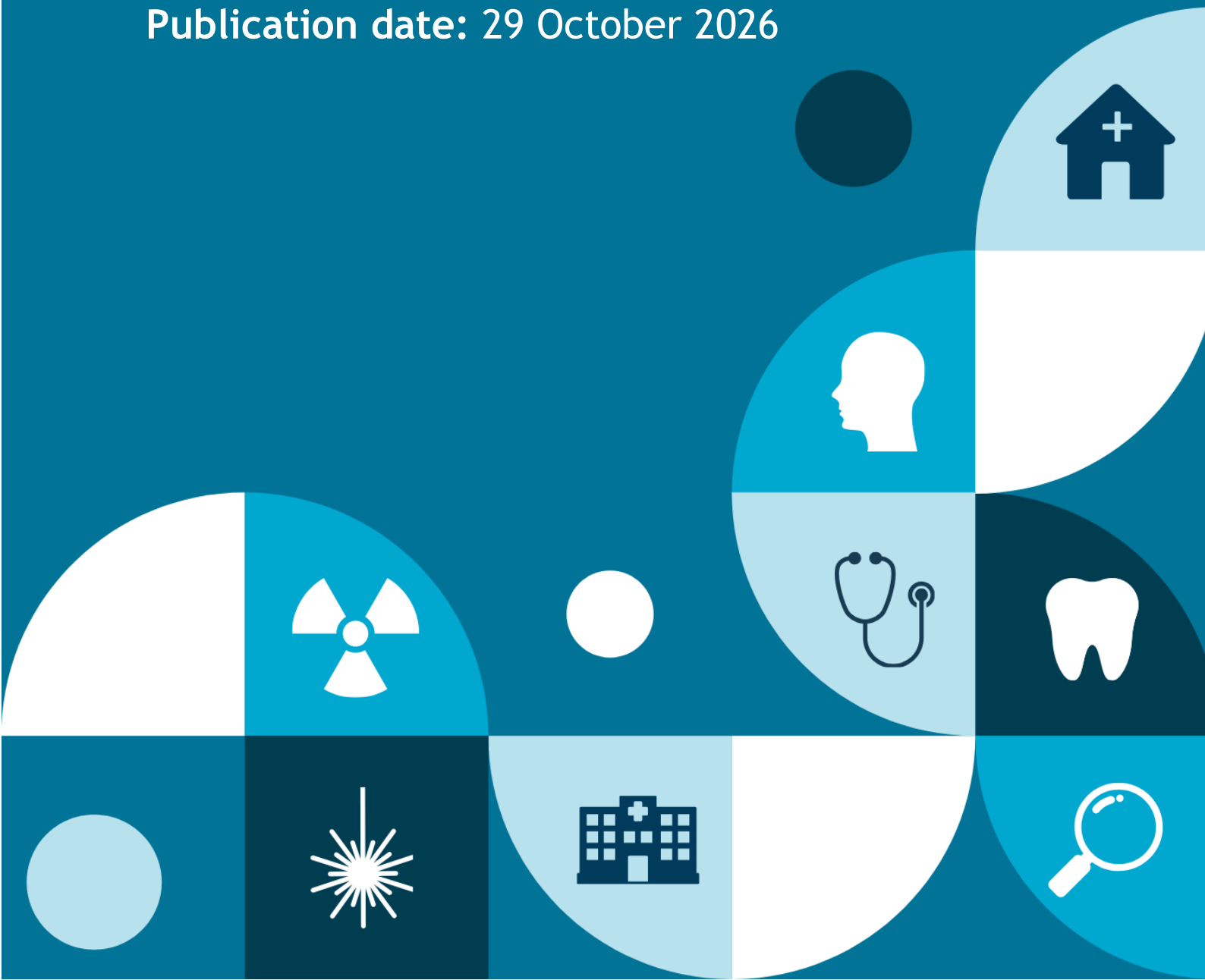


Independent Healthcare Inspection Report (Announced)

Albany Medical Centre (24 Bridge
Street), Newport

Inspection date: 29 July 2026

Publication date: 29 October 2026



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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	5
2. Summary of inspection	6
3. What we found	10
Quality of Patient Experience	10
Delivery of Safe and Effective Care	15
Quality of Management and Leadership	21
4. Next steps	24
Appendix A – Summary of concerns resolved during the inspection ..	25
Appendix B – Immediate improvement plan	26
Appendix C – Improvement plan	27



1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Albany Medical Centre (24 Bridge Street), Newport on 29 July 2026.

Our team for the inspection comprised of two HIW healthcare inspector and a clinical peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 11 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

The clinic demonstrated a strong commitment to promoting health, wellbeing, patient-centred care, and equality. Patients were supported to make informed lifestyle choices through a wide range of health promotion resources available both within the clinic and online. Information covered healthy living, nutrition, smoking cessation, heart health, and weight management, including guidance and support materials relating to weight loss treatment. All patients agreed that the service they received was 'very good'.

Patients were treated with dignity, respect, and professionalism. Privacy was protected through discreet communication, the use of a private consultation room and measures to reduce the likelihood of conversations being overheard. Chaperone information was clearly displayed.

Robust consent processes were in place to ensure patients received sufficient information about treatments, risks, side effects and expected outcomes before making decisions. The service assessed patients' medical histories and health status before treatment and provided translation support where required.

Communication arrangements were effective and designed to meet a range of patient needs. Information on treatment options, costs, feedback processes and support services was available through multiple channels. The service also supported Welsh-speaking patients and individuals requiring interpretation services.

Care was delivered promptly by appropriately qualified staff, with thorough assessments, evidence-based treatment and clear aftercare advice. Equality, diversity and human rights were actively promoted, with reasonable adjustments such as remote consultations and accessible facilities helping to ensure equitable access.

The service actively sought and responded to patient feedback through surveys and online reviews, using findings to inform service improvements and future

developments.

This is what the service did well:

- Provided comprehensive health promotion information and resources to support healthy lifestyle choices and informed decision-making
- Demonstrated respectful, patient-centred care with strong arrangements to protect privacy, dignity, and informed consent
- Promoted equality and accessibility through reasonable adjustments, interpretation services and Welsh language support.

Delivery of Safe and Effective Care

Overall summary:

Albany Medical Centre delivered safe and effective care within a clean, secure and well-maintained environment. Robust health and safety arrangements were in place, supported by comprehensive policies, risk assessments, fire safety procedures, emergency planning and evidence of ongoing monitoring. The premises met relevant safety requirements, including electrical testing, fire risk assessments and appropriate security measures.

Strong infection prevention and control (IPC) arrangements were evident throughout the service. Clear governance structures, regular cleaning schedules, staff training, environmental monitoring and waste management procedures helped ensure a safe clinical environment. No IPC concerns were identified during the inspection.

Medicines management arrangements were generally effective, with approved weight management medications stored and monitored appropriately. Patient allergies and sensitivities were clearly documented and medicines were prescribed following thorough assessments. Whilst patient records remained paper based, the service was considering a secure cloud-based system.

The service demonstrated effective safeguarding arrangements, with up-to-date policies, trained staff, a designated safeguarding lead and clear reporting pathways. Medical equipment was appropriately maintained, calibrated and fit for purpose.

Patients received care from an experienced specialist clinician with expertise in weight management. Thorough assessments were undertaken before prescribing treatment, including screening for contraindications and ongoing monitoring through regular reviews. Patients were provided with information about treatment options, risks, side effects, costs and aftercare, enabling informed decision-making.

Quality improvement processes were embedded within the service through audits, patient surveys, annual reporting and service development initiatives. Records management was generally of a high standard, with patient records found to be accurate, organised, contemporaneous and supported by a clear audit trail.

This is what we recommend the service can improve:

- Transition from paper-based patient records to a secure digital system to reduce the risk of records being misplaced and improve information management.

This is what the service did well:

- Maintained a safe, clean, secure environment supported by comprehensive health and safety, fire safety and risk management arrangements
- Demonstrated strong infection prevention and control systems, including staff training, environmental monitoring, audits and effective cleaning processes
- Delivered safe and clinically effective weight management care through thorough patient assessments, regular monitoring, specialist clinical leadership and detailed patient information.

Quality of Management and Leadership

Overall summary:

There was a strong governance and accountability framework, supported by effective leadership, management systems and policies that promoted safe, high-quality care. The service operated in line with its statement of purpose, which was current and available to patients. The patient guide included information on how to obtain the latest HIW inspection report and a summary of patient feedback. In addition, these documents were accessible via the clinic's website.

There was a comprehensive and up-to-date suite of policies and procedures, with clear processes for review and staff communication. Effective systems were in place for managing safety information, including Medicines and Healthcare products Regulatory Agency (MHRA) and Welsh Government alerts. Regulatory requirements were met, with accurate registration details and appropriate insurance documentation available.

Robust arrangements existed for handling complaints and concerns. Patients could access complaint information in various formats and clear procedures were in place for recording, investigating and responding to complaints within established timescales. No complaints had been received in the previous 12 months.

Recruitment and employment practices were thorough, with appropriate pre-employment checks, Disclosure and Barring Service (DBS) screening, references and professional registration verification. Staff training and appraisal records were up to date. The inspection identified an opportunity to strengthen workforce monitoring through annual staff self-declarations regarding ongoing suitability and DBS status.

This is what we recommend the service can improve:

- Introduce annual staff self-declarations to confirm there have been no changes to DBS status or suitability to work.

This is what the service did well:

- Comprehensive and up-to-date governance, policy and safety management systems.
- Robust complaints and concerns process with clear procedures and response times.
- Strong recruitment practices, including DBS checks, references, and professional registration verification

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care at the clinic for the inspection in July 2026. In total, we received 11 responses from patients at this clinic. All patients agreed that the service they received was 'very good'. Patients commented that:

"Staff are very nice and friendly I always feel welcome when coming to the clinic and can always have a laugh and they are always professional."

"Amazing to get the help. "Wish it was cheaper but I need the help of the staff and doctors."

"The NHS doctors surgery and practices could learn from this centre to fell value and a patient."

Health promotion, protection and improvement

The service actively promoted healthy lifestyles and supported patients to make informed choices about their health and wellbeing. A range of health promotion leaflets were available within the reception area, covering topics such as healthy living, balanced nutrition, smoking cessation and dietary advice. Patients were also directed to online resources linked to prescribed weight management medications, which provided guidance on healthy lifestyle changes, dietary tracking and weight loss monitoring.

Comprehensive health promotion information was available throughout the service. This included patient guides on commencing treatment with the weight loss medications, as well as digital support resources designed to assist patients throughout their weight management journey. Additional educational materials included the British Heart Foundation's Eat Better to Reduce Your Risk of Heart and Circulatory Diseases guidance and the Albany Medical Centre (AMC) Dietary Advice Guide.

The clinic's website also provided a range of health promotion resources, including information on the principles of healthy weight loss, practical guidance for eating out,

sample meal plans and detailed information relating to weight loss medications.

Dignity and respect

Staff were observed treating patients with respect, kindness and professionalism in all interactions. Staff engaged with patients in a polite and courteous manner when they attended the service. Patient privacy and dignity were respected, with staff communicating discreetly and sensitively.

Although the reception area was open plan, background music was played to help maintain confidentiality and reduce the risk of conversations being overheard. All consultations and treatments were conducted in a private room behind closed doors. Information regarding the availability of a chaperone was clearly displayed outside the treatment room.

In the patient questionnaire all respondents strongly agreed staff treated them with dignity and respect and protected their privacy. Patients said staff explained what they were doing, they were involved in decisions about their healthcare, listened and answered questions.

Patient information and consent

Patients received the right information when they need it and in a way they could easily understand to help them make the best choice for them.

The consent policy provided guidance to staff on obtaining valid consent. The policy stated that consent must be given voluntarily, without pressure or undue influence, by an individual who had the capacity and sufficient information to make an informed decision.

We were told that patients were provided with information about proposed treatments, including potential side effects, risks and expected outcomes. The doctor stated they discussed medication effectiveness and side effects in detail, particularly in relation to treatment reviews after three months. Patients were required to sign a consent form, which was retained within their records to evidence documented consent.

The service undertook screening during consultations and reviewed patients' medical history and current health status before treatment. Arrangements were in place to share information with other healthcare professionals where patient consent was provided. Where consent was declined, the service advised that enhanced monitoring arrangements would be implemented. The patient guide instructed patients who wished to have a consultation with the aid of a translator or required documentation in another language to inform reception to book a translator.

All patients who received treatment confirmed consent was obtained before new treatment and they received sufficient information about treatment options, risks and benefits.

Communicating effectively

Patients were provided with clear, accurate and accessible information in a manner that supported their understanding and enabled them to make informed decisions about their care and treatment. An up-to-date policy on the Assessment, Diagnosis and Treatment of Patients, outlined the arrangements for providing information to patients.

Information regarding how patients could provide feedback or make a complaint was clearly displayed in the reception area, ensuring patients were aware of how to raise comments, concerns or complaints.

The needs of Welsh-speaking patients were also considered. A notice displayed in reception advising patients of available Welsh language support. The service had also signed up to an interpretation service to assist patients who required communication support.

We were told that patients were informed by the clinician following their consultation about available treatment options, recommended treatment and any necessary post-treatment instructions. Information regarding treatment costs was available at the reception desk, enabling patients to understand any charges before proceeding with treatment. For patients without digital access, information and appointment booking services were available via telephone or face-to-face arrangements, ensuring equitable access to care.

All patients in the questionnaire said that costs were explained before the treatment.

Care planning and provision

Patients received care in a timely manner from appropriately qualified staff. The service operated on an appointment-only basis and during the inspection patients were seen promptly. Patients were informed by reception of any waiting times and the reasons for delays in seeing the clinician. Where patients were unable to wait, arrangements were available for appointments to be rescheduled.

Patients' health and wellbeing needs were assessed through consultation with the clinician. The service was led by a specialist doctor who maintained professional revalidation, supporting the delivery of evidence-based care in line with current best practice.

Patients were provided with information about their care and treatment plans through verbal discussions, written information and patient information leaflets. Pre-treatment information and post-treatment or aftercare advice relating to prescribed medication were also provided to support patient understanding and ongoing care.

There were arrangements in place for managing complications. Patients were advised to contact their own GP or attend hospital services where appropriate, particularly in the event of any complications. Where onward referral or further investigation was required, patients were provided with written advice and directed to consult their GP. Information was adapted to patients' needs and informed consent was obtained before treatment was provided.

All patients in the questionnaire agreed they received appropriate aftercare instructions and they received clear guidance regarding infection or emergency concerns.

Equality, diversity and human rights

An up-to-date Equality, Diversity and Human Rights Policy, was available. The policy stated that all staff, patients and visitors should be able to access services in an environment free from discrimination, harassment, victimisation and bullying. It also emphasised equal access to high-quality services for all.

Reasonable adjustments had been considered to support equitable access to care.

Remote consultations were available for patients who were unable to attend the clinic in person and a ramp was available to improve accessibility for individuals with mobility needs.

The provider demonstrated an understanding of the rights of transgender patients and was committed to ensuring that all individuals were treated fairly and respectfully, regardless of gender identity or any other protected characteristic.

In the questionnaire, no respondents reported discrimination when accessing or using the service and they all felt they could access the right healthcare at the right time.

Citizen engagement and feedback

The service actively sought feedback from patients and used the information gathered to inform service development and improvement. The results of the patient survey conducted in 2025 were displayed within the reception area, demonstrating transparency and encouraging patient engagement. This included feedback on areas such as reception efficiency, the check-in process, the comfort of the reception area, the quality of medical treatment, staff courtesy, how potential side effects were explained and overall satisfaction.

In addition to formal surveys, the service monitored patient reviews received through its booking system, with positive feedback being recorded and reviewed. Patient feedback had informed service improvements, with consideration for more flexible appointment times. Whilst the service was unable to extend hours at this location, evening clinics were available at the provider's Pontypridd site. The provider was also developing its website to introduce digital medical record cards, enabling patients to complete information prior to attending appointments and monitor their weight loss progress online.

Delivery of Safe and Effective Care

Environment

The premises were safe, secure, clean and suitable for the delivery of healthcare services. Access to the clinic was controlled through an intercom entry system and the premises remained locked when not in use, helping to prevent unauthorised access.

During the inspection, the environment was observed to be clean, tidy and well maintained. Furniture, fixtures and fittings were in a good state of repair and there were no obvious hazards such as clutter or trip risks. The clinic was appropriately secured through lockable doors and windows.

Evidence was available to demonstrate that electrical safety requirements were being met which confirmed that electrical systems and equipment had been tested and were safe for use.

An up-to-date fire risk assessment, completed in October 2025, was available, along with evidence of annual fire safety checks. Fire-fighting equipment was maintained under an appropriate arrangement with the landlord and fire extinguishers were available outside the clinic. A fire drill had been completed recently, with staff instructed to assemble at a designated meeting point. Staff had completed fire safety training, fire exits were clearly signposted, no-smoking signs were displayed and an adequate means of escape was available via the main entrance.

Most patients in the questionnaire believed that accessibility was generally positive.

Managing risk and health and safety

The service provider has taken appropriate measures to manage risks to health and safety. A comprehensive, in date, Health and Safety and Risk Management Policy, was in place.

A current and suitable workplace health and safety risk assessment had been completed, with supporting evidence available. Appropriate arrangements were in place to respond to patient emergencies, supported by an up-to-date escalation policy and Business Continuity Plan, with key contact details readily available.

Infection prevention and control (IPC) and decontamination

There were appropriate arrangements in place to protect patients from healthcare-associated infections and promoted effective IPC. The Clinic Director held overall responsibility for ensuring robust infection control measures were implemented and regularly reviewed, with day-to-day oversight delegated to the registered manager.

Staff responsibilities were clearly defined within the IPC policy, reinforcing accountability across the service. The service operated in accordance with this in-date policy, which applied to all aspects of cleanliness and infection control within the premises. The policy aimed to maintain high standards of hygiene, effective housekeeping practices, accountability and infection prevention. Staff were required to follow standard infection control precautions, including effective hand hygiene, safe management and disposal of sharps, correct decontamination of equipment and safe disposal of clinical waste.

Cleaning schedules were reviewed during the inspection, including weekly cleaning records and completed tick sheets, providing evidence that routine cleaning activities were undertaken and monitored. The environment was visibly clean, uncluttered and maintained in a condition which supported effective infection control. Fixtures, fittings and clinical areas appeared suitable for cleaning and decontamination purposes.

Appropriate waste management arrangements were in place.

The service undertook a range of audits and monitoring activities. These processes provided assurance that infection control standards were maintained and that any issues could be identified and addressed promptly. No current IPC concerns were identified.

Staff had access to appropriate personal protective equipment (PPE), handwashing and sanitising facilities and were supported to maintain effective hand hygiene practices.

IPC procedures, decontamination processes and cleaning arrangements were supported by up-to-date policies and ongoing monitoring. Staff had completed IPC training appropriate to their roles, to ensure safe and effective practice throughout the

service.

Cleanliness was rated very highly in the patient questionnaire and all reported the clinic was very clean. Additionally, whilst 82% of patients reported that IPC measures were being followed, the remaining respondents stated they had not noticed or did not know.

Medicines management

The service had suitable arrangements in place for the prescribing, supply, storage and management of medicines. The clinic only prescribed weight management medications, which were supplied for patients to take off-site. Patient records reviewed included details of drug allergies and sensitivities, which were clearly documented.

At the time of the inspection, patient records were maintained in paper format. Whilst records were available, paper-based systems could present a risk of records being misplaced or lost. The registered manager stated that a secure, encrypted cloud-based system was being considered and that existing paper records would be scanned and transferred to the new system once operational.

Only approved weight loss medicines were prescribed and arrangements were in place to ensure medicines were stored safely and securely. There was evidence of regular monitoring of the temperature of the storage room and medicines fridge and there was a procedure if the temperature was identified as being outside of the required range. Appropriate policies and procedures supported medicines management, helping to ensure medicines were prescribed, supplied and monitored safely.

Safeguarding children and safeguarding vulnerable adults

The service had effective safeguarding systems in place to support the identification, reporting and management of safeguarding concerns, helping to ensure patients were protected from the risk of abuse and harm. Up-to-date safeguarding and whistleblowing policies were available and aligned with national legislation, local procedures and recognised safeguarding guidance. The safeguarding policy provided staff with clear information on recognising signs and symptoms of abuse, responding to concerns and accessing relevant safeguarding procedures.

A named safeguarding lead was identified within the policy, with designated

safeguarding contacts available, including arrangements for deputy cover when required. The policy contained relevant local authority contact details and references to national safeguarding resources to support staff in making referrals and seeking advice.

There was a whistleblowing policy which outlined how confidentiality would be maintained and how concerns would be investigated appropriately.

Patients accessing the service were required to be aged 18 years or over. Children were permitted on the premises only when accompanied and supervised by an adult at all times.

Staff had completed safeguarding training at the appropriate level and demonstrated awareness of their responsibilities.

Medical devices, equipment and diagnostic systems

The clinic had appropriate equipment and medical devices available to meet the needs of patients using the service. Responsibility for the maintenance and oversight of equipment rested with the registered manager. Clinical equipment, including calibrated sphygmomanometers, height measuring equipment and digital weighing scales, were available and in regular use.

Relevant servicing, testing and calibration certificates were reviewed and confirmed that the equipment had been appropriately maintained and was fit for purpose. This provided assurance that patient assessments were undertaken using accurate and reliable devices.

Safe and clinically effective care

The service was led by a doctor with significant expertise in the field, including a long-standing career as an NHS Consultant. This provided assurance that patients received care from a suitably qualified and experienced clinician with specialist knowledge of weight disorders and associated nutritional needs.

Appropriate safeguards were in place to ensure weight loss medications were prescribed safely. Patients underwent assessment and monitoring to identify any

contraindications to treatment, including eating disorders or psychological conditions that could place them at risk. Regular monitoring was undertaken using recognised measures, including BMI assessments, to evaluate treatment effectiveness and patient wellbeing.

Patients were supported throughout their weight management journey through scheduled four-weekly reviews, during which progress, medication effectiveness, side effects, hunger suppression and healthy lifestyle measures were discussed. The service provided ongoing access to advice and support between appointments where required.

Patients were supplied with information to support informed decision-making, including treatment information available through leaflets, brochures and online resources. Clear information regarding treatment costs was displayed within the clinic. Medicines were supplied through face-to-face consultations, with prescribing decisions informed by the patient's medical history, including information accessed through NHS Wales systems. Audits confirmed that only approved weight management medicines were prescribed. Patients were also provided with advice on the safe disposal of unused medicines and sharps, helping to ensure medicines were used and managed safely.

All patients in the questionnaire agreed their medical history was checked.

Participating in quality improvement activities

The provider had effective processes in place to monitor and improve the quality of services delivered. Regular IPC audits and patient surveys were undertaken, with feedback indicating positive patient experiences. We also noted that there was a no contact blood pressure cuff in the reception area that patients used to record their blood pressure before seeing the clinician.

Service improvements included the introduction of additional treatment options, providing patients with access to both tablet and injectable therapies, together with information about available medications.

An annual return had been completed in October 2025 as required by the relevant

regulations. Staff were aware of the process for reporting notifiable events, with concerns escalated to the registered manager, who would notify HIW as required.

Information management and communications technology

Patient data and information were managed securely through a paper-based records system. Patient records were stored in locked filing cabinets to maintain confidentiality and prevent unauthorised access.

Records management

The records reviewed indicated that patients received safe, clinically appropriate and well-monitored care. Patient records were generally well maintained, clear, accurate and easy to follow. We checked a sample of five patient medical records and noted that they were legible, organised and contained appropriate details relating to assessments, treatment provided, prescribed medications and clinical findings. Records demonstrated that valid consent had been obtained and documented. Entries were signed and dated, providing a clear audit trail of consultations, decisions made and actions agreed.

The service used a standardised consultation template, supporting consistency in record keeping and ensuring that significant medical conditions, current medications, treatment decisions and ongoing monitoring were recorded appropriately. Records were completed contemporaneously and reflected patients' individual circumstances, risks and treatment plans. Relevant risk assessments were undertaken during the initial consultation, with identified risks and subsequent actions clearly documented. The indication for prescribed medication, along with reasons for any discontinuation of treatment, was also recorded.

Patients underwent a suitability assessment before treatment commenced. Where treatment was considered inappropriate or contraindicated, patients were advised accordingly and directed to seek support from their GP or other appropriate healthcare services. We were told patients were not charged until a clinical assessment had confirmed their suitability for treatment.

Patients also had access to advice and support between appointments and were provided with information on significant side effects, including the signs and symptoms of pancreatitis and the actions to take should these occur.

Quality of Management and Leadership

Governance and accountability framework

Inspection findings indicated that in general the clinic was well governed, appropriately managed and supported by effective systems, policies and leadership arrangements that promoted the delivery of safe and high-quality care.

The service operated in accordance with its statement of purpose, which contained the required information, was up to date and available for patients at reception. An up-to-date patient guide was available on site which included information on how to obtain the most recent HIW inspection report and a summary of patient feedback. These documents were also available on the clinic's website.

A comprehensive suite of policies and procedures was in place and all documents reviewed were current. There was a clear process for reviewing, updating and approving policies before implementation. Staff were informed of new or amended policies through email communication or direct discussion, helping to ensure they remained aware of current guidance and expectations.

The service demonstrated effective systems for managing safety information. Drug and safety alerts, including those issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and Welsh Government, were reviewed by management and shared with staff where relevant to support safe practice.

The HIW registration certificate and schedule were prominently displayed, with registration details found to be accurate and the service operating in compliance with its conditions of registration. Evidence of current employers' liability and public liability insurance was also available.

Dealing with concerns and managing incidents

There were comprehensive and well-defined arrangements for managing concerns and complaints, ensuring patients were able to raise issues and receive a timely, appropriate response. Information about the complaint's procedure was available to patients on the reception noticeboard and in the statement of purpose. The complaint procedure could also be accessed digitally, allowing adjustments to meet individual communication needs, such as increasing text size.

The complaint's policy outlined clear procedures for receiving, recording, investigating and responding to complaints. The policy applied to complaints made against the clinic or any member of staff and covered both clinical and non-clinical concerns.

Complaints could be raised verbally or in writing by patients, or with consent by an authorised representative, relative, or visitor. Patients could also be signposted to HIW where appropriate. No complaints had been received during the previous 12 months.

The service had established timescales for handling complaints. All complaints would be recorded in a complaints log and acknowledged within two working days. A full response, including an explanation and, where appropriate, an apology, would ordinarily be provided within 20 working days. Where delays occurred, complainants would be informed of the reasons. The policy also emphasised the importance of identifying learning and implementing improvements to prevent recurrence. Records of complaints, investigations, outcomes and actions taken were retained in accordance with data protection requirements. Staff were aware of how to raise concerns through the complaints and whistleblowing processes and an up-to-date whistleblowing policy was available.

Information relating to patient feedback was included in the annual report and displayed in reception.

Workforce recruitment and employment practices

Appropriate recruitment and employment processes were in place to help safeguard the health, safety and welfare of patients. A formal recruitment procedure was available, outlining the arrangements for advertising vacancies, interviewing candidates, obtaining references and making offers of employment. Recruitment records reviewed contained the necessary documentation.

Appropriate pre-employment checks were undertaken before staff commenced work. The policy required two satisfactory and verified references for all appointments and DBS checks were completed for roles involving regular and unsupervised contact with patients. DBS documentation was available for review. Healthcare professionals were also required to maintain registration with their relevant regulatory body and evidence of current registration and appraisal documentation was seen, including verification through the General Medical Council register.

Systems were in place to ensure staff remained suitable to work within the service. We were told that staff were required to inform the service of any police cautions, convictions, or other circumstances that could affect their professional role. Training records and appraisal documentation were maintained and up to date. During the inspection, it was noted that annual self-declaration processes regarding ongoing suitability to their DBS status would further strengthen existing arrangements.

The registered manager must ensure that staff complete an annual self - declaration to confirm there have been no police cautions, convictions, or other circumstances that could affect their DBS status.

Workforce planning, training and organisational development

Staffing levels, training arrangements, supervision processes and staff support mechanisms were effective in enabling staff to deliver safe and high-quality care to patients.

Patients would only be booked in for a consultation when there was a clinician present. The bookings allowed sufficient time for the clinician to speak to the patient and deal with any concerns. Patients were routinely reviewed every four weeks to support ongoing monitoring and treatment.

A structured induction programme was in place for new staff. Induction was overseen by the registered manager and included relevant standard operating procedures, with staff required to sign records confirming their understanding. This helped ensure staff were appropriately prepared and supported in their roles from commencement of employment.

Staff were supported through annual performance reviews and regular communication with management. Formal staff meetings were held approximately every four months, with records available to demonstrate ongoing engagement and discussion of service matters. Staff also had access to online training and opportunities for further development where appropriate.

The registered manager monitored compliance with mandatory training requirements and ensured staff maintained the knowledge and skills required for their roles. Training records viewed showed staff had completed all required mandatory training.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: **Insert name**

Date of inspection: **Insert date**

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 non-compliance issues during this inspection.		
Improvement needed		Standard / Regulation	
1.			
Service Action:		Responsible officer	Timescale

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Albany Medical Centre (24 Bridge Street), Newport

Date of inspection: 29 July 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.	During the inspection, it was noted that annual self-declaration processes regarding ongoing suitability to their DBS status would further strengthen existing arrangements.	The registered manager must ensure that staff complete an annual self -declaration to confirm there have been no police cautions, convictions, or other circumstances that could affect their DBS status.	The Independent Health Care (Wales) Regulations 2011, regulation 21	All members of staff now required to complete annual self-declaration to confirm there have been no police cautions, convictions or other circumstances that could affect their DBS status, the manager has created the self-declaration and will keep the signed copies.	Clinical Director	Completed by 10 th October 2026

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): John Sutton

Job role: Manager

Date: 30/09/2026