet next week and will be in place from then.

Findings

We could not be assured that a sufficient process was in place for obtaining and monitoring Disclosure and Barring Service (DBS) checks. Although we were verbally assured that DBS certificates had been requested for staff, on the day of the inspection we found that certificates were either not readily held on file or had not been obtained for all clinical staff. Furthermore, there was no process in place to routinely check staff members' ongoing suitability to work.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
3. The practice must ensure that DBS certificates are obtained at the appropriate level for staff, relevant to their roles. The practice must ensure that there is a process in place to routinely monitor staff members' ongoing suitability to work (e.g. self-declaration or annual checks)		Most of the staff did have DBS certificates within their staff records, unfortunately, the records selected where some of the ones missing. All remaining staff have now completed their DBS forms and we are awaiting the copies of the certificates. We have created a form for staff to sign on a yearly basis to confirm that nothing has changed regarding their DBS certificate.	PM - Andy Smith	Already complete

Findings

We could not be assured that there was a robust system in place to identify, monitor and record staff immunisations (e.g. Hepatitis B) relevant to their role.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
4. The practice must ensure that staff are assessed and offered	Health and Care Quality	We have now created a Hepatitis B staff record sheet which we will update and maintain for all clinical staff.	PM - Andy Smith	1 Month

<p>immunisations relevant to their role.</p> <p>The practice must maintain a log and review this at appropriate intervals.</p>	<p>Standards (2023)</p> <p>Immunisation of healthcare and laboratory staff: the green book, chapter 12</p>	<p>All staff without a Hepatitis B status will be completing a status blood test in the next month for us to update this.</p> <p>Staff will be asked to repeat this every 5 years.</p>		
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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): **Andy Smith**

Job role: **Practice Manager**

Date: **6th November 2025**

Appendix C - Improvement plan

Service: Crwys Medical Centre

Date of inspection: 23 October 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.	In support of patient experience / person centred care	The practice should place a sign near reception informing patients that sensitive conversations can be held in a side room.	Health and Care Quality Standards 2023	Sign as been put in place on the reception desk and on the door to the side room.	Andy Smith	Complete
2.	In support of patient experience (person centred care) and professional standards	The practice must ensure that the offer and uptake or decline of a chaperone is entered into patient notes, in line with standards set out by the General Medical Council (GMC). Posters should be displayed in clinical areas.		Poster are now in all clinical rooms and displayed prominently. All offers and uptake of chaperone are recorded in the patients notes.	Andy Smith Dr D Rees	Posters complete Offer of chaperone will be audited on an ongoing basis

3.	In support of the workforce / partnership	The practice should ensure that a sufficiently detailed and tailored business continuity plan is developed.		Business continuity plan currently being revised.	Andy Smith	End of March
4.	In support of IPC	The practice should ensure that end-of-day cleaning schedules are kept in each clinic room and maintained consistently.		Cleaning schedules have now been developed and agreed with cleaning contractor.	Andy Smith	Will be starting from January
5.	In support of IPC	The practice should undertake a comprehensive annual IPC audit.		IPC audit scheduled for the New Year	Julie Owen	Will then be annually in January
6.	In support of IPC / Workforce	The practice should ensure a needlestick flow chart is on display in clinic and that there is a policy to support this process.		Needlestick poster is now in every clinical room and a needlestick policy has been created and is available to everyone in our shared drive.	Andy Smith	Completed
7.	In support of IPC and safe care	The practice must ensure that responsibility for checking stock and equipment is appropriately		All stock control has now been moved to our nursing staff who have combined the	Julie Owen	Ongoing

		delegated, with stock and equipment segregated and disposed of in a timely manner.		existing spreadsheets and check this weekly.		
8.	In support of medicines management	The practice should ensure that there are suitable processes for the logging and stock taking of paper prescriptions and pads.		Log book now being used and currently in process of stock taking all prescriptions and pads.	Jacquie Short	Once stock take complete, All staff will be made aware of completing log book when stock moved. End of January for completion.
9.	In support of safe care	The practice should ensure that a safeguarding policy and process are created and that awareness of these is circulated to all staff.		Safeguarding policy is currently being revised and once complete will be available in our shared drive.	Andy Smith	Ongoing - to complete by end of March

10.	In support of Leadership	The practice should ensure that there is a greater degree of structure, minuting and recording of practice wide forums, meetings and associated processes.		Will in future minute all informal discussions which in the past have been passed on verbally. Parts of our business meetings which are not business sensitive will now be forwarded to staff for information.	Andy Smith	Ongoing and from next Business meeting in January.
11.	In support of learning and improvement	The practice should consider creating an annual audit schedule, with a process in place to record, share and follow up, as required.		We will be looking into creating this from April 2026 onwards	Andy Smith	Will spend some time reviewing this and putting in place from April.

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): Andy Smith

Job role: Practice Manager

Date: 18/12/2025