

General Practice Inspection Report (Announced)

Woodlands Surgery, Cwm Taf
Morgannwg University Health Board

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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

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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 Woodlands Surgery, Cwm Taf Morgannwg University Health Board on 03 December 2025.

Our team for the inspection comprised of two HIW healthcare inspectors, two clinical peer reviewers and a practice manager peer reviewer. The inspection was led by a HIW Healthcare Inspector.

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 75 questionnaires were completed by patients or their carers and eight were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

The practice demonstrated a strong commitment to promoting healthy lifestyles and supporting patients in managing their health, particularly in response to the complex needs of the local population in Caerau, one of the most deprived areas in Wales.

The practice used a wide range of accessible methods to share health information, including leaflets, posters, a website, social media and personalised text messages. It also worked closely with cluster-funded services such as First Contact Physiotherapy and the Wellness Improvement Service, which provided early intervention and lifestyle advice.

Additional support was available for patients with complex needs, including mental health concerns, substance misuse and social isolation. Home visits were offered to housebound patients, ensuring equitable access to care.

Patients were treated with dignity and respect. Staff were courteous, and clinical areas maintained privacy during consultations. Chaperone arrangements were in place and clearly communicated. However, privacy at the reception desk was limited for those not using the electronic check-in system, although staff could offer a private space if requested.

The practice had clear arrangements for timely access to care, including daily triage and urgent appointments. Most appointments were face-to-face, and care navigation was well supported. However, patient demand was high, which raises concerns about clinician wellbeing.

Patients were informed of appointment access options through multiple channels, and additional support was available for those in mental health crisis. Waiting times for secondary mental health services remained long.

Communication was generally clear and inclusive. The practice provided bilingual signage and had access to translation services. Welsh language provision was limited, and some policies referenced English regulatory bodies rather than Welsh requirements, which should be reviewed. Adjustments were made for patients with sensory needs, and staff demonstrated sensitivity towards transgender patients. Accessibility within the building was good, and feedback indicated that most patients felt they were treated fairly and without discrimination.

This is what we recommend the service can improve:

- Address sustainability of workload
- Review and localise policy content.

This is what the service did well:

- Strong health promotion and person-centred approach
- Compassionate and respectful care
- Inclusive and equitable access.

Delivery of Safe and Effective Care

Overall summary:

The practice was clean and tidy, but some areas of the building appeared worn and in need of redecoration. A Business Continuity Plan was in place and recently reviewed, but it did not include a structured response for major health emergencies such as pandemic flu, and arrangements for long-term staff absences were informal.

Infection prevention and control measures were generally sound. A site-specific policy was available, and staff training and immunisations were up to date. However, the policy lacked a review date, and no recent infection control audit was seen. Hand wash facilities in some areas did not meet current standards. Waste management was well managed, and practical steps had been taken to reduce infection risks.

Medicines were managed safely, with secure storage and robust cold chain monitoring. Real-time fridge temperature alerts were considered good practice. However, there was no maintenance contract for clinical fridges, and ambient room temperature monitoring for emergency drugs was not in place. Emergency drugs were in date, and checks were documented.

Safeguarding arrangements were strong, with clear policies and systems to identify children at risk. However, one staff record showed a gap in safeguarding training, which needs to be addressed.

Medical devices and equipment were in good condition, and servicing contracts were in place. However, the annual inspection was overdue, and some emergency equipment had expired. There was no formal system for logging routine equipment checks.

The practice demonstrated effective care through multidisciplinary working, adherence to national guidance, and robust incident reporting. Patient records were clear, secure and professionally maintained. Systems supported efficient care delivery, including self-referral options and streamlined processes for learning from significant events.

This is what we recommend the service can improve:

- Complete regular infection control audits and upgrade hand wash facilities
- Secure maintenance contracts for clinical fridges and monitor ambient temperatures for emergency drugs

This is what the service did well:

- Clean environment and strong waste management processes
- Safe medicines management with real-time monitoring
- Effective multidisciplinary working and clear patient records.

Quality of Management and Leadership

Overall summary:

The practice demonstrated strong and inclusive leadership supported by clear governance arrangements. Staff understood their roles and responsibilities, and managers were approachable and visible within the practice. Regular meetings were embedded in the governance framework, including staff meetings, weekly practice meetings and monthly multidisciplinary team meetings for safeguarding and palliative care. Lessons learned from complaints and significant events were shared openly, and audits were undertaken by all GPs in addition to those required by the Quality Assurance and Improvement Framework (QAIF).

Designated leads provided expertise in key areas, and clinical leadership was overseen by the senior partner, who also acted as cluster lead, strengthening links with wider health services.

Workforce arrangements were generally robust, with up-to-date job descriptions and contracts in place. Staff demonstrated appropriate qualifications and skills, and Patient Group Directions were signed. However, not all Disclosure and Barring Service (DBS) checks had been completed at the correct level for clinical roles, and there was no formal clinical supervision for nursing staff, although informal support was well established.

The practice welcomed patient feedback and acted on suggestions. Complaints were managed in line with NHS Putting Things Right procedures, but information on how to raise a concern was not displayed in the waiting area. Policies for whistleblowing and Duty of Candour were in place, and there was evidence that Duty of Candour had been applied, although not all staff had completed formal training.

Information governance was strong, with an up-to-date policy, a Data Protection Officer and evidence of staff training. The practice demonstrated safe handling of patient data and compliance with data protection requirements.

Quality improvement was embedded in practice operations. Complaints and incidents were used to drive change, and audits informed service development. The practice also engaged in learning from external reviews and cluster initiatives. Partnership working was a notable strength. The practice collaborated effectively with safeguarding teams, palliative care professionals and local GP cluster colleagues. The senior partner's role as cluster lead supported integrated care and a shared understanding of population needs.

This is what we recommend the service can improve:

- Ensure DBS checks are completed at the correct level for all clinical roles
- Display clear information on how to raise complaints in patient areas.

This is what the service did well:

- Strong leadership and clear governance structures
- Effective partnership working and continuous improvement culture.

3. What we found

Quality of Patient Experience

Patient feedback

Healthcare Inspectorate Wales reviewed patient feedback collected through a questionnaire issued to assess experiences at Woodlands Surgery. A total of 75 responses were received.

Most patients expressed satisfaction with the practice's opening hours and their ability to make contact when needed. Most respondents felt that the opening hours suited their needs, and many reported they were able to reach the surgery without difficulty. However, access to urgent same-day appointments was a notable concern. While a fair proportion of patients were able to secure urgent appointments, nearly a third said they had difficulty doing so. In contrast, routine appointments were generally easier to arrange, with most respondents indicating they could book these when required.

The practice should review its appointment system to improve access to urgent same-day appointments.

Knowledge of how to access care outside normal hours was widespread, and patients were generally satisfied with the type of appointments offered to them. While not all patients were given a choice of appointment type, the majority were content with the format they received. Most consultations took place in person, although a smaller number were conducted by telephone.

A quarter of respondents identified themselves as carers. Among this group, few had been offered an assessment of their own needs, and less than half had received information about support services.

The practice should explore opportunities to improve the identification of carers and signposting to relevant support.

Only a small proportion of all patients reported being previously asked to provide feedback on their experiences with the practice.

Most patients knew how to make a complaint if they were dissatisfied with the service. Overall satisfaction with the practice was high, with the vast majority rating the service positively. Comments praised the kindness and compassion of staff, while concerns were raised about appointment availability, long wait times on the phone, and reduced in-person contact since the COVID-19 pandemic.

Almost all respondents preferred to use English when communicating with the practice. Welsh language provision was minimal, and few patients recalled being actively offered services in Welsh. Most patients felt confident they could access healthcare without discrimination, and only a very small number reported any experience of unfair treatment.

Patient comments included:

"Reception staff are always friendly and helpful and nursing and GP are really caring. Nothing is too much trouble. An amazing surgery to be registered with."

"I feel that trying to actually see a gp is hard for both an emergency which most of the time you are told to go to the local pharmacist and to get a routine appointment is really hard as there never seems to be any available"

"All GPs and staff are amazing and go above and beyond to give you the best service possible"

Person-centred

Health promotion

During the inspection, it was evident that the practice actively promotes healthy lifestyles through a range of accessible and person-centred approaches. This commitment is particularly notable given the challenges faced by the local community in Caerau, an area identified by the Welsh Index of Multiple Deprivation 2025 as being among the 10% most deprived in Wales. The population served by the practice experiences a complex mix of health and social issues, including high rates of unemployment, alcohol and drug misuse, chronic diseases such as Chronic Obstructive Pulmonary Disease (COPD) and cardiovascular disease (CVD), alongside elevated levels of smoking and obesity. Senior practice staff also reported high levels of patient mental health concerns and low literacy levels within the community, further complicating efforts to engage patients in preventative health measures and self-care.

To address the complex challenges faced by its patient population, the practice has implemented a broad and inclusive strategy for health promotion, drawing on both internal resources and active engagement in wider cluster initiatives. Health information is communicated through a variety of accessible formats, including printed leaflets and posters displayed in the waiting area, a television screen showing health promotion content, a well-maintained and informative practice website, and personalised text message links provided during appointments. In

addition, the practice utilised its social media channel to share health promotion content. This multi-channel approach is especially valuable in a community where low levels of literacy and widespread mental health concerns may limit the impact of traditional health education methods.

The practice also benefits from the leadership of the senior partner, who serves as the cluster lead. This role facilitates close integration with a range of cluster-funded services designed to support health promotion across the local area. One such service is the First Contact Physiotherapy programme, which allows patients to self-refer for musculoskeletal assessments and management advice without the need for a GP appointment. This model encourages early intervention and empowers patients to take a more active role in managing their health.

Another key initiative is the Wellness Improvement Service (WISE), which provides cardiovascular risk assessments and lifestyle advice within the practice. Through this service, patients receive support for managing hypertension, improving lipid control, and adopting healthier behaviours.

A clinical pharmacist supported the practice by reviewing medications, monitoring anticoagulants, and ensuring safe and effective prescribing. The pharmacist also contributed to quality improvement work and helped manage repeat prescriptions.

Access to other specialist roles within the practice further enhances its health promotion offer. Patients struggling with substance abuse, social isolation, or employment challenges could engage with dedicated services, including social prescribing. Employability support provided patients with opportunities to improve their social and economic circumstances, which are closely linked to long-term health outcomes.

The practice also recognised the growing need for targeted mental health services, especially among younger populations. Through collaboration with child and adolescent mental health services, the practice facilitates early intervention and access to appropriate psychological support for young people.

The practice's approach to equitable access is further demonstrated through the work of the cluster-funded chronic disease nurse and healthcare assistant. These staff conduct home visits and provide ongoing monitoring for housebound and vulnerable patients, ensuring that those who may struggle to attend the practice still receive consistent and comprehensive care.

Dignified and respectful care

We found that patients were consistently treated with compassion and respect. Reception staff greeted patients in a courteous and professional manner.

Consultation and treatment areas were located away from the main reception, which helped maintain patient privacy.

Clinical rooms provided appropriate levels of privacy during consultations and examinations. Doors were kept closed, and privacy curtains were in place around examination areas.

The reception area offered limited privacy for patients who did not use the electronic check-in device. This may have affected the confidentiality of conversations at the front desk. We were told patients arriving at reception could be taken to an empty room if they wished to have a private discussion with a member of staff.

Male and female chaperones were available and had received appropriate training. Notices informing patients of the chaperone service were clearly displayed in both the waiting area and clinical rooms. The chaperone policy was up to date and aligned with expected standards. Medical records reviewed showed that staff documented the offer of a chaperone and recorded the outcome appropriately.

Timely

Timely care

The practice had clear arrangements for patients to access services. A triage system was in place each day. The on-call doctor worked through the list and signposted patients as necessary. Urgent appointments were available daily alongside pre-bookable slots. Non-urgent medication queries were directed to the pharmacist.

While the practice did not offer a formal walk-in service, patients who attended the reception desk in person were supported by reception staff, who completed a request form on their behalf for review by the on-call doctor. Clinical decisions were made based on the triage list to determine whether patients required face-to-face consultations or could be appropriately managed through alternative means.

At times of peak demand, the practice implemented a buddy system to support the on-call doctor. While this offered temporary relief to manage workload, the senior partner reported regularly seeing up to 60 patients per day, raising concerns about sustainability and clinician wellbeing when compared to professional guidance from the British Medical Association, which recommends a maximum of 25 clinical contacts per day.

The practice should undertake an urgent review of clinician workload, consider alternative workforce models or additional support mechanisms.

Patients were informed of the different options for accessing appointments and advice through the practice website, social media channel, patient leaflets and direct verbal communication. Most appointments were face-to-face. Reception staff were trained in care navigation and offered face-to-face or telephone appointments at the time of booking. They followed a clear pathway and had documentation to support care navigation. Staff were supported by clinical team members when needed.

The practice signposted patients to cluster-based services, health board services, alternative health providers and All Wales health services. This was done through care navigation, waiting room posters, the website and social media.

Older individuals or those who were digitally excluded were able to make appointments by visiting the practice or calling by phone, and arrangements were in place to support those requiring face-to-face consultations due to vulnerability or communication difficulties.

In relation to mental health support, the practice had arrangements in place to ensure patients in crisis could access urgent help. Patients requiring immediate mental health support were either triaged by the on-call doctor or advised to contact NHS 111 and select option 2, which is designated for mental health crises. For both adults and children needing ongoing support, the practice followed referral pathways into secondary mental health services, although it was reported that waiting times for the Community Mental Health Team remained long.

The practice maintained open access for those needing mental health care and offered additional support through the Ty Elis counselling service, which was funded by the local cluster.

Equitable

Communication and language

We observed staff communicating clearly and appropriately with patients. They used language that suited the needs of everyone. The practice had a hearing loop installed for patients who used hearing aids. This was displayed at reception. Staff told us they could provide larger print on request. These options supported older patients and those with communication barriers.

Information about the services offered by the practice was shared through multiple channels, including the practice website, social media, and posters in the waiting area. Text messages were also sent in bulk when needed, and patients were

encouraged to share these with others who might benefit, such as older or digitally excluded individuals.

Bilingual signage and information materials were present in the waiting area. We were told there was one fluent Welsh-speaking staff member at the practice, which was considered appropriate for the language needs of the local population. Staff reported that they could accommodate known language or communication needs and were familiar with translation services such as Language Line. Additionally, the practice website was available in multiple languages, including Welsh and English.

An up-to-date consent policy was in place. However, the policy included reference to the Care Quality Commission (CQC), which is not applicable to patients in Wales.

The practice should review their policies to ensure all are appropriate for the Welsh healthcare context.

All calls to the practice were recorded, and senior staff had access to these recordings. Patients were informed of this through an introductory message at the start of each call.

Internally, staff used the clinical system for messaging, which captured all communications, including the sender, recipient, and time of task completion. There was a clear process in place for handling and documenting incoming mail, with relevant information being reviewed and recorded promptly in patients' medical summaries. Additionally, interactions with out-of-hours services were routinely recorded, ensuring continuity of care and that relevant updates were available to clinical staff.

Rights and equality

The practice offered good access for patients. We noted that patient areas, including treatment rooms and an accessible toilet were all located on the ground floor. The practice also has its own wheelchair that patients can use, if required. Patients were also able to request a home visit if access to the practice was an issue.

We saw evidence of an up-to-date equality and diversity policy in place. However, one of the five staff training records examined showed that equality and diversity training had not been completed.

The practice must take steps to ensure that mandatory training is completed by all staff and monitored regularly to prevent gaps in compliance.

The practice demonstrated an inclusive approach to care delivery, with particular attention given to the needs of neurodivergent patients. A quieter corridor had been identified and was made available to reduce sensory overstimulation for individuals who may be overwhelmed by busy or noisy environments. This adjustment was recorded in the patient's notes and flagged automatically when they checked in for an appointment, helping to ensure that their needs were met discreetly and consistently.

We also found that the practice was proactive in supporting the rights of transgender patients. Staff were reported to treat patients with sensitivity, and it was confirmed that individuals' preferred names and pronouns were always used.

Feedback from patients gathered through our questionnaire was positive in relation to accessibility and equality. All respondents who answered the relevant questions indicated that the building was easy to access. Most patients reported that they had not experienced discrimination when using or attempting to use the service.

Delivery of Safe and Effective Care

Safe

Risk management

The practice was found to be clean, tidy, and free from clutter. However, the general condition of the building appeared tired in places, with visible areas requiring redecoration and repainting. The practice manager explained that ongoing drainage issues were currently being prioritised and that a plan for redecoration would be implemented once those urgent repairs had been resolved.

A Business Continuity Plan was in place and had been recently reviewed, ensuring that the practice was prepared for a range of operational disruptions. However, the plan did not include a structured approach for responding to significant health emergencies, such as pandemic flu, and long-term staff absences were managed through informal agreements rather than formal contingency arrangements.

The practice should update its Business Continuity Plan to include a structured approach for responding to significant health emergencies, such as pandemic flu. The plan should also formalise arrangements for managing long-term staff absences to ensure resilience and continuity of care.

The practice did not rely on the regular use of locum staff, with clinical duties instead covered by permanent partners and an additional GP who had joined the team. Staffing flexibility was further supported through the multi-skilling of existing staff, including healthcare assistants and nursing staff, to ensure service continuity during periods of absence.

Patient safety alerts were managed by a designated member of staff, with the practice manager and administrative team reviewing and acting where required. Significant events, including patient safety incidents, were regularly reviewed and discussed at practice meetings.

The practice had a documented induction programme and checklist for new staff. An up-to-date risk assessment was in place for home visits.

Infection, prevention and control (IPC) and decontamination

The practice had a cleaning contract in place for the site. An appointed IPC lead was identified, and a site-specific Infection Prevention and Control Policy was available. This policy covered key areas such as needlestick injury, blood-borne virus exposure, and sterilisation procedures; however, it lacked a documented review date. No IPC audit was seen during the inspection. It was noted that hand

wash basins in some areas did not meet current standards, which could compromise effective hand hygiene practices.

The practice must:

- **add a review date to its Infection Prevention and Control Policy and implement a process for scheduled reviews to maintain accuracy and compliance**
- **ensure that IPC audits are completed, at the minimum this should include an annual audit**
- **review and update hand wash facilities within a reasonable timeframe and where feasible to ensure compliance with current infection prevention standards.**

Waste management procedures were appropriately implemented. The practice demonstrated effective segregation and secure storage of both clinical and household waste. A recent waste audit was available for review, and the contracted waste provider conducted quarterly audits, with no recommendations raised in the most recent report.

The practice had made practical adjustments to reduce the risk of healthcare-associated infections, including the use of a portacabin facility to allow for the segregation of patients if needed.

IPC training for clinical staff was up to date and all relevant staff had received Hepatitis B immunisations.

Medicines management

The practice had an up-to-date prescribing and medicines management policy in place, which had been developed by the practice pharmacist and reflected current national guidance.

There were systems in place for the secure storage of prescription pads, and processes were established to track prescription stationery and ensure the safe disposal of unused pads.

Vaccines and other cold chain products were managed in accordance with national guidelines. Dedicated clinical refrigerators were in place and maintained temperatures within recommended ranges. However, there was no maintenance contract for these fridges.

The practice must arrange a formal maintenance agreement for clinical fridges to reduce the risk of equipment failure and maintain compliance with cold chain standards.

Fridge temperatures were monitored using a system that transmitted data remotely to an application, which triggered alerts in the event of temperature breaches. **This use of real-time monitoring and automated alerts was considered noteworthy practice.**

Named staff members were responsible for checking drugs, and records of these checks were available during the inspection. Similarly, there were designated individuals responsible for checking emergency drugs and equipment, including the automated external defibrillator (AED). Weekly checks were undertaken and documented. The emergency drugs reviewed during the inspection were in date. However, ambient room temperature monitoring was not in place, which is important for ensuring the stability of certain temperature-sensitive emergency items.

The practice should introduce a process to monitor ambient room temperature where emergency drugs are stored.

No controlled drugs were stored onsite.

Safeguarding of children and adults

The practice had safeguarding measures in place to protect both children and vulnerable adults. A named safeguarding lead was identified within the team, and an up-to-date safeguarding policy was in place, which aligned with national guidance. Staff had access to the All-Wales Child Protection Procedures, providing them with clear direction on how to recognise and respond to safeguarding concerns.

There were robust systems in place to identify and monitor children at risk. The practice used Read coding to appropriately flag looked-after children and those on the child protection register. These markers were clearly visible in the family records, ensuring that relevant information was available to clinicians when reviewing or interacting with the child, their parents, carers, or siblings.

However, a review of staff training records identified that one of the five records examined did not include evidence of completed safeguarding training. This finding should be considered in conjunction with the earlier recommendation regarding the need to ensure that all staff complete mandatory training and that compliance is regularly monitored, to prevent gaps and maintain safe, consistent practice.

Management of medical devices and equipment

The practice adopted the use of single-use equipment wherever possible. Clinical equipment and medical devices observed during the inspection appeared to be in good condition and suitable for patient use.

Responsibility for checking equipment was shared among all clinical staff, who were expected to report any issues directly to the practice manager. However, there was no formal system in place for recording or logging these routine equipment checks.

The practice must ensure that formal, documented checks of all medical devices and equipment are carried out regularly and recorded.

During the inspection, some items within the emergency equipment stock were found to have passed their expiry date.

The practice should implement a system for regularly checking and removing expired items from clinical areas to ensure that only in-date and safe equipment is available for use.

The practice held active contracts for the servicing and maintenance of medical equipment. Although the annual inspection of medical devices was overdue at the time of our visit, we were shown evidence that it had been scheduled with the relevant contractor for completion within the current month.

Effective

Effective care

The practice telephone system included a clear message signposting callers with emergency conditions to dial 999, ensuring that patients in urgent need of care were directed appropriately. All administrative staff had completed Care Navigation training, equipping them with the skills to guide patients to the most suitable healthcare professional or service based on their needs.

We found good processes in place to support the effective treatment and care of patients. This included MDT working and engagement with other healthcare professionals.

The practice demonstrated a commitment to delivering effective care by keeping up to date with national and professional guidance. Updates are shared with staff through team meetings and email communications.

An appropriate system was in place for reporting incidents, and there was evidence that shared learning from such events was discussed within team meetings, supporting a culture of continuous improvement and patient safety.

Patient records

We reviewed six electronic patient records, which were stored securely and were password protected from unauthorised access. Overall, the records were clear, written to a good professional standard and complete with appropriate patient and clinical information. They were contemporaneous and information was easy to understand for other clinicians reviewing the records and when providing care and treatment.

Efficient

Efficient

The practice had systems in place to support the efficient delivery of care. Patients could be referred to external clinics where appropriate, and self-referral options were available for a range of services, enhancing accessibility and reducing unnecessary delays in care.

Clinical records showed a clear narrative and evidence of patient-centred decision making. Staff described appropriate systems for reporting and learning from significant events, indicating a culture of continuous improvement.

Quality of Management and Leadership

Staff feedback

Healthcare Inspectorate Wales reviewed staff feedback collected through the recent survey at Woodlands Surgery. Eight staff members responded, and feedback should be considered in the context of this low uptake.

Most staff reported receiving appropriate training for their role, including mandatory and role-specific training. Only 38% had an appraisal or development review in the past 12 months.

The practice should ensure that all staff receive an annual appraisal or development review.

Staff reported good access to materials, supplies, and ICT systems. However, 63% disagreed that they could meet all conflicting demands on their time. Staffing levels were a concern, with 38% stating there were not enough staff to do their job properly.

The practice should review staffing levels and workload management to ensure there are enough staff to meet service demands safely and effectively.

Skill mix was generally considered appropriate. Staff strongly agreed that patient confidentiality, privacy, and dignity were maintained, and that chaperones were offered when appropriate. Most staff felt involved in decisions affecting their work and able to make suggestions for service improvement.

All respondents agreed that patient care was the top priority. The workplace was described as supportive of equality, diversity, and inclusion. No staff reported discrimination in the past 12 months. All agreed that staff had fair and equal access to workplace opportunities.

Staff demonstrated awareness of the Duty of Candour and their role in meeting its standards. All agreed the organisation encouraged openness when things go wrong. Reporting culture was strong, with most staff confirming they were encouraged to report incidents and received feedback on actions taken.

All staff who completed the HIW staff questionnaire reported that they were up to date with safeguarding training and knew how to report concerns. Infection control measures were rated positively, with strong agreement on cleaning schedules and PPE availability.

Three respondents were Welsh speakers. Patients were usually asked their preferred language, but staff rarely wore the 'Iaith Gwaith' badge.

The practice should ensure that Welsh language provision is actively promoted. Staff should consistently wear the 'Iaith Gwaith' badge to make Welsh-speaking patients aware of language choice.

Staff described the practice as friendly, supportive, and patient-focused. They highlighted challenges linked to deprivation and high clinical demand but praised teamwork and commitment to patient care.

Staff comments included:

"It is a very good place to work. The relationships between the workers are good and we work well as a team. The surgery overall works hard to make sure that everyone has the opportunity to access healthcare. We are located in a deprived area which means that many of our patients have difficulties with reading, writing and using technology, so we have to adapt all the time to meet their needs, and I believe we do this well." (Translated)

"We try to be a very patient focused surgery. We have a great team and feel supported as there isn't a hierarchy, we just all pull together. I love working here, the patients are great, it is just sad that it is so deprived."

Leadership

Governance and leadership

The practice demonstrated strong and inclusive leadership, underpinned by clear governance structures. Staff reported that they understood their roles, responsibilities, and lines of accountability. Managers operated an open-door policy and were routinely visible and engaged within the practice.

Regular meetings were embedded within the governance framework, including monthly staff meetings, weekly practice meetings involving GPs, managers, and the pharmacist, and monthly multidisciplinary team (MDT) meetings for both palliative care and safeguarding. External agencies were invited to participate in meetings periodically, as appropriate. The practice manager stated that the whole team was encouraged to contribute to these meetings.

The practice showed a commitment to staff wellbeing and a family-friendly working environment. Appraisal feedback highlighted that staff valued the flexible working policies, which included adjusted working hours to support colleagues in

attending important events, the option to condense working patterns into four-day weeks, and the opportunity for remote working where appropriate.

There were designated leads for key practice areas, providing points of expertise and advice across specific domains. Clinical leadership was overseen by the senior partner, who also served as the cluster clinical lead, ensuring a strong link between the practice and wider strategic priorities.

Information sharing within the practice was well established. Clinical information was routinely shared through meetings, and the practice made effective use of its clinical system to distribute key updates.

Evidence of clinical meetings and dissemination of information was seen during the inspection, including staff meeting minutes. Lessons learned were shared during practice meetings, including significant events and complaints.

There appeared to be clear accountability for improvements and service standards. All GPs undertook at least one annual audit of their choice in addition to those required by the Quality Assurance and Improvement Framework (QAIF).

Workforce

Skilled and enabled workforce

The practice had an up-to-date recruitment policy. However, it contained information that was not relevant to the Welsh NHS. This finding should be considered in conjunction with the earlier recommendation regarding the need to ensure that the practice should review their policies to ensure all are appropriate for the Welsh healthcare context. Human resources processes and advisory functions were outsourced, supporting the management of employment-related issues and compliance.

The practice manager ensured that healthcare professionals' registrations with their relevant regulatory bodies were checked and up to date. Disclosure and Barring Service (DBS) checks were conducted for staff; however, it was noted that not all checks had been completed at the appropriate level for those in clinical roles.

The practice must risk assess staff roles, responsibilities, and access to patients, ensuring that DBS checks to the relevant level are obtained.

The practice had been proactive in multi-skilling staff, allowing greater flexibility and resilience during periods of planned or unplanned absence. Contracts of

employment and current job descriptions were in place for staff, providing clarity regarding roles and responsibilities.

Clinical staff spoken to during the inspection demonstrated that their work aligned with their individual scope of practice, supported by relevant qualifications, current knowledge, and professional experience. Patient Group Directions (PGDs) were in place and had been appropriately signed.

While there was no formal or structured clinical supervision in place for nursing staff, informal support systems were well embedded. Nursing staff reported regular, case-based discussions and informal supervision with duty doctors on a daily basis.

Culture

People engagement, feedback and learning

The practice monitored the number and type of complaints and concerns received, which were small in number. A named member of staff was responsible for handling complaints and concerns. The practice had an up-to-date complaints policy that aligned with the NHS Putting Things Right (PTR) procedures. Details of the procedure were available on the practice website. However, there was no information displayed in the waiting area about how to make a complaint or raise a concern, including details about the PTR process.

The practice must ensure that information about how to raise a concern or make a complaint, including Putting Things Right guidance, be displayed in the waiting area.

There was evidence that the practice welcomed and acted on patient feedback. The practice manager confirmed that suggestions and comments made by patients were acknowledged and, where appropriate, responded to through the practice's social media channel. Complaints and concerns were discussed during staff meetings, and learning points were shared with the wider team.

The practice had up-to-date policies in place for both Whistleblowing and Duty of Candour. Staff reported a high level of awareness of the Duty of Candour among those who completed the HIW staff survey questionnaire. Although not all staff had undertaken formal training in this area, there was evidence that the Duty of Candour had been applied in practice, with appropriate documentation available for review during the inspection.

Information

Information governance and digital technology

The practice had an up-to-date information governance policy that covered the management of all information processed by the practice, including patient records and administrative data. A designated Data Protection Officer was in place, providing oversight and ensuring compliance with data protection legislation.

The practice demonstrated a clear understanding of its responsibilities in relation to data handling and confidentiality. Information was managed in a safe and secure manner, and appropriate systems were in place to protect patient data. During the inspection, we saw evidence that staff had completed training on information governance.

Learning, improvement and research

Quality improvement activities

The practice demonstrated a commitment to continuous improvement through structured reflection, learning, and innovation. Concerns and complaints were actively used as opportunities to drive change and improve service quality. All complaints were formally documented, discussed as standing agenda items at practice meetings, and securely stored on a shared drive.

The practice was proactive in embedding quality improvement into its day-to-day operations. As a training practice, it benefited from regular input from GP registrars, whose audits and reflections contributed to refining clinical and administrative processes.

The practice also engaged in learning from a range of internal and external sources, including mortality reviews, significant incidents, and patient complaints. These were consistently discussed during team meetings, with learning outcomes shared both verbally and through structured meeting discussions. The practice manager was able to provide a specific example where a complaint had led to a change in operational procedures, demonstrating that feedback was not only acknowledged but also acted upon.

Whole-systems approach

Partnership working and development

The practice demonstrated a strong commitment to partnership working and system-wide collaboration. It actively engaged with external stakeholders through regular meetings with safeguarding teams, palliative care professionals, and local

GP cluster colleagues. The senior partner, who also served as the cluster lead, played a key role in driving collaboration within the local GP cluster.

Collaborative relationships were also maintained with a wide range of system partners, including the health board, other primary care providers, and professionals within the cluster. These partnerships helped build a shared understanding of population needs and supported the delivery of coordinated responsive 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
No immediate concerns were identified on this inspection			

Appendix B - Immediate improvement plan

Service: Woodlands Surgery

Date of inspection: 03 December 2025

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

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. There were no immediate assurance issues identified on this inspection.					
2.					

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: Woodlands Surgery

Date of inspection: 03 December 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. A quarter of respondents identified themselves as carers. Among this group, few had been offered an assessment of their own needs, and less than half had received information about support services.	The practice should explore opportunities to improve the identification of carers and signposting to relevant support.	Health and Care Quality Standards (2023) - Person-centred, Equitable, Safe, Effective, Information.	Carer awareness amongst staff to be improved, via e-learning and in-house training with local Carers Centre	Clare Lewis	6 months
			Remind staff to identify carers from clinical correspondence and patient contacts. Remind staff to signpost Carers to local support service and discuss Carers Needs Assessment and refer where appropriate	Clare Lewis	3 months
2. Nearly a third of respondents to the HIW patient survey said they had	The practice should review its appointment system to improve access to urgent same-day appointments.	Health and Care Quality Standards (2023) - Timely,	As part of access standards we review our appointment system on a monthly	Karen Smith	2 months

	difficulty securing urgent appointments.		Person-centred, Safe, Effective, Leadership.	basis. The HIW survey had a small sample and was conducted during a period of staff sickness. Our ongoing survey (184 respondents) reports that 87% of patients experience the wait for an appointment as about right or shorter than expected. We are however reviewing our triage systems to reduce on the day GP workload and to utilise the skills of other members of the primary care team		
3.	The senior partner reported regularly seeing up to 60 patients per day.	The practice should undertake an urgent review of clinician workload, consider alternative workforce models or additional support mechanisms and explore system-wide solutions.	Health and Care Quality Standards (2023) - Safe, Timely, Effective, Leadership.	We are reviewing our triage systems to reduce on the day GP workload and to utilise the skills of other members of the primary care team.	Geoff Smith	3 months

4.	An up-to-date consent policy was in place. However, the policy included reference to the Care Quality Commission (CQC).	The practice should review their policies to ensure all are appropriate for the Welsh healthcare context.	Health and Care Quality Standards (2023) - Patient-centred, Safe, Effective, Information.	Policy Updated to reflect Wales specific guidance	Clare Lewis	Complete
5.	One of the five staff training records examined showed that equality and diversity training had not been completed.	The practice must take steps to ensure that mandatory training is completed by all staff and monitored regularly to prevent gaps in compliance.	Health and Care Quality Standards (2023) - Workforce, Equitable, Safe, Person-centred.	Training log reviewed and staff reminded of outstanding training. Process now in place to regularly review log for expiry dates	Clare Lewis	Ongoing
6.	The Business Continuity Plan did not include a structured approach for responding to significant health emergencies, such as pandemic flu, and long-term staff absences were managed through informal agreements rather than formal	The practice should update its Business Continuity Plan to include a structured approach for responding to significant health emergencies, such as pandemic flu. The plan should also formalise arrangements for managing long-term staff absences to ensure resilience and continuity of care.	Health and Care Quality Standards (2023) - Safe, Timely, Leadership, Workforce, Effective.	The Business Continuity Plan now references our partnership agreement which is a formal agreement between the partners to provide support and cover for GP absence for any reason including health emergencies,	Karen Smith	Ongoing

	contingency arrangements.			<p>pandemics and long term sick.</p> <p>We have also developed links with bank staff and added temporary staff to our workforce to cover current nurse sickness.</p>		
7.	A site-specific Infection Prevention and Control Policy was available. However, it lacked a documented review date.	The practice must add a review date to its Infection Prevention and Control Policy and implement a process for scheduled reviews to maintain accuracy and compliance.	Health and Care Quality Standards (2023) - Safe, Effective, Leadership, Workforce, Information.	This will be reviewed in February following our infection control audit	Karen Smith	3 months
8.	No IPC audit was seen during the inspection.	The practice must ensure that IPC audits are completed, at the minimum this should include an annual audit.	Health and Care Quality Standards (2023) - Safe, Effective, Leadership.	A formal IPC audit will be performed when the infection control lead returns from long term sick in February	Karen Smith	3 months
9.	It was noted that hand wash basins in some areas did not meet	The practice must review and update hand wash facilities within a	Health and Care Quality Standards (2023) -	Quotes being sought to replace wash basins in consultation rooms.	Karen Smith	6 months

	current standards, which could compromise effective hand hygiene practices.	reasonable timeframe and where feasible to ensure compliance with current infection prevention standards.	Safe, Effective, Leadership, Workforce, Environment.			
10.	There was no maintenance contract for clinical fridges.	The practice must arrange a formal maintenance agreement for clinical fridges to reduce the risk of equipment failure and maintain compliance with cold chain standards.	Health and Care Quality Standards (2023) - Safe, Effective, Leadership, Environment.	Quote being sought for maintenance contracts for clinical fridges.	Karen Smith	6 months
11.	Ambient room temperature monitoring was not in place, which is important for ensuring the stability of certain temperature-sensitive emergency items.	The practice should introduce a process to monitor ambient room temperature where emergency drugs are stored.	Health and Care Quality Standards (2023) - Safe, Effective, Leadership, Environment.	Room thermometer purchased and monitoring Policy & Process put in place.	Clare Lewis	Complete
12.	There was no formal system in place for recording or logging these routine equipment checks.	The practice must ensure that formal, documented checks of all medical devices and equipment are carried out regularly and recorded.	Health and Care Quality Standards (2023) - Safe, Efficient, Effective, Leadership.	A formal system was discussed in a meeting on 26/1/26 with the staff who currently perform the checks and will be finalised during our protected	Karen Smith	1 Month

				learning time on 24/2/26		
13.	Some items in the emergency equipment stock were found to have passed their expiry date.	The practice should implement a system for regularly checking and removing expired items from clinical areas to ensure that only in-date and safe equipment is available for use.	Health and Care Quality Standards (2023) - Safe, Timely, Effective, Information, Leadership.	A formal system was discussed in a meeting on 26/1/26 with the staff who currently perform the checks and will be finalised during our protected learning time on 24/2/26	Karen Smith	1 Month
14.	Only 38% of staff reported that they had an appraisal or development review in the past 12 months.	The practice should ensure that all staff receive an annual appraisal or development review.	Health and Care Quality Standards (2023) - Effective, Workforce, Leadership.	Appraisals to be reviewed and undertaken were necessary. Procedure to monitor and undertake reviews updated.	Karen Smith	On-going
15.	63% of staff responding to the HIW staff questionnaire reported that they disagreed that they could meet all conflicting demands on their time. Staffing levels were a concern,	The practice should review staffing levels and workload management to ensure there are enough staff to meet service demands safely and effectively.	Health and Care Quality Standards (2023) - Safe, Effective, Person-centred, Workforce, Leadership.	We will review workload, staff roles, training needs and utilisation of tech aids to develop a plan to improve workload and service demands	Karen Smith	3 months

	with 38% stating there were not enough staff to do their job properly.					
16.	Staff reported rarely wearing the 'Iaith Gwaith' badge.	The practice should ensure that Welsh language provision is actively promoted. Staff should consistently wear the 'Iaith Gwaith' badge to make Welsh-speaking patients aware of language choice.	Health and Care Quality Standards (2023) - Equitable, Person-centred, Information, Workforce, Leadership.	Welsh speakers & learners provided with 'Iaith Gwaith' badge. Information on the Welsh Language Measure circulated to staff. Staff to use bilingual greeting with patients and visitors.	Clare Lewis	Complete
17.	It was noted that not all DBS checks had been completed at the appropriate level for those in clinical roles.	The practice must risk assess staff roles, responsibilities, and access to patients, ensuring that DBS checks to the relevant level are obtained.	Health and Care Quality Standards (2023) - Safe, Person-centred, Effective, Workforce, Leadership, Information.	The Outstanding DBS checks will be completed when staff on long term sick return to work	Clare Lewis	End March 2026
18.	There was no information displayed in the waiting area about how to make a complaint or raise a	The practice must ensure that information about how to raise a concern or make a complaint, including Putting Things Right guidance, be	Health and Care Quality Standards (2023) - Person-centred, Safe	Information on how to raise Complaints & Concerns and Putting Things Right,	Clare Lewis	Complete

concern, including details about the PTR process.

displayed in the waiting area.

Effective, Leadership, Information, Learning, Improvement and Research.

displayed in waiting area.

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): Karen Smith

Job role: Practice Manager

Date: 27/01/2026