

General Practice Inspection Report (Announced)

Iechyd Bro Ddyfi | Dyfi Valley Health,
Powys Teaching Health Board

Inspection date: 10 November 2025

Publication date: 10 February 2026



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

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

Or via

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

Digital ISBN 978-1-83745-008-4

© Crown copyright 2026

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	5
2. Summary of inspection.....	6
3. What we found	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership	16
4. Next steps.....	19
Appendix A - Summary of concerns resolved during the inspection	20
Appendix B - Immediate improvement plan.....	21
Appendix C - Improvement plan	22

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 Dyfi Valley Health, Powys Teaching Health Board on 10 November 2025.

Our team for the inspection comprised of a HIW healthcare inspector, 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 380 questionnaires were completed by patients or their carers and 22 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 received a large patient and carer response to our survey, with high levels of satisfaction expressed regarding the overall service provided. There were a number of positive comments regarding staff professionalism and friendliness. Other comments noted concerns about limited options to see a GP directly, rather than their preferred healthcare professionals. Some expressed dissatisfaction with telephone appointments, preferring face-to-face consultations.

We observed friendly and professional interactions between staff and patients, and reception staff were seen to engage with patients in a quiet tone to aid privacy. However, almost half of respondents who responded to the question did not feel that they could talk to reception staff without being overheard.

Notably, over three quarters of patients agreed that the clinician explained things well to them, with the majority agreeing that they felt listened to, that they were treated with dignity and respect, and were sufficiently involved in decisions about their healthcare.

The appointment system enabled effective clinical assessment and prioritisation of appointments. Two thirds of respondents to our survey told us they can obtain an urgent appointment, with most agreeing that they can access routine appointments.

The practice had a range of routes for patients to make an appointment. This included via telephone, in-person, email, text and social media. This is notable and inclusive practice, accommodating a breadth of preferences and vulnerabilities.

This is what we recommend the service can improve:

- The practice should explore if existing methods for ensuring patient privacy in the reception area could be strengthened
- Language choice should be routinely recorded in patient records.

This is what the service did well:

- The practice delivers a wide range of chronic disease management clinics and additional services, including minor injury services
- Patient access was generally positive

- Patient feedback regarding the involvement in and explanation of care, feeling listened to, and being treated with dignity and respect by clinicians was notable.

Delivery of Safe and Effective Care

Overall summary:

The practice and its patients benefit from a broad multidisciplinary team to support the practice and to deliver effective care to patients within a rural community.

We reviewed a sample of patient records and found them to be completed to a good clinical standard, which demonstrated clear, comprehensive and safe clinical assessment.

It was positive to observe the practice had implemented a daily virtual ward round, with close working with the district nurse team, to aid timely and effective care and with the aim of avoiding hospital admission.

The practice had recently re-located to a newly refurbished health board building, and the environment appeared fit for purpose. All areas of the practice, including clinical areas, were well-maintained, visibly clean and free of clutter.

There are appropriate processes in place for the management of vaccines and other medications. Practice staff were aware of how to respond to medical emergencies, such as a patient collapse, and emergency equipment and drugs were appropriately stored and routinely checked.

There was a good process in place for recording and cascading learning from any significant adverse events, this included ensuring actions were implemented and re-auditing these at an appropriate interval.

This is what we recommend the service can improve:

- Sharps bin should be signed, dated and with the temporary closure used
- Automated External Defibrillator (AED) and emergency equipment signage should be placed on relevant doors
- Recording of diagnoses should be strengthened in patient records.

This is what the service did well:

- The practice premises was new, visibly clean and fit for purpose
- Medicines management arrangements were maintained to a good standard
- Multidisciplinary team working was effective.

Quality of Management and Leadership

Overall summary:

All staff survey respondents agreed that care of patients is top priority and that they would be happy with the standard of care provided for themselves, or their own family and friends. All but one respondent recommending this practice as a good place to work.

The practice manager demonstrated a good knowledge in the effective running of the practice, and GP partners took an active role in the development and delivery of services. All staff that we engaged with were kind and patient focused.

Positively, all but one staff member confirmed that they had received an appraisal within the last 12 months.

We reviewed a sample of formal complaints. These had been acknowledged and responded to within the appropriate timeframe, with details of complaints discussed between practice management and partners to ensure any learning is captured.

There was a positive approach towards clinical audits and quality improvement projects, based on practice and local population needs, and partnership working with a range of health board services was found to place good emphasis on the delivery of patient care.

This is what we recommend the service can improve:

- The practice should reflect on staff feedback provided in the body of the report.

This is what the service did well:

- Staff feedback was generally positive in a range of areas
- Appraisals were confirmed by staff to have been completed
- There was a positive approach towards quality improvement, learning and partnership working.

3. What we found

Quality of Patient Experience

Patient feedback

In total we received 380 responses to our survey. Positively, 92% of respondents rated the overall service received as 'very good' or 'good'. Many positive comments were received in relation to staff professionalism and friendliness.

Other comments noted concerns about limited options to see a GP directly, rather than their preferred healthcare professionals. Some expressed dissatisfaction with telephone appointments, preferring face-to-face consultations for better assessment and communication.

A representative sample of patient comments included:

"Called to make an appointment 1.50 - got an appointment for 3.15 same day - you cannot ask for a better service than that."

"I would prefer to see an actual GP sometimes without having to wait weeks and not just see a Nurse Practitioner every time."

"It would be very good to see the same doctor every time in order to create a health relationship between us that can last."

"The advance care practitioners are very good and I have been happy to be able to see them when GP is not available. All the staff have been very professional and caring."

Person-centred

Health promotion

There was a range of preventative and health promotion advice displayed throughout the practice. This included information on common illnesses, screening campaigns, local health board and other support services. Information was of good quality and up to date.

A wide range of clinics for the management of chronic conditions and additional services, including minor injury services, are provided. These services are

delivered by general practitioners (GPs), urgent care practitioners, practice nurses, healthcare assistants, and a pharmacist.

Dignified and respectful care

We observed friendly and professional interactions between staff and patients, and reception staff were seen to engage with patients in a quiet tone to aid privacy. However, almost half of respondents who responded to the question did not feel that they could talk to reception staff without being overheard. Whilst the practice had made efforts to ensure patients stand at a reasonable distance from the patient being attended to, they might wish to explore ways in which to strengthen this message.

The practice should explore if existing methods for ensuring patient privacy in the reception area could be strengthened.

Telephone calls for appointments and results were taken in a private office away from public areas.

Notably, over three quarters of patients agreed that the clinician explained things well to them, with the majority agreeing that they felt listened to, that they were treated with dignity and respect, and were sufficiently involved in decisions about their healthcare.

It was positive to note that the offer of a chaperone for intimate examinations was offered in the sample of records reviewed. Information notifying patients of their right to a chaperone was displayed in the waiting area and on television screens. It is recommended that the practice includes this information in clinical area, where examinations are undertaken.

The practice should ensure that posters displaying information about chaperone provision is displayed in clinical rooms.

Timely

Timely care

The appointment system enabled effective clinical assessment and prioritisation of appointments. This included initial care navigation, with a focus on ensuring that patients are seen by the right healthcare professional, at the right time. Access to an on-call GP was available to staff in the event of urgent concerns or uncertainty.

Two thirds of respondents to our survey told us they can obtain an urgent appointment, with most agreeing that they can access routine appointments. Most

patients also confirmed that they were satisfied with the opening hours of the practice and knew how to access out of hours services.

Whilst most patients agreed that that they were content with their appointment type, 18% of respondents disagreed, with many comments provided. These comments included appointments being offered with other healthcare professionals, despite requests being made to see a GP, and a dissatisfaction with telephone consultations. Whilst this approach towards appointments is set out clearly on the practice website, the practice should consider this feedback and how this is communicated to patients at the point of appointments being made.

Equitable

Communication and language

Staff confirmed that they would accommodate any known language or communication need and were aware of services such as Language Line. We identified, however, that only a limited number of patient records contained a patients preferred language choice. This is despite the practice making efforts to routinely capture this data.

The practice should continue to ensure that language choice is routinely recorded in patient records.

Despite this, there was a good focus on providing services through the medium of Welsh, with almost three quarters of survey respondents confirming that they can, or sometimes, can speak Welsh throughout their patient journey. Several comments from patients indicated that they would prefer to be able to speak Welsh with GPs, but the lack of Welsh speaking GPs currently prevents this.

Rights and equality

The practice had a range of routes for patients to make an appointment. This included via telephone, in-person, email, text and social media. This is notable and inclusive practice, accommodating a breadth of preferences and vulnerabilities.

The practice provides a valuable gender identity service, which also acts as a commissioned service by the local health board. This supports the practices own patients, as well as those living elsewhere in Powys, to be seen closer to home.

Delivery of Safe and Effective Care

Safe

Risk management

The practice had recently re-located to a newly refurbished health board building, and the environment appeared fit for purpose. All consulting rooms and clinics were on the ground floor and accessible, with step-free access throughout the premises for those with mobility issues.

There was appropriate fire detection equipment in place, supported by a recently completed fire risk assessment. Electrical items, including medical devices, were PAT tested and serviced to ensure their on-going safety and effectiveness.

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

Infection, prevention and control (IPC) and decontamination

All areas of the practice, including clinical areas, were well-maintained, visibly clean and free of clutter. Cleaning of clinical areas was completed to a good standard, with cleaning schedules in place.

Whilst there was no IPC lead, nursing staff and healthcare assistants had clear roles and responsibilities relating to IPC, which were well understood. Staff had received IPC training relevant to their roles.

The practice had started IPC related audits, including monthly and weekly checks, supported by audits completed by the local health board. We advised the weekly checks could be used to inform monthly IPC audits.

Clinical waste, including sharps items, was appropriately segregated and securely stored when not in use. This was managed by the local health board, who are responsible for the building. However, the practice should ensure that sharps bins in use are signed, dated and with the safety lid used.

The practice should ensure that sharps bins are signed, dated and with the temporary closure mechanism used when not in use.

Medicines management

There are appropriate processes in place for the management of vaccines and other medications. This includes the ordering, stocking, fridge temperature recording, and knowledge of what to do in the event of a cold-chain issue.

Practice staff were aware of how to respond to medical emergencies, such as a patient collapse. Emergency equipment and drugs were appropriately stored and routinely checked and recorded. We advised the practice to remove the empty trolley to avoid any confusion and would recommend that appropriate signage is displayed on the door to where the equipment is kept.

The practice should ensure that relevant signage is displayed on the door of where emergency equipment is stored.

We reviewed a sample of patient group directions (PGD's), which provides legal authority to a registered health professional, other than a general practitioner, to supply and administer specified medicines to a pre-defined patient group. These were appropriately signed and completed.

Staff were aware of how to respond in the event of a needlestick injury. A readily available flowchart was not on display in the clinic but was resolved on the day of the inspection.

Use of paper prescriptions were supported by a practice policy, and an audit had recently been undertaken, which resulted in the practice taking positive action to ensure their secure storage.

Dispensary

The dispensary was well managed and operating in line with set standard operating procedures. The dispensary manager was knowledgeable, and staff were trained to a notable level, with annual re-validation and training through the General Pharmaceutical Council.

We reviewed a sample of dispensing near misses and errors and found the last one to be recorded in July 2025. The practice is advised to be mindful of its threshold for near misses to ensure that reporting is routine, consistent and to an appropriate tolerance.

Safeguarding of children and adults

Staff were aware of the process to follow for reporting any safeguarding concerns. This was supported by an appropriate safeguarding policy and process.

Training to the relevant level had been provided to staff according to their roles and responsibilities.

Routine practice safeguarding meetings take place, with an appointed clinical safeguarding lead in attendance.

Management of medical devices and equipment

Medical devices and equipment were found to be in good working order. There was evidence of calibration and servicing contracts with relevant manufacturers and suppliers.

Effective

Effective care

The practice and its patients benefit from a broad multidisciplinary team to support the practice and to deliver effective care to patients within a rural community.

We reviewed a sample of files, which confirmed that annual recalls for chronic disease management were completed, with a good process in place for obtaining blood samples and self-booking of appointments by patients.

It was positive to observe the practice had implemented a daily virtual ward round, with close working with the district nurse team, to aid timely and effective care and with the aim of avoiding hospital admission.

We noted timely and auditable processes for dealing with referrals and other correspondence in and out of the practice for secondary care and other professionals.

There was a good process in place for recording and cascading learning from any significant adverse events, this included ensuring actions were implemented and re-auditing these at an appropriate interval.

Pharmacy input was considered a valuable resource for the practice and for patient care, supporting the practice with a range of clinical tasks and duties.

Patient records

We reviewed a sample of patient records and found them to be completed to a good clinical standard, which demonstrated clear, comprehensive and safe clinical assessment.

We recommended that the practice strengthens the recording of diagnoses to ensure that the presenting complaint is accurately recorded. Despite this, records contained relevant clinical detail and narrative, all of which would enable a locum GP to provide good continuity of care for patients.

The practice should ensure that the recording of diagnoses is strengthened in electronic patient records.

Quality of Management and Leadership

Staff feedback

We received 22 staff responses in relation to our survey. All respondents agreed that care of patients is top priority and that they would be happy with the standard of care provided for themselves, or their own family and friends. All but one respondent recommending this practice as a good place to work.

Additional comments from staff highlighted strong team spirit, supportive management, and patient-focused care, but some comments noted communication overload via electronic means outside working hours.

Staff comments that we were given consent to share included:

“Partners and manager always available and supporting. Despite patient demands we work well as one family/team.”

“I am very happy in my job. It is rewarding and makes a valuable contribution to the health and wellbeing of our patients”

Leadership

Governance and leadership

The practice manager demonstrated a good knowledge in the effective running of the practice, and GP partners took an active role in the development and delivery of services. All staff that we engaged with kind and patient focused.

There were a range of practice meetings, policies and procedures to support the effective running of the practice. These were generally of good quality and contained sufficient detail to meet practice needs.

In response to our staff survey, all but two respondents felt able to meet all the conflicting demands on their time during work, with all but five respondents stating that there are enough staff to allow them to do their job properly. Despite this, all agreed that there is an appropriate skill mix at the practice.

Whilst most respondents agreed that they are involved in decisions that affect their work, and can make decisions to improve the service, five and six staff respectively disagreed.

Positively, all but two staff agreed that their job is not detrimental to their health, that the practice takes positive action on health and wellbeing, and that their working pattern allows for a good work-life balance.

All respondents agreed that the practice encourages them to report errors, near misses or incidents, with all but one agreeing that staff are treated fairly and that action is taken to ensure these do not reoccur. All staff were aware of Duty of Candour and how it applies to their role.

Workforce

Skilled and enabled workforce

We reviewed a sample of staff files and found pre-employment checks completed on staff to ensure their suitability for employment.

We reviewed a sample of staff training files and found a breadth of training relevant to roles and clinical duties had been completed. Most staff responded to our survey to confirm that they had received appropriate training to undertake their role.

Positively, all but one staff member confirmed that they had received an appraisal within the last 12 months.

Culture

People engagement, feedback and learning

Patients were able to provide feedback in person, writing or through a formal complaints mechanism, which was aligned with the NHS Wales 'Putting Things Right' process. It was positive to see the practice plan an emphasis on meeting with patients in-person at an early stage to reach a resolution.

We reviewed a sample of formal complaints. These had been acknowledged and responded to within the appropriate timeframe, with details of complaints discussed between practice management and partners to ensure any learning is captured.

Information

Information governance and digital technology

There was a suitable system in place to ensure the effective collation, sharing and reporting of patient information, data, referrals and requests.

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

There was a positive approach towards clinical audits and quality improvement projects, based on practice and local population needs. This included practice-based audits, pharmacy-led audits, leading and contributing to cluster and wider quality improvement projects.

Whole-systems approach

Partnership working and development

The practice is commissioned to provide GP services to two inpatient wards within the locality. The practice demonstrated a commitment towards supporting this patient group by delivering ward rounds and making themselves accessible to ward staff.

The practice works closely with a range of other health board and out-of-hours services, including providing a minor injury service provision. Staff and patients spoke positively of the valuable resource the practice collectively provides.

The practice is an active member of the North Powys GP Cluster, contributing towards a range of quality improvement projects to support local population need.

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
Not applicable			

Appendix B - Immediate improvement plan

Service:

Date of inspection:

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. Not applicable					
2.					
3.					
4.					

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):

Appendix C - Improvement plan

Service: Iechyd Bro Dyfi

Date of inspection: 10 November 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. Risk to patient privacy	The practice should explore if existing methods for ensuring patient privacy in the reception area could be strengthened.	Health and Care Quality Standards	The building was designed and build by PtHB. Their vision, that we have no input in, was for clear/approachable front of house. In light of comments, we have asked for a meeting with estates to see how this can be facilitated. DVH has now bought a bigger 'curved' monitor for the front desk so it 'bends away' from the opening.	Lucy Cockram	1 month, although LC has asked estates for a meeting, but no response yet.
2. Risk to patient dignity	The practice should ensure that posters displaying information about chaperone		Noted, and posters in both English and welsh in the clinical rooms	Lucy Cockram	done

		provision is displayed in clinical rooms.		*noting that they are in the waiting area and on TV monitors in waiting area		
3.	Risk to patient rights	The practice should continue to ensure that language choice is routinely recorded in patient records.		This is part of our quarterly audits, an SMS and message on social channels.	Lucy Cockram	ongoing
4.	Risk management and IPC risk	The practice should ensure that sharps bins are signed, dated and with the temporary closure mechanism used when not in use.		Noted and actioned	Elliw Kenny	ongoing
5.	Risk management and timely care risk	The practice should ensure that relevant signage is displayed on the door of where emergency equipment is stored.		Noted and actioned	Lucy Cockram	done
6.	Risk to effective care	The practice should ensure that the recording of diagnoses is strengthened in electronic patient records.		Noted and actioned	Jon Shaw	Shared in the clinical meeting post inspection and ongoing

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

Service representative

Name (print): Lucy Cockram
Job role: Practice Manager
Date: 12 Jan 2026