

Independent Healthcare Inspection Report (Announced)

Albany Medical Centre, Pontypridd

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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 Albany Medical Centre on 26 November 2025.

Our team for the inspection comprised of two HIW healthcare inspectors and a clinical 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 10 questionnaires were completed by patients or their carers and two 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:

Albany Medical Centre was committed to providing a high-quality service to patients in an environment that was conducive to providing safe care. Staff placed an emphasis on promoting the privacy and dignity of patients and on protecting patient rights when visiting the clinic. The environment also promoted the patient privacy and dignity.

The clinic operates from the first floor of a multi-story building. We saw a wide range of leaflets and posters displayed, and patient information was available on the clinic's website.

Feedback from patients who completed a HIW questionnaire indicated a high level of satisfaction with the care and service provided at the clinic.

The clinic had systems for patients to share their views on the services offered, and the results of these reviews were clearly displayed.

We were told patients were seen promptly, and staff ensured they were informed if any delays occurred.

This is what the service did well:

- Displaying information on how patients could help their health and wellbeing
- Patients had opportunities to provide feedback
- Patient feedback was positive.

Delivery of Safe and Effective Care

Overall summary:

The clinic had suitable arrangements in place to provide safe and effective care to patients. These arrangements were supplemented by a range of up to date and relevant written policies and procedures.

The clinic operates from two rooms within a multi-occupancy building that is dated but secure and clean. A fitness and maintenance policy is in place covering equipment and environmental upkeep, including portable appliance testing and water safety. The landlord plans refurbishment.

Patient records were well maintained and included all relevant information. Regular audits are conducted, and staff roles are clear.

Medicines are managed appropriately, with secure storage in a locked cabinet and clear documentation of prescribing and discontinuation in patient records. Safeguarding policies are current, with a trained lead and staff trained to at least level two. Equipment is maintained and calibrated, with certificates available.

Care delivery is safe and clinically effective, supported by audits and quality indicators, including evidence of weight loss outcomes. Clinicians are experienced in endocrinology and obesity management. Records are paper-based, securely stored, and demonstrate clear accountability and decision-making. Patients receive medication information leaflets, and processes ensure medical history is confirmed at each visit.

This is what the service did well:

- Robust medicines management
- Effective Safeguarding procedures
- Patient records were well maintained.

Quality of Management and Leadership

Overall summary:

The service demonstrates a strong commitment to high-quality patient care, supported by effective teamwork and a clear management structure. There were clear lines of reporting and accountability in place and governance arrangements described and demonstrated were effective.

A comprehensive selection of policies and procedures was in place and regularly reviewed. The Statement of Purpose (SOP) is current and compliant with regulations, and services are delivered in line with its requirements. Staff were clear and confident in their ability to deal with any concerns.

All clinical staff receive relevant training to meet Continuing Professional Development (CPD) requirements and participate in annual appraisals and ensured that the relevant staff were employed and developed.

Recruitment processes included identity checks, right to work, qualifications, and Disclosure and Barring Service (DBS) checks. Staff files contain job descriptions, contracts, and references.

This is what the service did well:

- All mandatory training and appraisals up to date
- In date policies and procedures
- Recruitment policies were followed when recruiting staff.

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

3. What we found

Quality of Patient Experience

Patient feedback

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

In total, we received 10 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 10 responses.

All respondents who provided comments agreed they could be published anonymously within the HIW inspection report.

Patient comments included:

"The staff are very professional but have a personal touch making it a comfortable environment."

"Will accommodate to everyone's needs."

Health protection and improvement

There was information displayed about how patients could help their health and wellbeing. This included health promotional information on display in the waiting area on diabetes, cholesterol, managing stress and healthy eating. Information was also available on the clinic website on healthy eating with sample menus.

We also noted that there was a no contact blood pressure cuff in the reception area that patients used to record their blood pressure before seeing the clinician.

Dignity and respect

All patients who responded to the questionnaire agreed staff treated them with respect and kindness and were all happy about the service provided. Staff were seen to be discrete and sensitive when speaking to patients. Patient would be seen by the clinician in a private room with lockable doors. The conversations in the consulting room could not be heard in the reception area. There were no problems with the environment which could affect patient dignity.

All patients agreed that measures were taken to protect their privacy, that they were treated with dignity and respect and that their questions were answered and they felt listened to.

Patient information and consent

There was clear information on display for patients and their relatives on the operation of the clinic. Treatments would be explained at the consultations as well as information supplied on weight loss. We were told that large print versions of the information supplied were available.

There was a consent policy in place that detailed the importance of obtaining consent from patients and that they had the capacity to consent.

All patients said that they were involved as much as they wanted to be in making decisions about their healthcare.

Communicating effectively

Patients were able to book initial appointments both by phone and through the clinic website. The clinic makes its statement of purpose and patients' guide available on-site, with copies provided upon request to patients or their representatives, in line with regulatory requirements. Both documents were kept up to date and included all necessary information.

Information accommodating language and communication needs was supported through a poster, advertising translation services via a private provider. We were told large print or easy-read materials can be supplied by the medication provider. However, there is no specific provision noted for Welsh-speaking patients.

An up-to-date written policy on information provision was available. Patients were informed about treatment options, care received, and post-treatment instructions during consultations, while costs are clearly displayed on the clinic's website, throughout the premises, and communicated during consultations. For patients without digital access, information and appointment booking are available via telephone or in person, ensuring accessibility for older individuals and those without internet or mobile access.

Care planning and provision

Patients were seen on an appointment only basis and staff said they were seen in a timely manner. We noted that patients were told of any waiting times and any reason for the delay in seeing the clinician. Should patients not be able to wait, we were told that they would be given an opportunity to re-book the appointment.

In total, over 91% of patients who responded, said that they waited less than 15 minutes for their appointment. All patients agreed that they were informed of how long they would have to wait. Patients who answered the question said that they had received enough information to understand the treatment options and the risks and benefits and were given adequate aftercare instructions.

Equality, diversity and human rights

Equality and diversity was promoted within the organisation through treating everyone fairly. There were equality, diversity and human rights policies in place as well as a freedom of speech policy, all of which were in date. Staff were also in date with equality and diversity training. All patients, including transgender patients were asked what pronouns they preferred and how they wished to be addressed.

There was also a staff guidance document seen relating to assisting patients with disabilities that included guidance on how to communicate with patients with sensory difficulties.

All patients felt they could access the right healthcare at the right time, regardless of any protected characteristic and that they hadn't faced discrimination when accessing or using this health service.

Citizen engagement and feedback

Views of service users were sought and actively used to inform the service of improvements and developments through a comments book and a suggestion box that was seen in the reception. The results of a recent survey were also displayed on the notice board in reception. Additionally, there was also information on the feedback supplied in the annual report on the setting.

Delivery of Safe and Effective Care

Managing risk and health and safety

The clinic occupied two rooms in a rented area of a multi-occupancy, multi-story building. The building appears dated and in need of refurbishment. However, the rooms inspected were clean and fit for the purpose it provided. The building was secure, and door was locked between patients.

The fitness and maintenance of the premises policy was seen and reviewed and included information on the maintenance of equipment and the environment. This included information on portable appliance testing, gas boiler and water supplies. Refurbishment of the premises was ongoing at the time of the inspection.

The clinic was not easily accessible to patients with mobility issues, patients had to climb stairs to access the building and there was no lift. Patients were made aware of this in the patient guide and the clinic website. Patients we spoke with said that they would be helped to access the clinic if required. The registered manager explained that they are planning to operate remote consultations in the future which will increase accessibility.

Whilst there was not a defibrillator on site, there was one available within 100 metres of the premises that staff could use if needed. There were no invasive procedures undertaken at the premises.

Infection prevention and control (IPC) and decontamination

The environment was visibly clean and free from clutter with building works kept separate from the patient area. As the clinic does not carry out invasive procedures, many infection prevention and control (IPC) requirements were not applicable. Standard hand hygiene facilities were available, and cleaning schedules were in place with evidence of compliance.

There was no medical waste generated, and therefore no arrangements for sharps disposal or waste carriers were required. An up-to-date IPC policy was available, and staff had access to appropriate training, with clinical staff following their own procedures.

Medicines management

There were arrangements in place to control medication at the clinic. This included, ordering, receiving, and accounting for the medicines as well as disposing of any out of date medication. Medicines prescribed were clearly annotated on the patient medical records and included all relevant information.

Where medication was stopped, the reasons for this were also recorded on the patient medical records.

There were adequate storage arrangements for medicines used at the clinic, they were held in a locked cabinet, compliant with controlled drug requirements.

Safeguarding children and safeguarding vulnerable adults

There was a safeguarding policy in place that had been recently reviewed and the policy included safeguarding details of the local safeguarding teams. The practice manager was the safeguarding lead and they had completed the relevant training, they also had access to the All Wales Safeguarding application to ensure that they were aware of national policy and legislation, as well as local area procedures. All other staff had received training to the relevant level, at least level two, in safeguarding.

The safeguarding lead was aware of what to do if a safeguarding concern was noted or reported to them.

Medical devices, equipment and diagnostic systems

The clinic had the relevant equipment and medical devices to meet the needs of the patients. The practice manager was responsible for ensuring the maintenance of the equipment. There were calibrated sphygmomanometers and digital scales and a height measurement tool and the relevant test and calibration certificates were seen.

Safe and clinically effective care

Evidence was provided of quality indicators and audits used to monitor patient care. This included evidence provided that showed that the majority of those surveyed had lost weight. There was also an audit of the monitoring of records and record keeping.

There were no challenges with staffing and their training. The clinicians we spoke with were fully conversant with the medication used and had been involved in prescribing this medication for some time. The clinicians specialised in endocrinology encompassing obesity management and diabetes.

Records management

We reviewed a sample for three patient records. There were found to be clear, accurate, and contemporaneous, providing evidence of accountability and decision-making regarding patient care, including assessments of suitability for injections. Records were securely stored in compliance with data protection requirements; all documentation is paper-based and kept in a locked filing cabinet. While records are easily accessible when required, the service does not currently use an electronic

records management system. Mandatory disposal methods were confirmed as appropriate.

Documentation demonstrated that appropriate checks were completed during both initial and follow-up consultations. Patients were provided with an information leaflet to accompany prescribed medication.

We noted that the clinic had introduced a process to ensure that the patient medical record card was signed on each visit to confirm the patients' medical history.

Quality of Management and Leadership

Governance and accountability framework

Governance arrangements were evident within the clinic. These included a clearly defined management and reporting structure, alongside documented evidence of completed audits. The practice manager attended the setting on a weekly basis. Due to the small number of staff employed, information was typically communicated verbally, supplemented by email and an online application.

The statement of purpose was prominently displayed in the reception area, and services were delivered in line with its content, which covered all required areas. A patient guide was also available in reception for patients to view and contained all information required under the relevant regulations.

Dealing with concerns and managing incidents

A complaints policy was displayed within the clinic and included details of Healthcare Inspectorate Wales (HIW). The policy was also incorporated into the clinic's statement of purpose. Staff informed us that all complaints would be managed internally; however, if a patient required assistance in raising a concern, a manager from another clinic within the group would provide support. Staff indicated that remote consultations may be considered in the future.

Both verbal and informal concerns, as well as formal complaints, were recorded by the practice manager. Information from complaints was shared with other staff members via an online application. Formal staff meetings were held every six months, with informal meetings arranged as needed.

Staff we spoke with confirmed they felt confident in reporting concerns. An up-to-date whistleblowing policy was available for staff to follow.

Workforce recruitment and employment practices

The clinic adhered to its Human Resources (HR) policy regarding pre-employment checks for staff. We confirmed that the HR policy for both medical and non-medical staff was current and included clear guidance on recruitment processes and verification of credentials.

Workforce planning, training and organisational development

The clinic operated for approximately three hours each week. Patient appointments were scheduled to coincide with staff attendance. Patients were only booked for consultations when a clinician was present, and appointment scheduling allowed sufficient time for clinicians to address patient needs and any concerns.

Staff had access to training and development opportunities to support role progression. Management monitored mandatory training compliance. We reviewed certificates confirming staff had completed all required training, including fire safety, manual handling, equality and diversity, safeguarding, and infection prevention and control (IPC). Evidence of annual appraisals for all staff was also seen, demonstrating that performance was formally reviewed.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Albany Medical Centre

Date of inspection: 26 November 2025

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate concerns were identified on this inspection.					
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):

Job role:

Date:

Appendix C - Improvement plan

Service: Albany Medical Centre

Date of inspection: 26 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.					
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):

Job role:

Date: