Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Centre for Reproduction and Gynaecology Wales and the West, Swansea Clinic

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do. We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection at the Swansea Clinic of the Centre for Reproduction and Gynaecology Wales and the West on 10 January 2023.

Our team, for the inspection comprised of one HIW Healthcare Inspector and one clinical peer reviewer.

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

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our website.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
Patient feedback was positive, praising staff for their friendliness, kindness, compassion and professionalism.

Whilst the information on display at the setting was limited, there was extensive information on the website relating to health promotion and the needs of the patients.

We saw arrangements were in place to protect the privacy and dignity of patients when being seen at the setting. Discussions with the registered manager showed services were provided at the setting in a way that promoted and protected people's rights.

Suitable arrangements were described and demonstrated for obtaining valid patient consent prior to patients having their procedure.

The setting had a suitable process in place for patients or their carers to provide feedback about their experiences of using the service. However, the process of informing patients about this feedback could be improved.

This is what we recommend the service can improve:

- To enhance the feedback process by introducing a system to inform the patients about the feedback provided.

This is what the service did well:

- Good feedback provided by patients about the setting
- The system used to obtain patient consent.

Delivery of Safe and Effective Care

Overall summary:
The setting had suitable arrangements in place to provide safe and effective care to patients, supported by a range of relevant up-to-date written policies and procedures.

There were suitable arrangements and processes in place for infection prevention and control and the decontamination of equipment used at the setting.

Medicines used at the setting were stored securely and they were checked on a regular basis.

Patient records maintained at the setting were clear, accurate and legible.

This is what we recommend the service can improve

- Ensure that the range of audits completed at the main setting in Llantrisant are also completed at this setting.

This is what the service did well:

- The management of medication at the setting
- Patient records were clear and legible.

Quality of Management and Leadership

Overall summary:
The settings' aims and objectives and the services provided were clearly set out within an up-to-date statement of purpose and patient guide.

There was a suitable management structure with clear lines of reporting and accountability in place. Effective governance arrangements were described and demonstrated. Reports on the operation of the service had been produced in accordance with the requirements of regulation 28 of the Independent Health Care (Wales) Regulations 2011.

Staff had access to a range of training and we saw good compliance with mandatory staff training.

The setting needs to ensure that appraisals are completed in a timely manner.

This is what we recommend the service can improve

- Completing appraisals for all staff annually
- Ensuring that annual checks are carried out of the suitability of staff to be employed.

This is what the service did well:

- Ensuring the statement of purpose and patients' guide were up to date
- Complying with mandatory training of staff.

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

3. What we found

Quality of Patient Experience

Patient Feedback

HIW issued online surveys and paper questionnaires to obtain patient views on the service provided by the Centre for Reproduction & Gynaecology Wales (CRGW), Swansea, as part of the inspection. In total, we received 12 paper responses.

The responses and limited comments indicated an overwhelmingly positive patient experience for this setting. Most comments made were praising staff for their friendliness, kindness, compassion and professionalism. Patients were asked in the questionnaire to rate their overall experience of the service. Eleven of the 12 rated the service as 'very good' and one as 'good'. Patients told us:

> "The staff are always friendly and professional"
> "How compassionate the staff are - even the receptionist"
> "Showed kindness in a sensitive vulnerable situation."

Patients were asked in the questionnaires how the setting could improve the service it provides. One suggestion for improvement was made:

> "Suggest CRGW create documents / standard templates for … same sex couples rather than using M/F documents as standard."

Health promotion, protection and improvement
There was limited information on display at the setting, relating to fertility and self-help groups. We were told that there was information on an area of the website called patient information, including healthy steps that people could take. A check of the website confirmed the information available.

Consultations were completed online initially. Where patients had to visit the setting, they were questioned about any COVID-19 symptoms prior to the appointment.

Dignity and respect
There were no patients at the site during our inspection.

The environment was clean, bright and airy. There were curtains in the scanning rooms so patients could change in privacy. We were told that only one patient was

seen at any one time at the setting, with plenty of time between appointments to prevent crossover between patients. There was not a lift at the setting and the consultation rooms were on the first floor of the building. Any patients unable to use steps would be seen at the Llantrisant setting. Patients would complete a patient information form initially that would show whether there was this requirement for level access.

All patients who completed the questionnaire thought there was adequate seating in the waiting area and that there were adequate toilet or washroom facilities within a reasonable distance of the waiting area. All patients also agreed that staff treated them with dignity and respect and that measures were taken to protect their privacy during the appointment.

Patient information and consent
We were told that a patient booklet would be sent out to patients when they made the booking, that gave information on steps to take including consent, information on consultation costs, ages, counselling, support groups, treatments and cycle, terms and conditions.

The setting had recently appointed a Welsh speaking nurse, and one of the embryologists was learning Welsh. Also, one member of the administrative staff was able to speak Welsh. However, there was limited information displayed in Welsh. The setting should display a notice advising patients that if they wanted a service in Welsh to contact the receptionist.

There was information displayed by the inner door to the setting about the staff working at the service.

Only one patient, in the questionnaire selected Welsh as their preferred language. They said they were not actively offered the opportunity to speak Welsh and healthcare information was not available in Welsh.

We were told that informed consent was obtained through watching a series of fertility videos. There was a test at the end of each video that had to be passed before the patient could access the consent platform, which had to be completed by both parties involved in the treatment. Once the patient details form was signed, the setting then contacted the patients' general practitioner to make sure there was nothing relevant that they should be aware of, that would impact treatment.

All patients agreed that they were provided with enough information to help them understand their healthcare and that staff listened to them and answered their questions.

Communicating effectively
Patients could access the services by a variety of means including by phone, by calling at the setting and through filling out a form online. There was a hearing loop at the setting and for any profoundly deaf patients a local interpreter would be used. We were told that the setting would also contact the patients' preferred interpreter if they expressed a preference. A similar arrangement would be made for vision impaired or blind patients. The setting also had access to language line for any patients who needed to use this service.

All patients felt involved as much as they wanted to be in decisions about their healthcare. The patients who answered the questions said that they waited less than 15 minutes for their appointment.

Care planning and provision
Patients were helped to understand their care and treatment through the patient guide, during consultation. Additionally, patients had to use a fertility consent platform where they would be required to view a series of education videos relevant to the treatment, with a test at the end of the videos. The nurse would check the results of the test and if questions were answered incorrectly, they could further question the patients about this area, to ensure they were fully informed about the process.

Equality, diversity and human rights
We were told, and saw evidence, of the equality and diversity policy and mandatory training. The setting also offered same sex treatments and surrogacy for male couples. We were told that one of the nurses was being trained on surrogacy. Additionally, the setting offered treatment to transgender patients, prior to transition.

All patients said they felt they could access the right healthcare at the right time

Citizen engagement and feedback
The method used to obtain patients views was described. A patient feedback questionnaire was supplied to all patients, with the information collected monthly. The results were fed back into the team meetings and staff were praised where necessary, with the relevant information uploaded onto the website with the annual results. The latest annual information was on the statement of purpose. The setting should ensure that this information is also made available at the setting on a monthly and quarterly basis, as well as a board informing patients of the results of the feedback, such as a "you said, we did" board.

The details of organisations and advocacy support for assistance to raise concerns if they should need too, was displayed at the setting.

We were told that there were no recent or current complaints. Verbal or informal complaints would be captured on a minor complaint form which would be investigated by the operations manager, although there had not been any for this setting. Any information from complaints would be shared with staff at whole clinic meetings bimonthly and if the information was for a specific team, this feedback would be given directly to that team.

Delivery of Safe and Effective Care

Managing risk and health and safety
We were told that emergency cases were not seen at the setting and patients would be risk assessed at their first point of contact, so that consideration could be given to any potential health emergencies. This was documented along with the actions to be taken in the event of an emergency and the availability of the nearest defibrillator.

Whilst the environment appeared to be well maintained, clean and in a good state of repair, at the time of the inspection there had been an ingress of water due to leaks in the roof that was being investigated. The setting was suitable for the way it was used as well as being safe and secure. There were no hazards in the environment, with no clutter or tripping hazards. The environment also protected patient privacy. However, in order to further enhance staff safety an emergency call bell or panic button should be installed in consultation rooms and the reception area.

Infection prevention and control (IPC) and decontamination
There was no shared equipment used and reusable medical devices would be stored and decontaminated appropriately. Sharps and sharps bins were stored safely in the consulting rooms and the setting used a specialist company to dispose of the sharps bins. There were posters displayed in the consultation rooms on the actions to be taken following a needle stick injury. There was also a sharps policy and a policy on decontamination of medical devices / equipment, single use equipment and a policy for decontamination of non-invasive reusable care equipment.

Although only the responsible individual and registered manager were present at the setting on the day of the inspection, they were both aware of their role relating to infection control. There was evidence of regular infection control risk assessments to monitor the risks of infection. We saw evidence that staff had completed the relevant IPC training.

There were IPC policies and procedures in place that staff had access to including an infection control standard precaution policy. The policy sections included reference to personal protection equipment, waste, training, occupational health, management of blood and bodily fluids. Staff wore the relevant PPE such as masks, apron and gloves when seeing patients.

Staff received mandatory training on risks of legionella and staff record running taps weekly as well as sending samples of water to a contractor for them to check

for legionella. There was also a legionella risk assessment dated 2017 as well as records of weekly testing of taps.

The relevant IPC audits were mainly completed at the Llantrisant setting on a monthly basis. The same audits need to be completed at the Swansea setting.

We saw the cleaning records and schedules for the setting. Nurses would clean their own scan machine and clinical area.

All patients who completed the questionnaire said that the setting was very clean. All bar two patients told us that, in their opinion, COVID-19 infection control measures were being followed where appropriate. The other two stated that they did not know or did not notice.

Medicines management
The setting had a contract with a company to supply medication to the setting and directly to the patient where necessary. Medication being prescribed to patients was recorded consistently and contemporaneously on the patient records.

There were good procedures in place to ensure that the limited medication stored at the setting was appropriately checked on a weekly basis and kept under lock and key.

We saw an up-to-date medicines management policy and procedures that covered the relevant aspects of medicines management in the organisation. The setting were aware of the need to use the yellow card scheme online to report any suspected adverse drug reactions to medications.

Safeguarding children and safeguarding vulnerable adults
We were told that patients were not encouraged to bring their children into the premises.

There were safeguarding policies and procedures in place that appeared to be in line with national policy and legislation, as well as local area procedures. The policy was recently revised, including local contact numbers and details of the multi-agency safeguarding hub.

The lead nurse was the designated safeguarding lead. The training matrix showed that staff had received training updates in safeguarding up to level two for vulnerable adults. Regarding reporting concerns, we were told that any issues identified by staff would be reported to the lead nurse.

Medical devices, equipment and diagnostic systems
The setting had the relevant equipment and medical devices to meet the needs of the patients. Equipment was maintained initially by staff and the management also ensured that the relevant servicing was carried out as necessary.

Safe and clinically effective care
Consultations were carried out initially online. When a patient was required to attend the setting there was only a one week wait for an appointment. The length of the appointment was agreed in advance between the treatment provider and the patient. As a result, the number of staff was appropriate to the needs of the patient.

Staff had access to the relevant clinical policies and procedures online.

Participating in quality improvement activities
The registered manager stated that the lead embryologist and responsible individual present on their specialist subjects regularly to outside audiences. The setting also had an embryoscope for patients to see the embryo without the embryo being disturbed.

Records management
There was evidence of clear record keeping on the five patient records that we checked. The setting also considered the welfare of children born following the use of assisted conception techniques. We also saw an online consent form which was robust and clear.

Patients were given clear information about their treatment and management options so that they could understand the service being provided. This was in paper format and also online.

Overall, the check of the patient records was considered to be good showing an accurate summary of the medications prescribed and why and also the treatments undertaken to ensure that patients needs were appropriately assessed.

All records were stored electronically on the system used and backed up on a daily basis. Emails were sent via a secure email system.

Quality of Management and Leadership

Governance and accountability framework
There was an up-to-date statement of purpose and patient guide available at the setting. The services provided were in accordance with both the certificate of registration and the statement of purpose.

Appropriate governance arrangements were in place, with a clear reporting line for staff to follow. There was also evidence of relevant risk assessments.

We were told that the responsible individual visited the setting on a regular basis and an annual report had been written that covered 2022.

Evidence of the bimonthly meetings were seen, that included information for staff such as the clinical governance summary report, screening requirements and setting success rates. We were told that any lessons learned from incidents or events would also be shared at these meetings.

Dealing with concerns and managing incidents
We were told that there had not been any concerns or incidents at the setting. The system that would be used to manage any concerns and incidents was satisfactorily described.

Workforce planning, training and organisational development
The number of staff employed at the setting was sufficient for the activity and appointments booked. There was evidence that they had the appropriate skill mix to meet patients' needs

We were told that the rate of staff turnover and sickness was low. Whilst there was a process in place to ensure regular supervision and appraisals and that whilst the appraisals for nurses was up to date, the appraisals for administrative staff had not been completed since July 2021. The registered manager stated that these would be completed by the end of the month. The setting needed to ensure that appraisals are completed in a timely manner.

We were told that in addition to their mandatory training, opportunities were available to staff and that the organisation would encourage and support them in this training where possible. Evidence was seen of the training matrix maintained to record staff training, which showed that staff were up to date with this training.

Workforce recruitment and employment practices
The relevant pre-employment checks that would be taken were described. The

need for revalidation was overseen by the senior nurse for nurses and doctors completed their validation with the GMC. We were told that disclosure and barring services (DBS) checks would be completed through TotalCRB, a registered umbrella body for the DBS providing DBS checks online throughout the UK. Whilst there was evidence that staff had completed DBS checks in the past, annual certification by staff to state that there had been no changes to their circumstances had not been carried out.

There was an employee assistance programme with 24 hour help for staff and relatives and dependants.

Records on staff immunisation status were kept at the Llantrisant setting.

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 summaries 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: Centre for Reproduction and Gynaecology Wales and the West, Swansea

Date of inspection: 10 January 2023

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues.				

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: Centre for Reproduction and Gynaecology Wales and the West, Swansea

Date of inspection: 10 January 2023

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider must ensure that patients who may wish to communicate through the medium of Welsh are able to do so.	The Independent Health Care (Wales) Regulations (IHR) 2011, regulation 13 (1). National Minimum Standards (NMS), Standard 9 Patient Information and Consent.	We will display a sign in the reception areas to state that if a person wishes to communicate in the medium of Welsh, please let a member of staff know and where are able we will arrange a suitable time for a Welsh speaker to call them to arrange/discuss.	Ann-Louise Lane	4 weeks
The registered provider must implement a display within an area accessible to patients,	IHR 2011 regulation 15 (1)(a).	We will arrange a display for the reception area to publicise and capture feedback via the patient	Emma Weatherall	12 weeks

similar to a 'you said, we did' board to inform patients of the results of feedback provided.	NMS Standard 5 Citizen Engagement and Feedback	satisfaction questionnaires and reviews and actions that we have been able to implement or change to reflect the feedback received.		
The registered provider must ensure that staff working alone in consulting rooms and in the reception area, have a method of summoning help, such as an emergency call bell, to further enhance their safety.	IHR 2011 regulation 26 (2) (a). NMS Standard 7 Safe and Clinically Effective Care.	We are looking at an alert system that would notify other member of the team if an issue arose and therefore allowing the ability to call an appropriate person circumstance dependant.	Amanda O'Leary	6 months
The registered provider is to ensure that the same range of infection prevention control audits are carried out in the Swansea setting as in the main clinic at Llantrisant.	IHR regulation19 (2) (c) (ii). NMS Standard 6 Participating in Quality Improvement Activities.	This will be built in to the audit calendar as part of the annual process.	Ann-Louise Lane	Immediate
The registered provider is to ensure that annual appraisals are up-to-date and carried out in a timely manner.	IHR regulation 20 (2) (a) and (3). NMS Standard 25 Workforce Planning, Training	Training will be provided to additional suitable admin leads so that if any absences occur, then the appraisals are still able to proceed without having to	Ann-Louise Lane	Immediate

	and Organisational Development.	postpone for longer periods of time than necessary.		
The registered provider is to ensure that annual self-certifications carried out of staff, requiring them to provide information as to their continued integrity and good character.	IHR regulation 21. NMS Standard 24 Workforce Recruitment and Employment Practices.	An email for all current live contracts will be sent to those employees to confirm their status and no changes.	Ann-Louise Lane	4 weeks

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): **Ann-Louise Lane**

Job role: **Practice Manager**

Date: **7th March 2023**