

Independent Healthcare Inspection (Announced)

Centre for reproduction and
Gynaecology Wales

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2018

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Centre for Reproduction and Gynaecology Wales (CRGW), on 5 December 2018.

Our team, for the inspection comprised of a HIW inspector and a clinical peer reviewer. The inspection was led by the HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found that the Centre for Reproduction and Gynaecology Wales (CRGW) had arrangements in place to promote the safety and wellbeing of patients attending the clinic.

This is what we found the service did well:

- Environment and facilities
- Patient Information and communication
- Policies and procedures
- Record keeping
- Management overview
- Auditing and reporting.

This is what we recommend the service could improve:

We did not identify any aspects of the service that required improvement and there were no areas of non compliance identified at this inspection.

3. What we found

Background of the service

The Centre for Reproduction and Gynaecology Wales (CRGW) is registered as an independent hospital at Ely Meadows (Medi-Science Park), Rhodfa Marics, Llantrisant, CF72 8XL. The service provides day patient fertility services for adults. The service was first registered on 30 July 2010.

The service employs a staff team which includes four consultant obstetrician and gynaecologists, three fertility nurses, three nursing assistants, four embryologists, a practice manager and administration staff.

A range of services are provided which include:

- IVF (In Vitro Fertilisation)
- ICSI (Intracytoplasmic Sperm Injection)
- IUI (Intrauterine Insemination)
- Ovulation Induction and Intrauterine Insemination (OI/IUI)
- Egg donation
- Egg sharing
- Blastocyst culture
- Assisted hatching
- Embryo freezing
- EmbryoScope time-lapse imaging
- Sperm freezing
- Surgical sperm retrieval.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients provided positive feedback about their experiences of using services provided at the clinic.

We found that staff at the clinic treated patients with politeness and respect. We saw that arrangements were in place to promote and protect patients' privacy and dignity. Arrangements were also in place for patients to provide their views on the services provided.

Prior to the inspection we distributed HIW questionnaires to patients to obtain their views on the standard of care they have received at the setting. In total, we received 10 completed questionnaires.

Feedback provided by patients in the questionnaires was very positive; they rated the care and treatment provided at the clinic as excellent with all patients agreeing that staff were kind and sensitive when carrying out care and treatment and that staff provided care when it was needed. Comments provided in the questionnaires about the care provided at the clinic included:

“Professional yet friendly and approachable. Very easy to access help and supportive”

“My husband and I both feel this is a very warm and welcoming place. Staff are both knowledgeable and informative, you can tell they all enjoy the order here”

“Staff made extra efforts to make sure we understood treatment”

Health promotion, protection and improvement

There was information available for patients on how they can take responsibility for their own health and wellbeing.

Leaflets were freely available in the waiting room relating to services offered at the clinic. The service also has a website detailing the services offered.

Dignity and respect

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the staff at CRGW. Where appropriate, all patients agreed that staff were always polite and listened, both to them and to their friends and family, and told us that staff called them by their preferred name. One patient told us:

“Staff we have met have been very informative, friendly and polite”

All patients agreed that staff had talked to them about their medical conditions and helped them to understand them.

During our visit, we noted that patients were arriving and being seen quickly, there did not seem to be long periods of waiting.

We found that arrangements were in place to promote patients' privacy and dignity and we saw staff engaging with patients in a respectful and professional manner both during telephone conversations and face to face.

The clinic had four treatment rooms on the ground floor with a small waiting area, sample collection room, theatres and laboratory facilities. The main reception was located on the first floor together with four scanning/consulting rooms, two consulting rooms and a conference/training room. Appropriate toilet facilities were located on both floors.

We saw that doors were closed during consultations. Privacy curtains were provided around examination couches to maintain patients' privacy and dignity during consultations or when they were receiving treatment.

Information was displayed informing patients of their right to have a chaperone present when being seen by healthcare staff. The use of chaperones aims to protect both the healthcare professional and patient when the patient is examined by the healthcare professional.

We saw reception staff welcoming patients in a friendly manner and being polite and courteous when speaking to them. One of the consulting rooms could be used in the event of patients wishing to speak with staff in private. Patients who provided comments also told us that staff were always polite and were kind when carrying out care and treatment.

Patient information and consent

As described earlier there was some health promotion material available.

The registered persons had produced a Statement of Purpose and combined Patients' Guide as required by the regulations. These set out information about the clinic and included information about the services offered, how they could be accessed and the arrangements for consent to treatment. There was also an up to date written policy on obtaining valid patient consent.

Obtaining consent from patients going through fertility treatments is a key part of the process. We discussed this with staff and were assured by their knowledge and understanding of consent and the complex legal issues that relate to fertility treatment. We concluded that their knowledge of this subject had sufficient depth to ensure they would do their utmost to handle this process as sensitively and carefully as possible to ensure that patients understand the breadth of legalities surrounding fertility treatment.

All patients who completed a questionnaire agreed that they were provided with enough information about their treatment, including information about the different treatment options available and any associated risks, and information about the costs involved.

Communicating effectively

All but one of the patients confirmed in the questionnaires that they were offered the option to communicate with staff in the language of their choice.

The majority of information provided in leaflet form and on the website, was provided in English only. Given that the clinic operates in Wales, further efforts should be made to routinely provide information in both Welsh and English.

Efforts should also be made to provide information in other languages and formats, taking into consideration the communication needs and wishes of patients using the service.

There was a hearing loop available to assist those patients who are hard of hearing (and who wear hearing aids) to communicate with staff at the clinic.

We saw suitable signs displayed to assist patients to find their way around the clinic.

Care planning and provision

The arrangements for providing care and treatment were set out within the Statement of Purpose.

Generally, access to the clinic's services was through referral by the patient's General Practitioner. For some services, patients could self refer.

Arrangements were described for the comprehensive assessment of patients, by healthcare professionals employed at the clinic, to identify patients' individual care and treatment needs.

We found that General Practitioners, when referring patients to the clinic, usually provided comprehensive background information about past medical histories, prescribed medication, allergies etc.

Equality, diversity and human rights

The Statement of Purpose and information posted on the clinic's website, clearly sets out that services are provided having due regard to patients rights.

There was disabled parking available adjacent to the clinic and good, level access to the main entrance. Access to the first floor was by means of a stairway and a lift.

Citizen engagement and feedback

Patients had opportunities to comment on their experiences of visiting the clinic with questionnaires being handed to patients at each consultation or treatment for patients to provide feedback on an ongoing basis. These questionnaires were being collated and reported on each month culminating in the completion of an annual patient satisfaction report.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that the staff team were committed to providing patients with safe and effective care.

We found that the clinic had arrangements in place to promote the safety and wellbeing of patients, visitors and staff.

The clinic was clean and tidy and arrangements were in place to reduce cross infection.

There were good medication management processes in place and effective processes for checking the equipment used.

Managing risk and health and safety

The clinic environment appeared well maintained and in a good state of repair.

We saw that all areas were clean and tidy and free of obvious hazards.

Fire exits and escape routes were clearly identified. We saw records to show that fire safety equipment and portable electrical appliances had been checked to make sure they were working and safe to use.

General and more specific risk assessments were being conducted on a regular basis.

Infection prevention and control (IPC) and decontamination

No concerns were expressed by patients over the cleanliness of the clinic. All the patients who completed a questionnaire strongly agreed that the environment was both clean and tidy.

Written policies and procedures were available to help guide staff on infection prevention and control. One of the nurses assumed lead responsibility for infection prevention and control within the clinic. All staff had received up to date training on this subject.

Designated staff were employed to clean general areas within the clinic with the clinical areas being cleaned by the nursing staff.

All laundry was being undertaken in-house by one of the health care assistants. Suitable arrangements were in place to ensure that laundry was being processed appropriately and records were maintained to confirm that the laundry was being washed at the correct temperature.

Liquid waste was being disposed of appropriately without contaminating clean items and areas.

We saw that the clinic was clean and tidy. We also saw that staff had access to personal protective equipment (PPE) to help prevent cross infection. Hand washing facilities were available. Effective hand washing is important to promote infection prevention and control.

Minor surgery procedures were performed by some of the clinicians who use the clinic. Some of the instruments used during these procedures were single patient use only and whilst other instruments were sent to the nearby general hospital to be sterilized. This meant that instruments were effectively decontaminated and so promoted effective infection prevention and control. We saw that medical sharps (such as needles) had been placed in appropriate containers for safe disposal. This helps reduce the risk of injury (to staff and patients) and cross infection from used sharps.

Medicines management

A written policy was available on the management of medicines used at the clinic.

One of the nurses had responsibility for medicines management. This included overseeing the ordering, obtaining, safe storage and disposal of medicines. A pharmacist, based at the nearby general hospital also visited the clinic to provide guidance and support to staff if required.

We saw that medicines at the clinic were stored safely and securely. Records were maintained of medicines administered to patients. These records showed that patients had been asked about known allergies to promote their safety and wellbeing prior to medication being prescribed/administered as part of their care and treatment.

Safeguarding children and safeguarding vulnerable adults

Written policies and procedures were available to guide staff on the action to take should they suspect abuse of children or adults who become vulnerable or

at risk. These included contact details for health board and local authority safeguarding teams. Staff working at the clinic had completed safeguarding training to a level appropriate to their roles. Two of the consultants assumed a lead role in safeguarding and staff were clear of their responsibilities in relation to reporting safeguarding issues.

Medical devices, equipment and diagnostic systems

A range of equipment was available at the clinic to support the provision of care and treatment to patients. We saw evidence that this equipment was being tested/calibrated on a regular basis to ensure that they were safe to use and providing accurate readings.

Equipment and drugs for use in the event of a patient emergency (collapse) were available and checked on a daily basis by the designated staff member. Furthermore, staff had received updated resuscitation training and have links with the resuscitation officer based at the local general hospital.

Safe and clinically effective care

From our discussions with staff and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

There was evidence of very good multi disciplinary working between the nursing, medical staff and laboratory staff.

We found that treatment and care was based on agreed best practice guidelines. The service is consultant led and includes medical staff with additional specialist training specific to this area of work. There are also specially trained fertility nurses who have additional skills and can undertake some of the clinical procedures, including scans.

A range of written policies and procedures were available to support the operation of the clinic. These were being reviewed and updated on a regular basis.

Policies and procedures were in place to ensure that healthcare professionals were practising in line with evidence based clinical guidelines.

We reviewed a sample of patient medical records and found that they were organised and legible. The records reviewed contained details of the clinician making the record together with sufficient details of the clinical findings and the care/treatment given to each patient.

Information management and communications technology

There was a robust information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintaining confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

Records management

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely, both electronically and in paper format.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

We found good management and leadership at the clinic with staff commenting positively on the support that they received from their peers and from the manager.

Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the management structure within the organisation and that the communication between management and staff was effective.

Staff were able to describe their individual roles and responsibilities and told us they had access to the training and guidance that they needed to undertake their duties.

Governance and accountability framework

There was a robust management structure in place and clear lines of reporting were described.

We found that there were well defined systems and processes in place to ensure that the focus is on continuously improving the services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place. Staff we spoke with during our inspection confirmed that they felt supported in their work by their manager and colleagues.

Both the registered manager and responsible individual work at the clinic on a regular basis and are on hand to support staff and to monitor the quality of the services provided.

We were satisfied with the level of oversight of the service by members of the senior management team and board. However, we discussed the need for the registered person to ensure that they fully discharge their obligations under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, in respect of visits to the clinic and the production and sharing of reports following such visits.

Dealing with concerns and managing incidents

Just under half of the patients who completed a questionnaire told us that they would not know how to make a complaint if they were unhappy with the service provided at the clinic.

However, we found that a written complaints procedure was available and that details of how patients could make a complaint were included within the Statement of Purpose, on the website and in the patient information file located in the waiting area. These clearly set out the timescales for acknowledging and responding to complaints. In accordance with the regulations, the contact details of HIW were also included. At the time of our inspection, there were no active complaints.

Arrangements were described for reviewing significant incidents and sharing learning from these to promote patient safety and well being. Significant incidents were formally reported and outcomes and lessons learnt shared with all staff members.

Workforce planning, training and organisational development

We spoke with a number of staff working on the day of our inspection. All were able to describe their roles and how they contributed to the overall operation of the clinic. At the time of our inspection, a health care assistant/receptionist post was vacant with interviews scheduled.

Medical/consulting and laboratory services were provided by doctors, nurses and technicians directly employed by the clinic. Suitable checks had been undertaken in relation to their registration with respective professional bodies.

Information contained within the staff files inspected demonstrated that staff had attended mandatory training and other training relevant to their roles.

We found that all staff had received an appraisal of their work performance within the last 12 months.

Workforce recruitment and employment practices

Workforce recruitment practices and procedures were being followed in line with regulations and standards.

We looked at staff records and found that the clinic had followed the appropriate procedures and undertaken relevant recruitment checks prior to their commencement in post.

We saw evidence to confirm that each member of staff had undertaken a Disclosure and Barring Service (DBS) check as required by the regulations.

4. What next?

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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- 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.

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.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our 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 – Improvement plan

Service: Centre for Reproduction and Gynaecology Wales

Date of inspection: 5 December 2018

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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
No Improvement needed.				
Delivery of safe and effective care				
No improvement needed.				
Quality of management and leadership				
No improvement needed.				

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: