

# Inspection Summary Report

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

Inspection date: 10 January 2023

Publication date: 12 April 2023



This summary document provides an overview of the outcome of the inspection



The clinic had suitable arrangements in place to provide safe and effective care to patients. Patient feedback about their experiences of attending the clinic was very positive.

We found staff placed an emphasis on promoting the privacy and dignity of patients and on protecting their rights when visiting the clinic.

The clinical records were well organised and easy to understand. They were clear, accurate and legible.

We found staff placed an emphasis on promoting the privacy and dignity of patients and on protecting their rights when visiting the clinic.

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.

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



# 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.

This summary version of the report is designed for members of the public.

A full report, which 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 can be found on our [website](#).



# Quality of Patient Experience



## Overall Summary

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.

## Where the service could improve

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

## What we found this service did well

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

**Patients told us:**

**“No improvements required.”**

**“Suggest CRGW provide separate documents for same sex. Suggest CRGW create documents / standard templates for F/F same sex couples rather than using M/F documents as standard.”**

**“Staff are very friendly”**

**“The staff are always friendly and professional”**

**“How compassionate the staff are - even the receptionist”**

**“Showed kindness in a sensitive vulnerable situation.”**

# 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.

## Where the service could improve

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

## What we found this 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.

## Where the service could improve

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

## What we found this service did well

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

## 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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

