

General Practice Inspection Report (Announced)

Oakfield Surgery, Aneurin Bevan
University Health Board

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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.



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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 Oakfield Surgery, Aneurin Bevan University Health Board on 30 June 2026.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 25 questionnaires were completed by patients. There were 32 completed by staff. Feedback and some of the comments we received appear throughout the report.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found the practice provided a friendly, helpful service, with most patients rating the practice as good or very good. Patients praised the quality of care provided by the permanent GPs, whilst access to routine appointments and problems contacting the practice by telephone were cited as issues.

The waiting room was spacious and comfortable, and we saw a good range of relevant written healthcare information which was well presented and up to date.

We observed patients being treated with dignity and respect, with appropriate measures in place to protect privacy during consultations and access to trained chaperones. Most patients felt listened to and involved in decisions about their care. Urgent care arrangements were effective, with same-day assessment available when needed.

We found effective arrangements to support patients experiencing mental health difficulties, including monitoring those awaiting specialist services and signposting to alternative support. However, we were told that lengthy waiting times for referrals resulted in some being returned to the practice.

This is what we recommend the service can improve:

- To review the chaperone policy to ensure compatibility with the new clinical records system.

This is what the service did well:

- Healthcare information and access to other care services available in different formats for patients without digital access
- Provision of a homeless patient service in conjunction with a local homeless charity
- Engaged in an innovative project to encourage nature prescribing prior to medication for depression and anxiety issues
- Colour coded care navigation flowcharts to aid staff in directing patients to appropriate care
- Active offer of Welsh language with several Welsh speakers at the practice
- Disabled parking bays with ramp access to the practice entrance.

Delivery of Safe and Effective Care

Overall summary:

We found the practice provided care within a clean, clutter-free and generally well-organised environment, with staff aware of their infection prevention and control (IPC) responsibilities. Suitable personal protective equipment was readily available throughout the practice, and we saw that IPC and clinical waste audits were completed.

In general, fire safety arrangements were considered good, although these required review as a coded keypad was found along an evacuation route.

We found appropriate arrangements for the safe management of medicines, including secure prescription collection processes, effective monitoring of prescribing, and suitable storage and handling of vaccines and medicines. Medical equipment was well maintained, regularly tested and fit for purpose. Emergency equipment was clearly signposted and readily accessible, with staff having completed required resuscitation training to help ensure safe and effective patient care.

We found effective safeguarding arrangements in place, including a designated lead, clear guidance for staff, and regular safeguarding meetings.

This is what we recommend the service can improve:

- Review their Business Continuity Plan include partnership and absence risks to the practice
- To develop and implement a suitable prescribing policy
- To ensure examination findings are appropriately Read coded and that linkage between medication and the relevant condition is documented within patient records.

This is what the service did well:

- Visibly clean and well organised surgeries and waiting areas
- Medical equipment was well maintained, tested and calibrated
- Well managed safeguarding arrangements
- Urgent referrals were suitably prioritised and scheduled for follow up.

Quality of Management and Leadership

Overall summary:

Overall, we felt it was a well led practice with good initiatives and good staff mix who worked well together. We found a clear leadership structure at the practice, with defined roles for staff, and an open and supportive culture. There were suitable arrangements for sharing information with staff including regular partner and nurse meetings.

We found a good range of written policies and procedures in place to aid staff in their roles, although there was a lack of evidence retained to confirm these had been read and understood by staff.

We found suitable arrangements for recruitment and monitoring staff registration with the regulatory bodies. Evidence of annual staff appraisals was available while staff training compliance was very good.

We saw effective arrangements for gathering and responding to patient feedback, with changes made following patient suggestions. Complaints were managed appropriately and discussed to support service improvements. Staff understood their responsibilities under the Duty of Candour, and records showed that the process had been applied and documented correctly.

The practice demonstrated collaborative working across the wider health and care system, engaging with local partners, multidisciplinary teams and neighbouring practices. This enabled a coordinated approach to meet the care needs of the local population.

This is what we recommend the service can improve:

- To ensure all staff have read and understood relevant policies
- To adopt a formal approach to clinical supervision
- To review individual scopes of practice in line with professional development of staff
- To develop and implement prescribing scope of practice for independent prescribers at the practice
- To implement a structured programme of audits.

This is what the service did well:

- Good range of policies and procedures with a policy index
- Positive response to patient feedback as evidenced by the change in practice opening times
- Evidence of staff development through further training and allocation of additional duties within scope of practice
- Open door policy with GPs and senior staff
- Good compliance with training.

3. What we found

Quality of Patient Experience

Patient feedback

Whilst we received 25 responses from patients, some questions were skipped by some respondents, meaning not all questions had 25 responses. Overall, most patients rated the service as good or very good, with four patients rating the service as poor or very poor.

There were positive comments about urgent access, including timely appointments when clinically needed. There was praise for the permanent GPs and the quality of clinical care. Staff were described as friendly, helpful, and caring, with multiple patients highlighting respectful treatment. Less positive responses were received regarding access to routine appointments and telephone access issues including long wait times and call handling issues.

Patient comments included:

" Everyone is lovely and doing a really good job, just need an easier way to get an appointment. My working hours don't allow me to be able to ring at 8am or 2pm exactly so I end up having to wait till I have a day off to book an appointment."

" Staff always friendly and helpful. Doctors listen to you. Even though it's a busy practice, if you need to be seen they will see you."

"All staff at the surgery are very helpful, respectful & friendly."

Person-Centred

Health promotion

During our inspection, we saw a good range of relevant written health promotion information within the practice waiting areas, including dedicated notice boards for practice information and social prescribing. We found these were well laid out and kept up to date. The practice website contained useful healthcare information and included a self-help hub that provided easy access to a range of local community healthcare services.

The practice provided access to a range of other healthcare professionals including physiotherapist, diabetic specialist, midwives and mental health practitioner. Patients were signposted to these services through a variety of methods that catered for patients with and without digital access.

We were told that the winter vaccinations programme was started early and was actively promoted through posters, text and telephone calls as well as banners outside the practice, to help ensure patients without access to digital media were made aware of the programme. We were told that the practice ran flu clinics on Saturdays to help improve uptake of patients who would normally struggle to attend on weekdays.

Dignified and respectful care

We observed reception staff welcoming patients in a respectful, professional manner. The reception desk was within the patient waiting area limiting privacy for patients when reporting to reception. We were told that the practice used the radio or TV to mask voices when reporting to reception but also offered a spare room for patients to use, if preferred. There was a mixed response from respondents to the HIW questionnaire when asked if they felt they could talk to reception without being overheard. While ten respondents felt that they were able to speak to the reception team without being overheard by others, seven patients disagreed.

The practice should reflect on the patient feedback and consider how patients speaking at the reception desk can do so in a manner that maintains their privacy and confidentiality.

Appropriate measures were taken to maintain patient dignity and privacy with treatment rooms doors were kept closed and privacy curtains were available during consultations. Frosted glass and blinds were fitted to all windows.

We found both male and female chaperones available at the practice, and these had received appropriate training to fulfil these roles. This service was advertised to patients both within the practice and on the practice website. There was a practice chaperone policy in place although this needed review with the updated Read codes for the new clinical records system at the practice.

The practice must review the chaperone policy to ensure compatibility with the new clinical records system.

Eight respondents to the HIW questionnaire confirmed they were offered chaperones for intimate examinations or procedures, while one respondent said that they were not. Most patients who answered the HIW questionnaire generally felt they were treated with dignity and respect with measures taken to protect their privacy during consultations. Similarly, most said the GP explained things well, felt listened to and were involved in decisions about their healthcare.

Timely

Timely care

The surgery was opening times were displayed at the entrance and online, with NHS111 out-of-hours cover over evening and weekends. Access to appointments was via the practice website, in practice or telephone with a text option available for patients with impaired hearing. Routine appointments were bookable up to three weeks in advance. We saw the practice telephony system enabled visual monitoring of live call handling data to support the practice to manage timely and effective call taking at peak times.

Patients triaged as requiring urgent assessment were offered a same day consultation while children were prioritised and added directly to the on-call list. When same-day appointments were unavailable, patients requiring urgent care were triaged by a duty doctor with the next available appointment offered.

Staff were clear about the care navigation process and were able to explain the system to us. Care navigators had access to colour flowcharts which clearly outlined the requirements, while they were able to seek advice from clinicians if there were doubts about the best options for a patient.

While over 73% of patients who answered the HIW questionnaire said they were content with the appointment type offered, only 56% of respondents confirmed they were offered a choice of appointment type. Some patient comments about access to care included:

“I prefer face to face appointments, but they are rather hard to get, over the phone it is hard to describe what you are trying to say.”

“Not enough face to face appointments.”

“Almost impossible to book a routine appointment for a non-urgent case. Calling at 8:00am to get a same day appointment is so painful! ...sometimes when you get through you get cut off, so have to repeat it all again.”

“Recently changes have been made... you’re now offered a call back from the surgery to save you waiting long periods of time on the telephone. I think this is much better ...”

There were appropriate processes in place to support patients in mental health crisis. We were told that waiting times for routine referrals could be lengthy and that some referrals were returned to the practice. During these periods, clinicians monitored patients based on their individual needs. The practice signposted patients who were not accepted for secondary mental health services to a range of alternative sources of support, including counselling services available through the practice and digital wellbeing services accessible through the practice website.

We were told the practice were signed up to provide a homeless patient service in conjunction with a local homeless charity and was managed by a member of the nursing team. The practice was also engaged in an innovative project for depression and anxiety which looked to encourage nature prescribing as an initial course of treatment rather than medication, which we considered innovative.

Equitable

Communicating and language

Patients were informed about the services offered, and any changes at the practice through a range of media including the practice information leaflet and website, posters, and social media.

We saw bilingual information was available, as supplied by the local health board, while the Active Offer was displayed informing patients that treatment could be provided in the Welsh language. We were told there were several Welsh speakers at the practice, and that they wore visual prompts to indicate this to patients. Anecdotal evidence was given that some patients had specifically requested treatment in Welsh, and that appointments were arranged to facilitate this.

A translation service was available for patients whose first language was not English. This was advertised to patients on a poster in waiting area and on the practice social media page. Instructions explaining how to access this service was held in each treatment room.

We found a suitable system for communicating messages internally with department leads responsible for ensuring staff are aware of any updates. An appropriate document workflow was in place for processing incoming mail within the practice, while suitable systems were used to ensure patients received relevant information about their conditions and the care options.

Home visit requests were well managed with on-call GPs triaging requests, and pop-ups on patient records to indicate patient access issues where relevant. We found that records for patients seen by out of hours doctors were updated as necessary, with systems in place to ensure GPs and pharmacists are made aware of medication changes and any further tests or investigations required.

Rights and equality

We considered the practice provided good access for patients with impaired mobility and wheelchair users with disabled parking available and ramp access to both levels. The practice featured a spacious waiting room with a lowered reception desk and wide corridors and doorways to accommodate wheelchairs. We also noted a wheelchair was also available for patients to use. An accessible toilet was available. We were told that

alerts appeared on patient notes to notify staff of patients who had additional access requirements.

We saw that the practice had an up-to-date equality and diversity policy in place and were assured that the practice was proactive in upholding the rights of transgender patients with preferred names and pronouns used as required. We were told of several equality, diversity and inclusion workplace initiatives that had been implemented at the practice including a menopause policy and gender awareness training. The practice had also appointed a menopause GP specialist.

Most patients who responded to the HIW questionnaire confirmed they had not faced discrimination when accessing or using this health service. Most patients felt the practice was accessible.

Delivery of Safe and Effective Care

Safe

Risk management

We found the clinical treatment rooms were visibly clean, well-organised and free of clutter. All furniture in surgeries and waiting areas were in a good state of repair and had easily wipeable coverings. Sharps bins were found to be securely fixed to walls to prevent accidental spillage.

We were provided with a copy of an up-to-date practice Business Continuity Plan. Whilst this covered emergency events such as power cuts, it did not cover organisational risks to the practice such as business partnership or long-term staff absence.

The practice should review their Business Continuity Plan to ensure it provides a framework for the practice to continue to operate under all exceptional and adverse circumstances.

The practice had effective arrangements for managing patient safety alerts. Significant events and safeguarding matters were reviewed at regular clinical meetings, with comprehensive minutes taken enabling shared learning.

We were told that emergency assistance was available for all staff via a designated call button built into the telephone and clinical IT systems. We were told that this had been used on three occasions during this year, with a debrief session held after each event.

We reviewed the practice fire safety arrangements, noting that extinguishers had been serviced within the last 12 months and that emergency action plans were displayed. However, we found an internal door along an evacuation route on the upper floor to be secured via a keypad lock.

The practice should:

- **Review their fire safety arrangements to ensure the keypad lock along an evacuation route is fully compliant with the relevant regulations.**

Infection prevention and control (IPC) and decontamination

Overall, the practice demonstrated appropriate arrangements for infection prevention and control (IPC). The practice had an appointed IPC lead while staff were aware of their roles and responsibilities and had completed relevant IPC training. Staff kept up to date with current guidance through mandatory training, self-directed learning, and recognised IPC resources.

We found the practice had up-to-date IPC, waste management, blood-borne virus and needlestick injury policies in place. Monthly waste audits were undertaken, and appropriate arrangements were in place for the segregation, storage and disposal of healthcare waste.

The practice had suitable facilities available to support effective IPC throughout the practice. Hand hygiene and personal protective equipment guidance posters were displayed in relevant areas. Clinical rooms were clean and well maintained, with wipeable surfaces and examination couches in good condition. An IPC audit had been completed recently, demonstrating that the practice monitored infection control arrangements and identified areas for ongoing review.

We noted that the practice maintained a record of staff vaccinations. However, the information available did not clearly identify the doses, booster history or antibody titre levels for all relevant staff. We raised this with senior staff who located the complete records.

While staff were aware of the procedure to follow in the event of a needlestick injury, there were no quick reference flowcharts displayed in clinical rooms. We were told that this shortcoming had already been identified, along with plans to display these as part of ongoing quality improvement activities.

All patients that answered the question in the HIW questionnaire said the practice was clean or very clean. Most agreed that staff washed their hands before and after delivering care.

Medicines management

We reviewed how the practice safely managed prescribing of medicines. We found prescription pads appropriately stored and disposed of, while staff maintained an audit trail for prescriptions that were collected. Medication reviews were primarily undertaken by GPs, supported by the practice pharmacist and nursing team, with overuse and early repeat prescription requests suitably monitored to support safe prescribing. The nursing team told us they worked alongside the admin team in recalling and monitoring patients on certain injectable therapies with plans to extend this to other medicines, such as contraception and joint injection therapy.

We confirmed that staff checked and logged fridge temperatures daily. Vaccines were stored appropriately within dedicated vaccine fridges which were subject to annual maintenance inspections. The practice had an up-to-date cold chain policy in place which included procedures to following the event of a fridge failure or temperature breach. We found staff were clear about these procedures during our discussions.

We saw evidence that drugs checks were conducted by the nursing team, in line with the practice medicines management policy. Our inspection found all drugs were stored

safely and in date, with expired drugs disposed of appropriately either via the sharps bins or taken to a local pharmacy to be destroyed. Adverse reactions were reported via the Yellow Card scheme.

Management of medical devices and equipment

Medical devices and equipment were found to be in good working order. We found single use equipment was used whenever possible. There was a nominated person responsible for ensuring medical devices were tested and calibrated by a third-party maintenance contractor. We saw in-date calibration stickers on all items that we inspected. Appropriate arrangements were in place for repair or replacement of medical equipment.

We found the nursing team utilised a rota that helped ensure emergency equipment was checked weekly in line with the Resuscitation Council guidelines. Emergency equipment including oxygen was located centrally and signposted to ensure staff could locate this easily in the event of an emergency. We found all equipment to be present, in good condition and appropriately maintained. All staff had completed up-to-date resuscitation training which included training in the use of the oxygen cylinders.

Safeguarding of children and adults

We inspected the safeguarding procedures in place, and found the practice had a safeguarding lead appointed. Staff had access to the latest guidelines via the Wales Safeguarding Procedures while quick reference safeguarding flowcharts were displayed throughout the practice to assist staff in the event of a concern.

A process was in place to ensure the records of children and vulnerable adults with safeguarding status were identifiable to staff by way of an alert marker. The practice had a number of children on the child protection register which we considered to be well managed.

The practice had up to date Did Not Attend (DNA) and Was Not Brought (WNB) policies in place, with instances involving children followed up appropriately. We were told that dedicated safeguarding meetings were held quarterly.

We reviewed a sample of staff training records and found safeguarding training to have been completed at the required levels.

Effective

Effective care

We found the practice had a dedicated team, with good systems in place to provide patients with safe and effective care. Updates in best practice and guidance was circulated to staff as appropriate. We were told that incidents were reported using the Datix reporting system while significant events were discussed in clinical meetings.

Urgent referrals for suspected cancer were prioritised and diarised to ensure these were followed up in a timely manner. We were informed that GP activity data was submitted to the health board, and whilst referral rates were monitored by the practice manager and discussed at clinical meetings, these were not routinely identified as a key agenda item.

The practice had introduced a dedicated notice board to assist staff in referring deaths to the Medical Examiner Service (MES), helping to embed this process into practice procedures.

We found the practice telephone answering service signposted callers with 'red flag' emergency conditions to dial 999. Reception staff were aware of potential life-threatening conditions and the appropriate action to take should a patient present with symptoms. Processes were in place to escalate matters to an on-call GP where patients insist on seeing a GP rather than call an ambulance, contrary to advice provided.

A suitable process was described for arranging tests and relaying the results to patients, with abnormal results allocated for the clinician to contact the patient directly or arrange an emergency appointment.

Patient records

We reviewed a sample of six patient medical records. These were secure and password protected from unauthorised access. Overall, we considered the quality of patient records to be good, with notes in line with the CARAT approach (Complete, Accurate, Relevant, Accessible and Timely) and suitably summarised. We noted that whilst Read Codes were generally used in the patient notes, examination findings were being recorded as free text. We also found that patient conditions were not linked to medicines within the patient records. Both issues hinder clinical audits and medication reviews. There was little evidence within the records that patients were being provided with written information about their condition, which could help patients to understand their condition and look after themselves.

The practice should:

- **Ensure examination findings are suitably Read Coded**
- **Ensure that there is appropriate linkage between medication coding and the patient clinical condition**
- **Provide written information, when considered necessary, to patients about their conditions and ensure this is documented within their records.**

Efficient

The practice had arrangements in place to support the efficient movement of patients through care and treatment pathways. Patients were able to self-refer to some services, while GPs facilitated referrals to other services where required.

Staff worked collaboratively with health and social care professionals to coordinate care and support positive patient outcomes. Effective referral pathways and shared care arrangements were in place, including access to specialist teams such as frailty, diabetes and respiratory services. The practice was proactively case finding for hypertension to support early intervention and help prevent unnecessary hospital admissions.

Quality of Management and Leadership

Leadership

Governance and leadership

Oakfield Surgery was a GP practice operated by six GP partners and was an active participant in the local healthcare cluster. Whilst overall responsibility was held by the senior GP partner, the workload was shared across all partners and staff, which we found indicative of a good team working environment. We were told there was an open-door policy for staff to raise matters with the practice management team, while there appeared to be good provision for wellbeing including a staff assistance programme in place and reimbursement for eye tests.

We found suitable arrangements in place for sharing information with practice staff with regular partner, nurse and staff meetings, which we found were well attended. Minutes of the meetings including any presentation content were shared with staff to ensure everyone was aware of the issues discussed and any shared learning.

We found a good range of policies and procedures that were held on the practice computer hard drive and was accessible to all staff. This was aided by a policy index which included policy renewal dates and the file locations which we considered good practice. However, we noted a lack of confirmation that staff had read and understood the practice policies and procedures.

The practice should ensure that all staff have read and understood relevant policies to ensure compliance with practice processes and retain evidence of this.

Senior staff told us their main challenge was the limitations of the current premises and location, which affected accessibility for patients and restricted opportunities to expand services and become a hub for patients.

Workforce

Skilled and enabled workforce

We spoke with staff across various of roles within the practice and found that all were aware of their roles and responsibilities and were committed to providing a quality service. We saw evidence of staff development through further training and additional duties within their scope of practice.

We found the practice had a recruitment policy which had been recently reviewed, with staff recruited through either NHS or via third party recruitment provider. Applicants were offered a post subject to satisfactory checks, with an appropriate induction process and probation periods in place. Suitable arrangements were in place to monitor healthcare professional registration with the regulatory bodies.

We reviewed a selection of staff records and found good compliance with staff professional obligations. Some documents such as the immunisations and Hepatitis B vaccination records were not immediately available, although these were provided by the end of the inspection. Additionally, most Disclosure and Barring Service (DBS) certificates held on file were over three years old. Although the staff handbook specified an obligation to notify the practice of any changes that may affect their DBS status. We advised the senior managers to also check this at annual appraisal with staff and suggested adopting a clear practice position on the issue of renewal to assure themselves that staff remain fit to work at the practice. We received confirmation that renewed DBS checks had been requested shortly following the inspection.

We reviewed staff training records. Overall, compliance with training was good, although access to training records was scattered across various systems, with some documents printed and held on file. A staff training matrix had been recently implemented although this had not been fully populated at the time of the inspection. We encourage the practice to continue to maintain and develop this tool to streamline the training monitoring process, and to include any additional non-mandatory training that has been undertaken by staff.

All staff that responded to the HIW questionnaire felt they have had appropriate training to undertake their roles at the practice, with continuous ongoing training being provided.

Staff annual appraisals were performed by the various practice leads with most conducted within the last 12 months. We found a good process in place that helped the practice identify training needs. However, there was no evidence that a formal clinical supervision process was in place.

The practice should adopt a formal approach to clinical supervision that is suitably evidenced.

We found staff worked within their competence, qualifications and experience, with nurses only seeing patients they are competent and trained to see. Nurses had access to GP support and advice at all times through an on-call system. However, the practice was unable to provide evidence of ongoing scope of practice reviews linked to continuing professional development or agreed prescribing scopes of practice for independent prescribers at the practice.

The practice must:

- **Ensure that reviews of individual scope of practice are completed in line with the continuing professional development of staff**
- **Put in place a prescribing scope of practice for each independent prescriber at the practice.**

Culture

People engagement, feedback and learning

The practice complaint procedure was available on request and on the practice website. A copy of the Listening to People (LtP) statutory guidance was displayed.

We reviewed the practice complaints file and found formal complaints appropriately documented. However, we were told that informal concerns would be resolved immediately but not recorded. We discussed the benefit of also recording informal concerns to help the practice identify themes and trends. We were told that complaints were discussed in weekly partner meetings, with quality impact assessments drafted to help guide considerations for change.

We were told that patient feedback was sought through a suggestions box and annual patient surveys, with the results analysed and discussed by senior management. A poster was displayed advising patients of action taken by the practice as a result of patient suggestions. We were told that the opening times had changed following feedback, which was supported by the positive responses about opening times in the HIW questionnaire. Most patients also said they would know how to raise a complaint if they wanted to do so.

The practice had an up-to-date Duty of Candour policy in place. We saw evidence that staff had completed training on this subject and appeared aware of their roles under the Duty of Candour process. We were provided with evidence of an incident where this process had been applied and found the matter managed and recorded appropriately.

Information

Information governance and digital technology

An information governance policy was in place, with the Digital Health and Care Wales (DHCW) service fulfilling the function of data protection officer. The practice data handling process was available on both the practice website and displayed in waiting areas. We found that staff had completed appropriate data protection training and were assured that the practice understood its responsibility when processing and managing information and data.

Learning, improvement and research

Quality improvement activates

We saw a commitment to continuous improvement through participation in quality improvement (QI) projects and service delivery reviews at weekly partners meetings. We noted that there were several areas for improvement identified in the practice development plan and we encouraged the practice to ensure these are completed within the year, as planned. We found shared learning to be promoted through clinical meetings, which included presentations of specialist topics and updates about the QI projects. In general, we found audits were conducted on an ad-hoc basis, with no evidence of a structured programme of audits in place as part of the practice quality improvement activity.

The practice should consider implementing a structured programme of audits to ensure services and processes remain robust.

Whole-systems approach

Partnership working and development

We found the practice had a clear understanding of its role within the wider health and care system and engaged actively with a range of system partners. The senior partner held a leadership role within the local healthcare cluster and attended regular network and multidisciplinary team (MDT) meetings. The practice worked closely with district nursing services, palliative care teams and local care homes. An in-house pharmacist also engaged in lots of collaborative working and sharing of ideas for good practice across services.

We were told that the practice had good working relationships with neighbouring practices and practice managers, which help support a shared understanding of local challenges and population needs.

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
There were no immediate concerns resolved during this inspection.			

Appendix B – Immediate improvement plan

Service: Oakfield Surgery

Date of inspection: 30 June 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.

Findings	There were no immediate improvements required during this inspection.
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Appendix C – Improvement plan

Service: Oakfield Surgery

Date of inspection: 30 June 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.	While ten respondents felt that they were able to speak to the reception team without being overheard by others, seven patients disagreed.	The practice should reflect on the patient feedback and consider how patients speaking at the reception desk can do so in a manner that maintains their privacy and confidentiality.	Health and Care Quality Standards – Person Centred	The practice will continue to review patient feedback and implement reasonable measures to protect privacy at reception. Existing measures include seating positioned away from the reception desk, background music, and information notices. Staff will be reminded of the importance of confidentiality and will offer alternative arrangements for patients requiring a private conversation, subject to room availability.	Practice Manager	Ongoing review

2.	There was a practice chaperone policy in place although this needed review with the updated Read codes for the new clinical records system at the practice.	The practice must review the chaperone policy to ensure compatibility with the new clinical records system.	Health and Care Quality Standards – Person Centred	The practice Chaperone Policy was documented as requiring review in August 2027. Following the migration to EMIS in October 2025, updated codes were required. This has now been actioned.	Practice Manager	Completed EMIS codes updated in Chaperone Policy 07/09/2026
3.	The business continuity plan did not cover organisational risks to the practice such as business partnership or long-term staff absence.	The practice should review their Business Continuity Plan to ensure it provides a framework for the practice to continue to operate under all exceptional and adverse circumstances.	Health and Care Quality Standards – Safe: Risk Management	Practice to review and update Business Continuity Plan with framework for the practice to continue to operate under all exceptional and adverse circumstances, as required	Practice Manager	To be completed by 30/09/2026
4.	We found an internal door along an evacuation route on the upper floor to be secured via a keypad lock. Whilst fire drills were recorded, these were only conducted on an annual basis.	The practice should: - Review their fire safety arrangements to ensure the keypad lock along an evacuation route is fully compliant with the relevant regulations	Health and Care Quality Standards – Safe: Risk Management	The fire exit at the rear of the GP corridor with the keypad has been checked for compliance with Inferno Solutions, our Fire Safety & Security contractor. The practice can confirm that this door releases after a few seconds once the fire alarm has been actioned. The practice has also had a full fire safety risk	Health and Safety Officer	Completed 31/07/2026

				assessment carried out by JD Fire on 30/07/2026		
5.	Whilst Read Codes were generally used in the patient notes, examination findings were being recorded as free text. We also found that patient conditions were not linked to medicines within the patient records. There was little evidence within the records that patients were being provided with written information about their conditions.	The practice should: • Ensure examination findings are suitably Read Coded • Ensure there is appropriate linkage between medication coding and the patient clinical condition • Provide written information, when considered necessary, to patients about their conditions and ensure this is documented within their records.	Health and Care Quality Standards – Effective: Quality of Patient Records	The recommendations have been discussed at the weekly Partners' Meeting. The recommendations were included as an agenda item at the Clinical Meeting held on 10/09/2026 The recommendations were also discussed at the Nursing Team Meeting held on 14/09/2026. The practice has reviewed the importance of consistent, accurate and appropriate Read Coding of examination findings & linkage of medication coding to the relevant patient clinical condition. The practice is exploring the further development and use of clinical templates to support consistent documentation, accurate coding and improved linkage	Practice Manager	3 months

				between clinical conditions and prescribed medication. The practice is currently developing additional templates to support clinicians and nursing staff in achieving these objectives. The practice is currently investigating the use of the Med Link platform, which integrates with EMIS & support chronic disease management, clinical documentation and coding. Key members of staff attended demo of the platform on 10/09/2026 Further discussion is planned at the Partners' Meeting on 15/09/2026, with a view to potentially commencing implementation in October 2026, subject to the outcome of the review.		
6.	We noted a lack of confirmation that staff had read and understood	The practice should ensure that all staff have read and understood relevant policies to	Health and Care Quality Standards – Leadership	Following the HIW inspection, and in accordance with the recommendation of the	Practice Manager	Data migration currently ongoing. Target completion

	the practice policies and procedures.	ensure compliance with practice processes and retain evidence of this.		Practice Manager peer reviewer, the practice has contracted the services of Practice Index, a management support service. The practice has subscribed to a compliance package, which incorporates a Policy Manager. This system enables the practice to maintain & manage practice policies & procedures in one central location, and record & monitor staff confirmation that policies have been read & understood.		date for all data migration and full use of system December 2026
7.	There was no evidence that a formal clinical supervision process was in place.	The practice should adopt a formal approach to clinical supervision that is suitably evidenced.	Health and Care Quality Standards – Workforce	The service will implement a formal clinical supervision process in line with the TIMSS Supervision Protocol, developed by our ANP and adopted by ABUHB Health Board and is available on the Health Board intranet share point. The Practice will ensure that all relevant clinical staff have access to regular, structured clinical	Practice Manager	December 2026

				supervision in accordance with the protocol. Staff will be made aware of the process, and supervisors will be identified to support its implementation. Clinical supervision will be appropriately documented, including the date of supervision, staff member, supervisor, key discussion points, agreed actions and review dates, while maintaining confidentiality. The Clinical Lead will regularly review clinical supervision records to ensure the process is being followed, and staff are receiving appropriate supervision. Any gaps identified will be discussed and addressed with the relevant staff members.		
8.	The practice was unable to provide evidence of ongoing scope of practice reviews linked to continuing professional development or agreed	The practice must: Ensure that reviews of individual scope of practice are completed in line	Health and Care Quality Standards – Workforce	The practice will implement a formal process to ensure that individual scopes of practice are reviewed and updated in line with staff	Practice Manager, Assistant Practice Manager & Lead Nurse	3 Months

	prescribing scopes of practice for independent prescribers at the practice.	with the continuing professional development of staff Put in place a prescribing scope of practice for each independent prescriber at the practice.		training, CPD and the development of new skills. An agreed scope of practice and prescribing scope of practice will be documented for each independent prescriber, reflecting their qualifications, competence and prescribing responsibilities. These will be reviewed regularly and following relevant training or changes in responsibilities. The Practice Manager and clinical leads will oversee the process, ensuring records are maintained and available as evidence of compliance. These records and review actions will be managed through the Practice Index system		
9.	We found audits were conducted on an ad-hoc basis, with no evidence of a structured programme of audits in place as part of the	The practice should consider implementing a structured programme of audits to ensure services and processes remain robust.	Health and Care Quality Standards – Quality Improvement	The practice will implement a structured annual programme of clinical and administrative audits, using Practice Index to record, monitor and track audit	Practice Manager	4 months

	practice quality improvement activity.			activity and any resulting improvement actions. Audit findings will be reviewed regularly, with re-audits undertaken where necessary to ensure services and processes remain robust. Currently migrating data over to Practice Index for recording, monitoring and tracking of audits		
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Yvonne Minett

Job role: Practice Manager

Date: 16 September 2026