

Quality Check Summary

Centre for Reproduction & Gynaecology Wales & West

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Centre for Reproduction and Gynaecology Wales and West (CRGW) as part of its programme of assurance work. CRGW is an independent hospital specialising in fertility and reproductive health located in Llantrisant, Rhondda Cynon Taff. Treatments offered include IUI¹, IVF² including ICSI³. The service offers these treatments with partner or donor eggs and / or sperm and also provides embryo⁴, oocyte⁵ and sperm freezing to patients for future fertility treatment(s).

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Independent Health Care (Wales) Regulations 2011. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the registered manager on 1 February 2022 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How are you ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How has the practice and the services it provides adapted during this period of COVID-19?

¹ "IUI (Intrauterine insemination) is a fertility treatment where sperm are placed directly into a woman's uterus

² "IVF" (In-vitro Fertilisation) is a medical procedure whereby a woman's eggs are fertilised by sperm outside of her body in a test tube

³ "ICSI" (Intracytoplasmic Sperm Injection) is a form of IVF but includes injecting a male's sperm is directly injected into a female's egg outside of the body.

⁴ An "embryo" is a human offspring during the period from approximately the second to the eighth week after fertilization (after which it is usually termed a fetus)

⁵ An "oocyte" is a female egg cell in the process of development.

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- How do you ensure that equality and a rights based approach are embedded across the service?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- The most recent environmental risk assessments / audits
- Fire safety policies / procedures, including fire safety risk assessment(if applicable)
- Electrical Safety Certification.

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

The registered manager told us of the changes that had been made to the clinic environment that enabled patients to be seen during the COVID-19 pandemic. We were told that fertility treatment cycle numbers had been reduced in order to reduce the footfall through the clinic each day. Notices were placed in the waiting areas and on entry to the building to remind patients of the precautions in use at the clinic to prevent against the risk of COVID-19. In addition, the clinic website had a dedicated section to explain the enhanced procedures in place to patients and visitors.

Patients were asked to attend alone and to pre-book appointments whenever possible. Masks were required to be worn upon entering the building and hand sanitiser stations were available upon entry and throughout the clinic building.

We were told that plastic screens had been installed at the reception desk and in the foyer to protect patients and staff and stickers had been placed on the floors to encourage patients and staff to socially distance. The registered manager told us that seating in the waiting area had also been appropriately spaced to allow for social distancing.

The fertility clinic is purpose built and based over two floors. Patient areas include the waiting room, consultation rooms, medical theatres including single occupancy recovery rooms and dedicated scanning rooms. The registered manager told us that a lift was available for patients with accessibility difficulties to access areas on the first floor and that the clinic offered a translation service for patients who did not speak English. In addition, we were told

that members of staff were expected to complete a training course in equality as part of their annual mandatory training. We noted that the clinic actively encouraged same-sex and trans-gender patients to approach them for fertility treatment and that treatment was available to all.

We asked the registered manager to describe the provisions in place to encourage patients to communicate through the medium of Welsh. We were told that some posters were available bilingually and that two members of staff were currently undertaking courses in Welsh in order to encourage the use of the Welsh language.

We saw evidence of recently completed assessments on gas and electrical safety and fire safety equipment. We were told by the registered manager that remedial actions indicated on these assessments had been recently addressed.

No areas for improvement were identified:

Infection prevention and control (IPC)

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Generic infection control policies and Covid-19 specific policies
- COVID-19 risk assessments
- Most recent hand hygiene audit results
- Most recent infection control risk assessments / audits
- Cleaning schedules and checklists
- Waste management policy
- Sharps injury (needlestick) protocols.

The following positive evidence was received:

We asked the registered manager to inform us of the policies and procedures in place to protect patients and staff when treatment or consultations were taking place. We were told that the clinic followed the most recent guidance issued by the Chief Medical Officer for Wales. This meant that patients could be seen safely at the clinic. The registered manager informed us that staff at the clinic were kept informed of updates to this guidance by regular staff meetings. These meetings were minuted and available for staff to read. Peer discussions and e-mail would also be used, to ensure all staff were aware of important information regarding updates to COVID-19 guidelines.

The registered manager informed us that they had put in place a series of contingency plans in order to ensure the clinic could provide a continuous service and continuity of care to patients. These included implementing staff “bubbles” to reduce the potential for large numbers of staff needing to self-isolate. In addition, staff had undertaken COVID-19 risk assessments to ensure they were safe to work. Pregnant staff or those indicated at higher risk from COVID-19 were reassigned to different areas of the clinic in order to protect them.

We were told by the registered manager that all staff had undertaken training in how to correctly don and doff⁶ personal protective equipment (PPE) and in correct hand hygiene. This was achieved using an online course and formed part of the mandatory training staff are required to complete annually.

The registered manager informed us that cleaning of the clinic was undertaken by an external company with a formal contract in place. We were told that, in addition to the routine cleaning schedule, additional cleaning was taking place to include frequently touched items such as light switches, door handles and bannisters. We saw that cleaning checklists were in place and had been signed, dated and completed for each area of the clinic to ensure that that a clean environment was being maintained for patients, staff and visitors.

Desks within office areas of the clinic had screens placed in between them and staff were encouraged to use the same desk at all times to prevent the risk of cross infection. Disinfectant wipes were provided to staff for them to clean their work station after each use.

The registered manager told us that patient consultations had moved online and now took place using video conferencing software. Patients that were required to attend the clinic were asked to fill out a questionnaire online to check for symptoms of COVID-19 in advance of their appointment. Patients with COVID-19 would have their treatment paused and would not be seen in person at the clinic. Dedicated counselling services were available for patients undergoing treatment that had needed to pause their IVF cycle as a result of COVID-19.

We asked the registered manager about the arrangements for ensuring there were sufficient stocks of PPE. We were told that this responsibility was delegated to the lead healthcare assistant who was provided with designated time every two weeks to check stock levels and order supplies.

We saw evidence of comprehensive IPC policies, cleaning policies and risk assessments to protect against COVID-19.

No areas for improvement were identified.

⁶ “donning” and “doffing” of Personal Protective Equipment refers to the putting on and taking off of items such as masks, gloves, eye protection, surgical gowns or aprons.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care.

The key documents we reviewed included:

- The latest responsible individual visit report in accordance with Regulation 28 of the Independent Health Care (Wales) Regulations 2011
- Informed consent policies / procedures
- Mandatory training records for all staff
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety
- The latest building maintenance documents - five yearly wiring check, gas certificate (if applicable) and fire servicing documentation
- Patient guide
- Statement of purpose
- Organisational charts
- Recruitment policy

The following positive evidence was received:

The responsible individual (RI)⁷ for CRGW is a specialist in reproductive medicine, obstetrics and gynaecology. The RI is supported in their role by the registered manager who is also the practice manager of the clinic. The clinic also employed a further two fertility specialists, two embryologists⁸, four nurses, three healthcare assistants and an administration team consisting of seven employees. Staff work across both the Llantrisant and Swansea clinic sites. We were told that there was a very low rate of staff turnover with most staff having been employed at the clinic for many years. At the time of the quality check we were told that no staff had been absent due to long term sickness. We were told that the clinic is currently recruiting one embryologist, two members of administration staff, one clinician and two nurses.

We saw evidence of a comprehensive mandatory training programme that had been completed by all staff and a robust recruitment policy. This policy detailed the pre-employment checks required for all new staff to undertake, to ensure that they were fit to carry out their roles.

⁷ “Responsible Individual” is the legal representative of the limited company operating as the independent hospital

⁸ An embryologist is a scientist, typically found in a fertility clinic or lab that is involved in reproductive research or fertility assessments. Embryologists are scientists who may facilitate testing, sample retrieval, and laboratory work for assisted reproductive technologies (ART) like in vitro fertilization (IVF).

The clinic also provided us with their statement of purpose and patient guide which detailed staffing arrangements, services offered and how to complain should a patient feel this was required. Both documents were comprehensive and in line with the regulations governing Independent Healthcare in Wales.

We asked the registered manager about the process for ensuring prompt reporting to HIW of notifiable incidents, such as an outbreak of an infectious disease. We were told that all staff were aware that such incidents needed to be reported to HIW in a timely manner and how to do this if necessary.

The registered manager described the process for checking of emergency drugs and equipment. We were told that this responsibility was delegated to nursing staff. Emergency drugs and equipment were checked each morning and were kept on a designated trolley near to the operating theatres and easily accessible to all staff. Maintenance and servicing of all emergency equipment was in line with manufacturers' guidelines, including the emergency defibrillator.

We were provided with a medicines management policy to cover the use of controlled drugs (CD's)⁹. The registered manager informed us that nursing staff were responsible for carrying out checks on the medicines and controlled drugs kept on site. We were told that the responsible individual however provided oversight of the responsibility to ensure controlled drugs were held safely and in accordance with the legislation governing their storage and use.

No areas for improvements were identified.

⁹ The term 'controlled drug' is defined by the Misuse of Drugs Act 1971 ("the Act") as 'any substance or product for the time being specified in Part I, II or III of Schedule 2 of the Misuse of Drugs Act 1971'. Controlled drugs are subject to strict legal controls and legislation determines how they are prescribed, supplied, stored and destroyed.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.