Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Practice Inspection Report (Announced)

Abersychan Group Practice, Aneurin Bevan University Health Board

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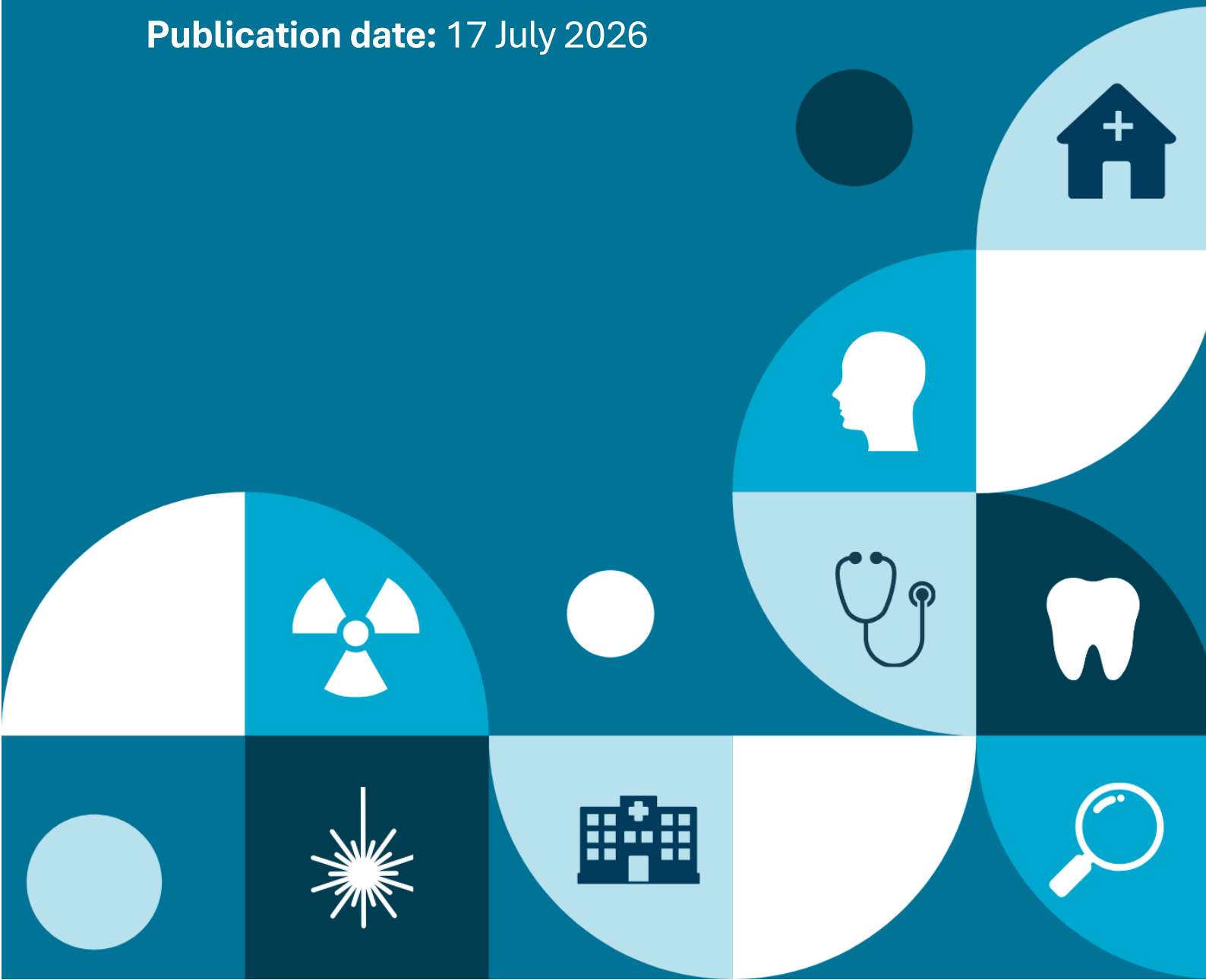

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Copies of all reports, when published, will be available on our **website** or by contacting us:

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

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

Our Purpose

We check the safety and quality of healthcare across Wales.

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 Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

Our Priorities

Putting People First - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

Learning and Working Together - We will collaborate with partners to share learning and drive lasting improvements.

Investing in Our People - We will ensure our people feel supported, valued, and empowered.

Taking Action That Matters - We will take action to improve the quality and safety of healthcare for the future of Wales.

Contents

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 Abersychan Group Practice, Aneurin Bevan University Health Board on 16 April 2026.

Our team for the inspection comprised of one 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 64 questionnaires were completed by patients or their carers and 26 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:

Many respondents to the HIW patient questionnaire reported staff at the practice were friendly, helpful and caring. Clinical interactions were considered positive and patients felt listened to during consultations.

The practice had implemented a range of systems to support health promotion and communication with patients. However, many patients raised concerns regarding access to appointments. Patient perceptions regarding whether a choice of appointment options being available also contradicted what we were told about practice intention. More proactive identification of patients preferred language would also enable communication support to be planned ahead of appointments.

An Inclusion, language and engagement policy and development plan were in place and staff members had been nominated to champion particular patient groups such as veterans of the armed forces, LGBTQ+ and carers.

This is what we recommend the service can improve:

- Ensure that the practice access policy is available through both the practice website and on practice premises and provides information on all services offered through the practice, including for mental health needs
- Evaluate feedback received regarding access to appointments and appointment options and consider whether any improvements can be made to the appointments system or how this is communicated to patients.
- Maintain all practice facilities so they are safe for patient use.

This is what the service did well:

- Aimed to take a supportive and empowering approach to patient care
- Options of the use a hearing loop, provision of easy read information, self-check-in available in a range of languages and a visual sheet were available to enable communication with patients.

Delivery of Safe and Effective Care

Overall summary:

Discussions with practice leaders confirmed that patient and staff safety were practice priorities. We saw that suitable processes were in place for the assessment, monitoring

and support of any patients who became acutely unwell while attending the practice. Emergency alarms were available for summoning assistance should an incident of any nature occur on site and robust protocols for the assessment and management of risk both at the practice and in the community were in place. We saw that templates were used to guide team reflection on significant events that affected patients or staff and ensure suitable debrief support and learning actions were implemented.

Safeguarding was a priority for the practice and robust procedures were in place.

The practice was generally tidy and free of clutter. All flooring, couches and chairs in clinical areas were wipeable and only single use clinical equipment was used to prevent cross contamination. With the exception of one Oxygen saturation probe, medical devices had been calibrated and PAT tested within the last 12 months.

Patient records we reviewed were considered to be of very good quality overall. Electronic and paper patient records were securely stored.

This is what we recommend the service can improve:

- The Business Continuity Plan should be reviewed to ensure that it covers partnership risk and risks associated with the lease
- Environmental and fire risk assessment action plans should be confirmed and issues resolved
- Records of regular cleaning should be maintained and all areas kept free from the build-up of dust
- A cold chain flow chart should be embedded within the cold chain policy and ambient room temperature monitoring begun in areas where non-refrigerated medications are stored.

This is what the service did well:

- Suitable processes were in place for practice managers to receive and cascade any patient safety alerts received from outside the practice
- Teamwork underpinned by suitable policies and training ensured the timely and appropriate processing or other review of prescription requests. Prescription pads and forms were securely stored and logs were available evidencing their movement into and out of the practice and internally within the premises
- An experienced safeguarding lead was nominated within the practice and met and communicated regularly with the practice and wider multidisciplinary team to support patient safety.

Quality of Management and Leadership

Overall summary:

We found that the practice demonstrated strong and effective leadership, underpinned by a positive and supportive organisational culture. Staff feedback was highly positive, with most describing a respectful working environment, good teamwork, and a clear focus on patient care. Governance arrangements were well established, with structured meetings, clear communication processes, and active use of quality improvement initiatives. Leaders were visible and approachable, promoting staff wellbeing and engagement.

Data was managed in line with legislation and we saw evidence that patient requests for their information were handled appropriately. Patients accessing practice information via the website could view the practice privacy notice. However, this also required displaying within the practice premises to expand its reach.

This is what we recommend the service can improve:

- The practice should ensure that their privacy notice is displayed both on the website and within the practice premises to support patients in understanding what patient data the practice collects and records and how this is used.

This is what the service did well:

- We noted that the practice aimed to embed a culture of compassionate leadership and collaborative communication to support staff well-being and retention and deliver quality of care in line with the expectations of overall health and care policy within Wales.
- Practitioners understood their contribution to the wider health and care system and that their service provision, signposting or onward referrals enabled patients to access the right care at the right time. Work within the wider Neighbourhood Care Network, primary care cluster and health board also enabled local population needs to be understood and addressed through embedded care pathways.
- A Value Based Healthcare document provided evidence of practice improvement projects and an accompanying risk matrix tracked progress towards intended outcomes. One recent audit of COPD rescue pack ordering had decreased the over-ordering of prescription drugs and increased patient engagement in their care.

3. What we found

Quality of Patient Experience

Patient feedback

Many respondents to the HIW patient questionnaire expressed difficulty in securing appointments, with some indicating frustration about the absence of an online booking system which could alleviate stress and improve access. Long waiting times for telephone call backs difficulty obtaining face-to-face appointments were reported. However, despite these concerns the majority of respondents reported they were able to contact the GP practice when needed and approximately 82% of respondents reported being able to access support for on-going conditions.

Despite access challenges, many patients praised the professionalism, kindness, and thoroughness of the GPs, nurses, and other staff. Several highlighted positive experiences with care quality, including feeling listened to, treated with dignity and respect, and receiving clear information during procedures.

Some feedback mentioned that the surgery building is outdated and in need of modernization. The waiting area was noted to have sufficient seating.

Patient comments included:

> “The biggest problem I face with my practice is getting a routine appointment.”
>
> “Once you get an appointment the service is fine it’s just getting an appointment in the beginning”
>
> “happy with the way my family is treated here.”
>
> “the staff are always friendly”
>
> “Despite being a very busy surgery, all the staff are kind and helpful”

Person-Centred

Health promotion

We saw a range of information raising awareness of health condition symptoms, self-help and sources of health promotion and lifestyle support was available for patients and their carers. Information displayed included Stroke Act FAST and Could it be Sepsis campaigns, diabetes care education, healthy eating and food swap ideas, Help Me Quit smoking cessation, fire safety awareness, domestic abuse, mental health and other condition specific support groups and services.

Practice information was available to patients via a comprehensive practice website. Specific updates were also sent to patients via text or letter or relayed to patients

attending at the practice. Posters, a digital information screen and leaflets that patients could take away provided information within the practice premises. However, information was not clearly organised to promote patient understanding of services available from the practice and other organisations. The access policy was also not displayed on the practice premises and required updating to provide information on all services offered through the practice, including the psychological healthcare practitioner who worked from the practice one day each week.

The practice should:

- **Consider the reorganisation of information displayed within the practice**
- **Ensure that the practice access policy provides information on all services offered through the practice, including for mental health needs**
- **Display the access policy to patients both through the practice website and on practice premises.**

The practice aimed to take a supportive and empowering approach to patient care. Suitably trained care navigators signposted patients to appropriate services and Help Us to Help You and Self Help Hub areas of the practice website were clear. We were told that annual flu vaccination clinics were also used as an opportunity to offer patients access to health checks. For example, screening urine tests had been offered to patients at risk of developing kidney problems alongside the 2025-6 flu vaccination programme and blood pressure and weight checks in previous years. Practice staff told us that these initiatives had greatly increased the numbers of patients understanding their health and accessing healthcare.

Dignified and respectful care

We observed all staff talking with patients in the practice and over the phone in a professional and friendly manner. A digital self-check-in system was available for patients not wishing to discuss information with receptionists open plan to the waiting area. A separate room for more in-depth discussions between patients and administrative staff was also available to preserve patient confidentiality at reception. Signs informed patients of this facility and staff had also recently been reminded to actively offer the confidential space to patients when appropriate in response to two complaints received regarding communication at the practice.

Staff had signed confidentiality agreements and suitable processes were in place for staff to confirm patient identity and signed consent prior to sharing information with patients or a third party.

Clinical rooms were fitted with suitable window coverings. We observed that doors were kept closed during consultations and staff confirmed locks would also be used during any intimate examinations. However, due to ceiling fixtures there were no dignity

curtains also available within the nurse examination room.

The practice should consider the fitting of dignity curtains or use of a suitable screen to ensure dignity and privacy during intimate nursing examinations.

An up-to-date chaperone policy was in place and promoted to patients through the practice website and posters placed throughout the practice. Patients were able to request a chaperone at any time including when contacting for appointments. However, the need for a chaperone was not recorded in relation to specific appointments which meant a chaperone may not always be arranged as required.

The practice should ensure that the requirement for a chaperone is recorded in relation to specific appointments so that suitable arrangements can be made.

We were told that a suitable number of staff had been trained to undertake the chaperone role. However, some staff training had been completed in house and was not clearly evidenced.

The practice should ensure that evidence of suitable training is in place for all staff undertaking the chaperone role.

Timely

Timely care

We were told that a practice decision to triage requests had reduced Did Not Attend rates and the time patients would wait to see a GP. The practice also ensured that all non-clinical staff would answer the telephones for the first 20 minutes of the practice working day so that the high volume of calls received was appropriately managed.

Administrative staff had been trained in care navigation to ensure patients were assigned for clinical triage, offered a pre-bookable appointment or signposted to alternative services as appropriate. Documentation within the patient record ensured that clinicians were aware of any care navigation activity. Staff confirmed that clinical support was always available if care navigators were unsure of the most appropriate option for patient safety.

Patients were able to contact the surgery digitally, by phone, letter or in person. Patients' family members could also contact the surgery with patient consent. Anyone contacting the practice by telephone was informed by the welcome message that calls were recorded for training and monitoring purposes.

Face-to-face or telephone appointments could be requested according to patient preference. Clinical triage and practice policy would then ensure the most suitable appointment type would be offered. Home visits were available for patients identified as unable to attend the practice.

Patients contacting to update the practice regarding on-going health conditions would

be signposted to emergency services to address any acute deterioration or in the case that condition progression was lower risk information would be passed to the last practitioner the patient saw for continuity of non-acute care.

Those contacting the practice in mental health crisis would be supported through a conversation with a GP who would refer onto appropriate mental health services. Patients would also be directed to the NHS 111 press 2 service as a safety measure. Staff had undertaken mental health awareness training to support them with appropriately recognising and signposting mental health concerns. Child and Adolescent Mental Health services had also provided information to support primary care practitioners' judgement regarding appropriate safety netting should there be a wait for specialist mental health assessment and support.

Access to appointments was the subject of many comments received through the HIW patient questionnaire. Patient perceptions regarding whether a choice of appointment options being available contradicted what we were told about practice intention.

Patient comments regarding appointment type included:

> "Options not offered"
>
> "Seems to be telephone appointments only"
>
> "Appointments are rigidly telephone-only."
>
> "Due to the nature of my illness, I would prefer to see a GP face-to-face. However, appointments are only ever given over the telephone, and usually not a set time, only a vague 'they will call you when they can'."
>
> "Only offer phone appointment and having to wait weeks at a time"
>
> "Not given a choice, phone appointment only."

Staff opinions gathered through the HIW questionnaire were divided, with two staff commenting:

> "Think GPs should see patients not triage as things get missed and not the same when you are looking at a patient as to listening."
>
> "Good selection of appointments offered on a daily basis"

The practice should evaluate the feedback received and consider whether any improvements can be made to the appointments system or how this is communicated to patients.

Equitable

Communicating and language

We found suitable measures were in place to support communication with patients attending the practice. These included the option to use a hearing loop, provision of easy read information and self-check-in available in a range of languages.

A visual sheet was available to enable patients unable to speak or understand English or Welsh to indicate their preferred language so that a suitable language line could be arranged. However, preferred language was not routinely established or recorded in the patient record, preventing language support from being arranged ahead of appointments.

One GP partner was a Welsh speaker and wore an Iaith Gwaith lanyard. However, other evidence that the practice was implementing the Welsh language active offer was limited. Notices informing patients of the Welsh language active offer were difficult to see and key information, such as signs offering the provision of a chaperone and information regarding the practice concerns and complaints process, were not available in Welsh.

The practice should ensure that:

- **Patient language choice is routinely established and documented on the patient record to ensure that suitable communication measures can be arranged ahead of appointments**
- **The Welsh language active offer is fully implemented.**

Practice website features included the options for pages to be read out or translated into a wide range of languages to ensure that this information was as accessible as possible.

Rights and equality

We saw that the practice consent policy made reference to the Mental Capacity Act (2005) to support the practice to deliver care in line with the principles of the Act. An Inclusion, language and engagement policy and development plan were in place and staff members had been nominated to champion particular patient groups such as veterans of the armed forces and LGBTQ+ and carers.

Practice meeting minutes indicated that progress had been made with respect to practice involvement in the delivery of gender services. The purchase of equipment and staff training enabled the practice to provide services, such as ear syringing and micro-suction, relevant to local population health and economic needs. The practice was active in promoting breastfeeding and baby change facilities were available at the practice premises for patients attending with babies.

Automatic doors and level flooring were in place to provide easy access to the practice premises. Room numbers on clinical rooms were large, raised and also provided in braille. Seating was available in the patient waiting area and in corridors nearer to consultation rooms, and a wheelchair was available for patients requiring this. A disabled toilet was in place. However, the toilet seat was becoming loose.

The practice should ensure that all facilities are maintained and safe for patient use.

Delivery of Safe and Effective Care

Safe

Risk management

Appropriate signage informed staff and patients of fire action plans. We discussed increasing the signposting of emergency equipment such as oxygen and the defibrillator to ensure staff and patients were made aware of the location from every access point and so that emergency services personnel attending any emergency situations could also easily see where these items were kept. Some Control of Substances Hazardous to Health (COSHH) information sheets were also missing.

The practice should ensure that clear information is available regarding all hazards and safety measures in place at the practice.

A Business Continuity Plan (BCP) was in place. However, this needed updating to ensure it fully covered partnership risk and risks associated with the lease.

The practice should review the Business Continuity Plan to ensure that it covers partnership risk and risks associated with the lease.

Environmental and fire risk assessment had recently been completed. The practice was waiting for the final fire risk assessment report and we suggested the practice confirm recommendations with the fire assessor at the earliest opportunity, in particular regarding whether it was considered safe for staff belongings to be kept in the same cupboard as a boiler or whether to reduce fire risk and ensure the practice was fully compliant with legislation items should be relocated. We also noted as a separate risk management issue that the chain securing the clinical waste bin was damaged and required replacement.

The practice should ensure that all environmental and fire risk assessment action plans are confirmed and that issues noted during this inspection are also rectified.

Discussions with practice leaders confirmed that patient and staff safety were practice priorities. We saw that suitable processes were in place for the assessment, monitoring and support of any patients who became acutely unwell while attending the practice. Emergency alarms were available for summoning assistance should an incident of any nature occur on site and robust protocols for the assessment and management of risk both at the practice and in the community were in place. We saw that templates were used to guide team reflection on significant events that affected patients or staff and ensure suitable debrief support and learning actions were implemented.

Suitable processes were in place for practice managers to receive and cascade any patient safety alerts received from outside the practice.

Infection prevention and control (IPC) and decontamination

We saw that the practice was generally tidy and free of clutter. All flooring, couches and chairs in clinical areas were wipeable and only single use clinical equipment was used to prevent cross contamination. A cleaning policy was in place confirming clinician and cleaner responsibilities. However, no permanent records of cleaning completed were maintained. Patients responding to the HIW questionnaire provided mixed feedback regarding practice cleanliness. We noted one couch had a significant build-up of dust underneath it. Mops needed to be stored head up and out of buckets to reduce the opportunity for bacterial growth within these.

The practice should ensure that:

- **Records of regular cleaning are maintained**
- **All areas are kept free from the build-up of dust**
- **Mops are kept head up and out of buckets.**

A designated practice Infection Prevention and Control (IPC) lead attended regular updates and cascaded information to the practice team IPC and waste management audits were also completed and resulted in clear action plans where appropriate. Any IPC resource requirements were escalated to practice management.

Suitable procedures were in place to prevent the spread of infections and staff were supported to maintain their own and patient safety through the offer of a comprehensive vaccination programme. Flow charts in clinical rooms ensured staff had immediate guidance available on the actions to take should a needlestick injury be sustained.

Medicines management

Suitable processes were in place for the safe prescribing of medication. Patients could request repeat prescriptions via the NHS app, e-mail or handwritten letters or forms, or, with suitable agreement, by telephone. Teamwork underpinned by suitable policies and training ensured the timely and appropriate processing or other review of prescription requests.

Prescription pads and forms were securely stored and logs were available evidencing their movement into and out of the practice and internally within the premises. Documentation also evidenced when completed prescriptions were collected from the practice. Controlled drug slips were signed and scanned onto the patient record when required. No controlled drugs were kept on the practice premises. Suitable arrangements were in place for the procurement and disposal of non-controlled drugs and equipment kept on the practice premises.

We reviewed the processes for storing drugs at the practice at appropriate temperatures. Twice daily fridge temperatures were recorded to ensure that vaccinations were kept within the appropriate temperature range. A cold chain flow chart was displayed alongside the fridge and we saw documentation indicating that the cold chain policy and procedure had been recently followed in relation to a fridge failure. We were told that the majority of vaccinations in the fridge at the time of the incident had been saved by appropriate and timely relocation to the branch surgery site fridge. This confirmed that cold chain procedures had been effective. However, the cold chain flow chart procedure also required embedding into the overall cold chain policy to ensure all instructions were consistent and reviewed together when scheduled.

The practice should ensure that the cold chain flow chart is embedded within the cold chain policy to ensure consistency of instructions and review.

We discussed the introduction of data loggers to confirm fridge temperatures outside of practice opening hours. Room temperature monitoring of areas where non-refrigerated drugs are kept is also recommended.

The practice should monitor ambient room temperatures in areas where non-refrigerated drugs are stored.

Weekly documented checks confirmed drug expiry dates and all but one packet of drugs we saw on the practice premises were in date. However, we found that Ambu bags, Guedel airways and an oxygen saturation probe within the emergency equipment stocks had expired or not been otherwise appropriately maintained ready for use and that some urine test bottles for routine screening had also passed their expiry date. These items were escalated to the practice team for removal and replacement on the day of the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

Oxygen cylinders were safely stored and labelled ready for use. An empty cylinder awaiting collection was kept away from the emergency equipment. Processes were in place for appropriate escalation of any issues with oxygen cylinders and staff had undertaken some training regarding the safe use and administration of oxygen. However, additional training to the specific type of cylinder used at the practice was also required in line with Patient Safety Notice 041.

The practice should ensure that all relevant staff have completed training required for the specific oxygen cylinders used at the practice.

Practice staff confirmed that documentation entries and digital flags would be used to record any adverse reactions patients experienced in relation to prescribed medications and that reactions would also be reported via the yellow card scheme.

Safeguarding of children and adults

We found that safeguarding was a priority for the practice and that robust procedures were in place.

An experienced safeguarding lead was nominated within the practice and met and communicated regularly with the practice and wider multidisciplinary team to support patient safety. Practice staff we spoke with were clear that they would raise any concerns regarding children or adults at risk with the practice safeguarding lead. This included patients who were identified as frequently attending emergency departments or missing healthcare appointments. Clear documentation and the use of digital flags and suitable coding ensured that all staff accessing patient records would be made aware of any current or previous safeguarding concerns for a patient and household contacts.

Staff had undertaken safeguarding training appropriate to their role and had access to the NHS safeguarding procedures app and local procedures. We suggested that posters or flow charts regarding safeguarding adults at risk were displayed alongside the quick reference information we saw regarding the safeguarding of children.

Management of medical devices and equipment

Medical devices we saw at the practice were clean and, with the exception of one Oxygen saturation probe, had been calibrated and PAT tested within the last 12 months. Clinicians were responsible for checking any devices they used and were aware of who to contact should they identify any maintenance needs that required addressing outside of regular servicing. Weekly recorded checks of home visit bags ensured that these were appropriately stocked for the delivery of safe clinical care within the community.

Effective

Effective care

We saw that auditable information sharing processes were in place to support the safe and effective care of patients.

Referrals made from the practice would be sent via the Welsh Clinical Portal and urgent referrals followed up to confirm these had been actioned. Support was available for any locums working at the practice to follow the required processes. Reviews of cancer and other referral rates would also be completed to develop practice understanding of patient population health needs and service responses.

Patient information received from other services were tasked to relevant practitioners to action, for example, to contact patients regarding test results or offer follow-up care.

However, while we found no issues with these processes in a review of patient records, there was no clear workflow policy supporting practice. We also noted that correspondence was not easily identifiable as clinic letters or referrals within patient records and that follow up with patients who did not book non-urgent appointments when invited could be strengthened for continuity of care and health protection.

The practice should have a clear workflow policy assigning responsibilities for receiving, processing, and acting on patient information. It should define processes for both urgent and non-urgent follow-up and ensure clinic letters and referrals are easily identifiable in patient records.

Best practice and professional guidance information received into the practice were discussed within relevant meetings to inform the delivery of clinical care through appropriate pathways.

Patient records

We examined a sample of eight electronic patient records which were kept within a secure digital system. Coding was used consistently and accurately and records and note summaries were clear. Templates were used within the record keeping system to support consistency of data entry.

Patient records we reviewed were considered to be of very good quality overall. Chronic Disease Management was evidenced and records provided a clear audit trail with respect to decision making for the prescription or discontinuation of medications although linkages were not made between patient problems and medications in all instances.

Responsibility for training and routine oversight of non-clinical staff summarising had recently been delegated by GPs to experienced members of the non-clinical team. GPs continued to complete ad hoc checks and provide additional support in response to any issues with summarising that were identified. Regular structured audits of notes scanning, coding and summarising were also undertaken to prevent the risk of patient harm from record keeping practices.

Paper records were archived securely off site and processes were in place for request and return as required. Records were suitably protected from unauthorised access while at the practice.

Quality of Management and Leadership

Staff Feedback

Respondents to the HIW staff questionnaire indicated patient care as a top priority for the practice, expressed contentment with patient safety, and would recommend the practice as a good place to work, highlighting a supportive and respectful environment. Nearly all considered that appropriate measures were in place to protect patient confidentiality, privacy, dignity, and the provision of chaperones when appropriate.

Staff comments noted the building is dated with limited space and storage, making navigation difficult for some patients and limiting space for visiting clinicians. There was general agreement that materials and equipment, skill mix and staff number adequately enabled staff to perform their duties. However, some noted challenges in managing conflicting demands on their time.

The majority of staff felt involved in decisions affecting their work and could suggest improvements to GP services. Strong team spirit, good communication and supportive management were all praised and all but one reported fair access to workplace opportunities and felt the practice supports equality, diversity, and inclusion.

Most staff felt their job was not detrimental to their health, the practice takes positive action on health and wellbeing, and their working patterns allow good work-life balance, though awareness of occupational health support varied.

Staff comments included:

> "Very caring and committed staff and Clinicians with patient centred approach going over and above to give optimum patient care."
>
> "Family feel to the surgery makes it a nice place to work."
>
> "The team in the surgery works extremely well together. I am able to ask for support or help when I need to. I feel we are treated fairly and with respect. We go out of our way to help patients."
>
> "Staff are kept informed of what is going on, with regular staff meetings and appropriate feedback from practice meetings and outside meetings. We are strongly encouraged to attend training events by our managers. The GP Partners are extremely diligent in their treatment of patients. The one thing that we lack is more space as we could do with more modern facilities and have enough rooms for visiting clinicians which would in turn, mean less travelling for our patient population. I would be more than happy to have my entire family registered here."
>
> "Our building is dated and the corridors can sometimes make it difficult for patients to navigate wheelchairs. whilst every effort is made to maintain the building it is lacking in space in some clinical rooms and the layout can be tricky

to navigate as staff and patients. more space would leave more room to welcome extra services and flexibility within the practice”

Leadership

Governance and leadership

It was noteworthy that the practice aimed to embed a culture of compassionate leadership and collaborative communication to support staff well-being and retention and deliver quality of care in line with the expectations of overall health and care policy within Wales. Practice leaders were experienced, visible and approachable and staff were clear on their roles, responsibilities and contribution to the team. Clear delegation enabled collective responsibility and systematic oversight of clinical and operational service delivery. During the inspection practice leaders praised team members for their hard work and commitment to patient care within busy and often challenging roles.

Staff assistance programmes were available to support individuals as required. These included managerial support with workload management, clear zero tolerance procedures for responding to any abuse directed towards staff, individual risk assessments and reasonable adjustment plans and signposting to third party well-being services.

Regular, structured meetings provided opportunity for information sharing, team learning and reflection. Comprehensive minutes allowed all relevant staff to refer back to discussion and action points as they required. Weekly key information bulletins were also being introduced to ensure that staff felt updated on information pertinent to their roles on an on-going basis.

Practice policies and procedures were accessible to all staff. Regular policy review cycles and strong version control ensured these were generally kept up to date with only minor updates to a small number of policies identified on inspection.

A Value Based Healthcare document provided evidence of practice improvement projects and an accompanying risk matrix tracked progress towards intended outcomes.

Workforce

Skilled and enabled workforce

We were told that team skill mix was reviewed on an on-going basis and that investment in staff training was prioritised to maintain a flexible workforce. Nearly all respondents to the HIW staff questionnaire felt they received appropriate training for their roles, with ongoing updates. One respondent commented:

> "I feel my training is appropriate, however, ongoing training is essential as guidelines and processes change so frequently"

Annual vacancy and recruitment reviews were also completed to further consider staffing needs and learn from recruitment processes.

Induction processes were in place to ensure new staff were aware of their responsibilities for health and safety and were supported to develop into their specific professional role. Team members confirmed scope of practice agreements were in place and upheld and that they would draw on one another's skills and experience to ensure quality of care.

We found processes were in place to ensure staff remained suitably trained, experienced and qualified to carry out their duties on an on-going basis. Nearly 85% of staff who responded to our questionnaire reported they had had a recent appraisal or development review.

Culture

People engagement, feedback and learning

We reviewed the policies and procedures in place for patients and staff to provide feedback or raise concerns or complaints at the practice. Policy introductions indicated that transparency and collaboration for a safe, learning environment was a practice aim. Processes available to patients and staff had been developed over time and were aligned with the latest NHS guidance.

Over half of the respondents to the HIW patient questionnaire knew how to complain about poor service.

We examined a matrix collating all concerns and complaints received into the practice. This provided a clear narrative of concerns and complaints received, how these were responded to and any unresolved risks for continued practice action. Duty of candour was considered in relation to every concern or complaint received. We were told the matrix was used to inform practice meeting discussions and annual reviews to ensure learning and development. This was considered noteworthy practice.

A 'You said we did' sign and practice performance statistics provided patients with information on positive aspects of service delivery, what could be improved and what had been done to address any concerns. Two respondents to the HIW patient questionnaire who had previously made complaints about the practice had not felt their concerns had been fully acknowledged or responded to. We discussed also providing feedback from patient surveys and ensuring information was displayed across the practice premises and digital platforms.

Staff we spoke with confirmed that they felt fairly treated in the workplace and that

suitable escalation and incident reporting mechanisms were in place.

Information

Information governance and digital technology

We saw that a suitable data protection officer had been appointed. Data protection processes ensured the appropriate management of data in line with legislation and we saw evidence that patient requests for their information were handled appropriately. Patients accessing practice information via the website could view the practice privacy notice. However, this also required displaying within the practice premises to expand its reach.

The practice should display its privacy notice on both its website and within the premises so patients understand what data is collected and how it is used.

Staff told us that digital technology was available to support them in completing aspects of their work. For example, software allowed for patient records to be dictated if practitioners preferred this to typing.

Learning, improvement and research

Quality improvement activities

We found evidence of practice learning and development through a range of audits and quality improvement projects undertaken specifically within the practice and in partnership with other organisations. It was positive to note that one recent audit of COPD rescue pack ordering had decreased the over-ordering of prescription drugs and increased patient engagement in their care. A research policy was in place although there was no active participation in formal research at the time of the inspection.

Whole-systems approach

Partnership working and development

We found that practitioners understood their contribution to the wider health and care system and that their service provision, signposting or onward referrals enabled patients to access the right care at the right time. Robust processes were in place to monitor and address issues affecting day-to-day service provision within the practice. Work within the wider Neighbourhood Care Network, primary care cluster and health board also enabled local population needs to be understood and addressed through embedded care pathways.

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

We saw records of weekly checks of emergency equipment and all drugs kept at the practice confirming items present and expiry dates. However, on inspection we found that: • The paediatric Ambu bag had expired and the adult Ambu bag was unsealed, not in its original packaging and with no expiry date available. Guedel airways were not wrapped and had no expiry dates available • The Oxygen saturation probe kept with the emergency equipment had not been calibrated within the last 12 months • Some urine test bottles for routine screening had passed their expiry date • One packet of Frusemide had expired.	Potential that contaminated or expired items could be used for patient care. This presented infection prevention and control risks and compromised safe and effective care as expired items may not work as intended and the uncalibrated Oxygen saturation probe could provide false information required for patient assessment.	Items were shown to the practice team for immediate remedial action.	1. Items were swapped for alternative suitable stock. 2. The Oxygen saturation probe was agreed to be taken out of use until calibrated. Other expired items were disposed of.

Appendix B – Immediate improvement plan

Service: **Abersychan Group Practice**

Date of inspection: **16 April 2026**

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.

	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.					
Findings:	**No immediate non-compliance concerns were identified on this inspection.**				

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: **Abersychan Group Practice**

Date of inspection: **16 April 2026**

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.	Lots of information regarding the practice and other services and health education seen on the practice premises. However, busy notice boards could present a barrier to patients locating and accessing the information they need. The access policy also required updating to provide information on all services offered through the practice and neither the access policy nor privacy notice were displayed on the practice premises.	• Reorganisation of information displayed within the practice to be considered • Practice access policy to provide information on all services offered through the practice • Practice access policy and privacy notice to be displayed on both the practice website and premises.	Health and Care Standards (2023) - Effective	The Notice boards are currently being updated and split into categories to make this much simpler and patient friendly 01a Updated Access Policy attached 01b Accessing Care Poster attached 01c Services Provided at the Practice Poster attached	Ian McLeish Practice Manager Louise Rosser Asst Practice Manager	Completed
2.	No dignity curtain in place within nursing examination room.	Dignity curtains or use of a suitable screen to ensure dignity and privacy during intimate nursing examinations to be considered.	Health and Care Standards (2023) – Person centred	Currently considering as we would need to alter the ceiling to enable such a curtain. Currently, there are tiles. Will investigate alternatives	Natalie Price ANP	As soon as the practice can find a suitable contractor but hope to complete by Aug 26

3.	Chaperone requirement or request not documented in relation to specific appointments.	Requirement for a chaperone to be recorded in relation to specific appointments so that suitable arrangements can be made.	Health and Care Standards (2023) – Person centred	Currently seeking advice on this from MPS / BMA	Ian McLeish Practice Manager Louise Rosser Asst Practice Manager	August 2026
4.	Not all staff involved in provision of the practice chaperone service had evidence of training.	Evidence of suitable training to be in place for all staff undertaking the chaperone role.	Health and Care Standards (2023) – Safe	Staff booked courses with NfP for later this month	Ian McLeish Practice Manager Louise Rosser Asst Practice Manager	23 June 2026
5.	Patient perceptions regarding whether a choice of appointment options being available contradicted what we were told about practice intention.	The practice should evaluate feedback gathered via HIW questionnaires regarding appointment type options and consider whether any improvements can be made to the appointments system or how this is communicated to patients.	Health and Care Standards (2023) – Person centred	Was discussed at a practice meeting on 21 May 2026 We have now increased our Online appointments via NHS Wales App Also blocked slots out for review requests that Admin can utilise, to prevent the patients from phoning back.	Ian McLeish Practice Manager Louise Rosser Asst Practice Manager	Already in place

6.	Patient language choice not routinely established or documented on the patient record preventing communication measures from being arranged ahead of appointments.	Patient language choice to be routinely established and documented on the patient record.	Health and Care Standards (2023) – Person centred	This is now included in all patient registration paperwork and currently adding as patients come to the practice on routine visit.	Ian McLeish Practice Manager Louise Rosser Asst Practice Manager	Already in Place
7.	Limited evidence of the Welsh language active offer.	The Welsh language active offer to be fully implemented.	Health and Care Standards (2023) – Person centred	GP Available Staff Identified Posters have now been increased from A4 to A3 size, and visible Staff Training is being requested and currently awaiting dates.	Ian McLeish Practice Manager Louise Rosser Asst Practice Manager	Hoping to be fully compliant as soon as we can get more staff training. Otherwise, we are currently compliant with all others.
8.	Signage and information regarding the storage of hazardous and emergency items limited.	Clear information to be available regarding all hazards and safety measures in place at the practice.	Health and Care Standards (2023) – Safe	COSHH Data Safety Sheets have been updated and stored appropriately	Ian McLeish Practice Manager Louise Rosser Asst Practice Manager	Completed
9.	Business Continuity Plan (BCP) required reviewing to ensure it covered partnership risk and risks associated with the lease.	BCP to be reviewed.	Health and Care Standards (2023) – Effective	09 BCP (attached) has been updated. Be aware that as we have a staff change around within the next week, this has been dated 18 Jun 26	Ian McLeish Practice Manager Louise Rosser Asst Practice Manager	Completed

10.	Some practice premises risk assessments required confirmation and maintenance issues required rectifying, including: • Patient toilet seat • Storage of staff belongings in boiler room • Chain securing clinical waste bin.	The practice should ensure that all facilities are maintained and safe for patient use.	Health and Care Standards (2023) – Safe	Toilet seat replaced Staff no longer use the boiler room Chain to be replaced by end of the month due to contractor availability	Ian McLeish Practice Manager Louise Rosser Asst Practice Manager	30th June 2026
11.	Some cleaning issues were noted: • No permanent records of cleaning completed were maintained • Significant build-up of dust noted underneath one couch • Mop heads were kept head down inside buckets.	• Records of regular cleaning to be maintained • All areas to be kept free from the build-up of dust • Mops to be kept head up and out of buckets.	Health and Care Standards (2023) – Safe	Records now maintained Rooms (including) Couch are cleaned daily plus as and when during the day. Mops now stored correctly	Ian McLeish Practice Manager Louise Rosser Asst Practice Manager	Completed

12.	Cold chain flow chart not embedded within the cold chain policy which could prevent consistency of instructions and review.	Cold chain flow chart to be embedded within the cold chain policy.	Health and Care Standards (2023) – Effective	12c Revised Cold Chain Policy with Flowchart	Natalie Price ANP	See attached
13.	No room temperature monitoring in areas where non-refrigerated drugs were stored.	Ambient room temperature to be monitored in areas where non-refrigerated drugs are stored.	Health and Care Standards (2023) – Safe	One Purchased and placed in room	Natalie Price ANP	Completed
14.	Some oxygen training had been completed but not in relation to the specific cylinders used at the practice which is required in line with patient safety notice 041.	All relevant staff to complete the training required for the specific oxygen cylinders used at the practice.	Health and Care Standards (2023) – Safe	Currently seeking appropriate Training	Natalie Price ANP	Aug 26

15.	No clear workflow policy delegating responsibilities for the receipt, processing and actioning of information.	Workflow policy assigning responsibilities for receiving, processing, and acting on patient information to be developed. This should define processes for both urgent and non-urgent follow-up and ensure clinic letters and referrals are easily identifiable in patient records.	Health and Care Standards (2023) – Safe	16 Workflow Policy Updated	Rachael Morris-Creese Office Manager	See attached

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): Dr Geraint Jenkins

Job role: Senior GP Partner **Date: 11th June 2026**