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Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Care Fertility Cardiff

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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.



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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 Care Fertility Cardiff on 21 August 2026.

Our team for the inspection comprised of a 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of seven questionnaires were completed by patients or their carers and six were completed by staff. 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.

The Human Fertilisation and Embryology Authority (HFEA) regulate fertility clinics and projects involving research with human embryos across the UK. The work of the HFEA is different to the work of HIW and involves licensing, inspections and setting standards. Information on what the HFEA do, including how they regulate, and how to access their inspection reports can be found on the HFEA website.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Overall, the service provided safe, effective, compassionate and person-centred care. The clinic delivered a highly positive patient experience, supported by strong systems, compassionate care and a clear commitment to continuous improvement. Patient feedback was exceptionally positive, with all seven respondents to the HIW questionnaire rating the service as very good. Patients consistently praised staff for their professionalism, kindness, compassion and the high level of support provided throughout their treatment journey.

The clinic actively promoted health and wellbeing by providing a range of fertility-related information and educational resources. Patients had access to guidance on fertility conditions, treatment options, healthy lifestyle choices and support services. Additional resources, including smoking cessation advice and nutritional support programmes, were available to help patients optimise their health before treatment.

Staff treated patients courteously and professionally, consultation rooms supported confidentiality and a clear chaperone process was in place. Patients reported that staff listened to them, involved them in decisions about their care and explained treatments clearly.

Consent arrangements ensured patients were provided with sufficient information to make informed decisions. Patients understood the benefits, risks and implications of treatment and consent processes were appropriately documented and supported by clear policies.

Communication arrangements were effective and accessible. Information was available in various formats, including translation services for patients whose first language was not English. Patients were supported through a digital fertility care application and had access to clear information regarding treatment, costs, aftercare and complaints procedures.

Care planning processes were well organised, ensuring patients received timely,

personalised care from appropriately qualified staff. Equality, diversity and inclusion were embedded throughout the service, with evidence of inclusive care pathways, reasonable adjustments and support for diverse patient groups.

The clinic also demonstrated a strong commitment to engagement and service improvement through patient surveys, feedback mechanisms and visible examples of actions taken in response to patient views.

This is what the service did well:

- Patient feedback, with all questionnaire respondents rating the service as very good and providing highly complementary comments about staff and care
- Respect for dignity, privacy and patient involvement, supported by effective chaperone arrangements and positive patient feedback
- Consent and communication processes, ensuring patients received sufficient information to make informed decisions about their treatment
- Commitment to equality, diversity and continuous improvement, demonstrated through inclusive services, reasonable adjustments and active use of patient feedback to improve the patient experience.

Delivery of Safe and Effective Care

Overall summary:

Safe, effective and high-quality fertility care within a clean, well-maintained and secure environment was delivered by the clinic. The premises were exceptionally clean, tidy and free from hazards, with appropriate security measures in place to control access to sensitive clinical, laboratory and storage areas. Comprehensive systems supported health and safety management, including regular maintenance, electrical testing, risk assessments and robust fire safety arrangements. Emergency preparedness was supported by escalation procedures, a business continuity plan and staff trained in emergency response and immediate life support.

Strong infection prevention and control arrangements were evident throughout the service. Governance structures included dedicated infection control leads, regular audits, incident reporting systems and access to specialist microbiology advice. Clinical areas were clean and well maintained, cleaning schedules were monitored and appropriate arrangements were in place for waste disposal, sharps management and staff training. Feedback from both patients and staff demonstrated confidence in the cleanliness of the environment and the effectiveness of infection control measures.

Medicines management processes were comprehensive and supported safe prescribing, storage, administration and disposal of medicines. Safeguarding arrangements for children and vulnerable adults were robust, with clear policies, trained staff and established reporting pathways. Appropriate equipment was available and maintained through servicing and calibration programmes.

The clinic provided safe and clinically effective care in accordance with Human Fertilisation and Embryology Authority (HFEA) requirements. Patients received detailed information about treatments, risks, consent, costs and storage arrangements, enabling informed decision-making. Clinical governance processes ensured that guidance, safety alerts, audits and staff competencies were regularly reviewed and monitored.

Quality improvement activity was embedded throughout the organisation, supported by audits, incident management, patient feedback and governance meetings. Initiatives such as personalised patient pathways and wellbeing programmes demonstrated a commitment to continuous improvement. Information governance arrangements were robust, with secure electronic record systems, strong data protection measures and

high-quality patient records that were clear, accurate, comprehensive and appropriately maintained.

This is what the service did well:

- Maintained an exceptionally clean, safe and secure environment, with effective health and safety, fire safety and maintenance arrangements
- Good infection prevention and control practices
- Safe and effective fertility care, with comprehensive patient information, informed consent processes and adherence to HFEA requirements
- Embedded continuous quality improvement, using audits, incident reporting, patient feedback, governance meetings and innovative initiatives to improve patient experience and outcomes.

Quality of Management and Leadership

Overall summary:

The service demonstrated effective management and leadership arrangements, supported by governance systems, clear accountability structures and well-established decision-making processes. The clinic was operating in accordance with its statement of purpose and maintained up-to-date policies, procedures and patient information. Staff had access to governance resources, training materials and guidance through the organisation's intranet and systems were in place to ensure important safety information and regulatory updates were communicated effectively.

Feedback from staff was largely positive. Staff described a supportive and collaborative working environment with strong teamwork across departments and a clear focus on patient-centred care. Respondents reported that immediate managers were approachable, provided clear feedback and involved staff in decisions affecting their work. Senior managers were generally viewed as visible and committed to patient care. Staff also highlighted significant improvements made within the clinic over the previous six months, which they felt had positively impacted patient satisfaction and safety.

The service had effective arrangements for managing complaints, incidents and patient feedback. Complaints were investigated in line with established procedures, analysed for trends and used to identify service improvements, particularly around communication and managing patient expectations. Learning from complaints and incidents was shared across the organisation to support continuous improvement.

Recruitment and workforce management processes were well established, with appropriate pre-employment checks, regular monitoring of professional registrations and comprehensive induction arrangements. Staff had access to a wide range of learning, development and wellbeing support, including mandatory training, specialist qualifications and an employee assistance programme. Mandatory training compliance was excellent and staff were encouraged to progress their skills and careers.

Although staff generally felt supported, some concerns were identified regarding staffing levels, work-life balance and confidence in organisational responses to concerns about unsafe clinical practice. Questionnaire responses also indicated variation in staff perceptions around the use of patient feedback, organisational support for problem-solving and appraisal experiences, suggesting opportunities for further engagement and assurance.

This is what we recommend the service can improve:

- Address staff concerns regarding staffing levels, work-life balance, staff engagement organisational culture and confidence in raising and escalating concerns about unsafe practice.

This is what the service did well:

- Strong governance, leadership and accountability arrangements with clear reporting structures and effective oversight
- Good teamwork, supportive management and a strong commitment to patient-centred care
- Effective complaints, incident management and organisational learning processes driving service improvement
- Positive recruitment, workforce development and training arrangements, including good compliance with mandatory training requirements.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued an online questionnaire to obtain patient views on the care at the clinic for the inspection in August 2026. In total, we received seven responses from patients at this clinic. The patients' response were all positive for every question without exception in the questionnaire. All patients agreed that the service they received was 'very good'. Patients commented that:

> "I can't thank everyone at this clinic enough. The support and care I received was exceptional."
>
> "The staff, especially the nurses {three names quoted and redacted} are fantastic! A credit and so supportive."
>
> "Staff are amazing. Really caring, friendly and considerate."

Health promotion, protection and improvement

Patients were supported to live healthier lives through the promotion of healthy lifestyle information and fertility-related educational resources. Information was available on conditions such as Polycystic Ovary Syndrome (PCOS), including its symptoms and impact on fertility. Patients could access guidance on fertility supplements, complementary therapy services, advanced sperm separation techniques, the BORN donor bank and information to help them understand their fertility journey. Health promotion materials relevant to the services provided were available throughout the clinic. Information was also available on the clinic website.

Further information was displayed in the clinic reception on smoking cessation and a six-week nutrition and behavioural support programme for patients whose body mass index (BMI) exceeded treatment eligibility criteria, with referrals made by clinicians where appropriate.

Dignity and respect

Privacy, dignity and respectful treatment of patients was well supported. Staff were courteous and professional and consultation room doors were kept closed, helping to

maintain privacy and confidentiality. The setting patient feedback included questions on whether staff respected patients' privacy and dignity and treated them with kindness and respect, which were marked positively.

The service had a chaperone policy which outlined arrangements for clinical consultations, examinations and procedures, particularly intimate procedures. Chaperone information was prominently displayed and staff advised that a dedicated chaperone was always allocated, ensuring they were fully available to undertake this role when required.

All respondents in the patient questionnaire 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.

In the staff questionnaire staff agreed that patients' privacy and dignity was maintained, patients and their relatives were involved in decisions about their care and staff were satisfied with the quality of care they gave to patients.

Patient information and consent

Arrangements described provided assurance that patients were supported to understand their options, make informed decisions and provided valid consent, demonstrating a strong and effective consent process. An up-to-date, version-controlled consent policy was in place, providing clear guidance for staff on obtaining valid informed consent and ensuring treatment was delivered lawfully. The policy outlined the key principles of consent and also highlighted the additional legal requirements under the Human Fertilisation and Embryology Act 1990.

Consent was appropriately documented and relevant consent information was made available to patients to support understanding and decision-making. Arrangements were also in place to share relevant information with other healthcare professionals involved in patients' care, including GPs, where patient consent had been obtained.

All patients strongly agreed that they were given enough information to understand treatment options and their risks and benefits.

Communicating effectively

The service demonstrated effective arrangements to ensure patients received clear, accurate and timely information in a format that met their individual needs. Information was available to support patients throughout their treatment journey, including details about treatment options, costs, counselling services, sedation, prevention of blood clots, post-treatment care and how to raise concerns or complaints.

The clinic had arrangements in place to meet the communication needs of a diverse patient population, including Welsh-speaking patients and those requiring translation services. Staff advised that the service was registered with a translation service enabling access to translated documents and interpreter support via online or face-to-face consultations. Information about these services was displayed at reception. Patients who did not have digital access could receive information through hard copies, telephone calls or email, ensuring that communication was accessible to all.

Patients were encouraged to provide feedback through a range of channels. Information on complaints procedures was made available through the clinic's website, policies and patient communications. Feedback could also be provided through quick response (QR) codes and a patient experience questionnaire issued via the online fertility care application designed to help patients manage their treatment journey and communicate securely with the clinic. Patient feedback was monitored through formal feedback mechanisms and external review platforms. Feedback highlighted the high standard of care provided by staff while identifying opportunities to further improve communication and consistency across the patient journey.

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

Care planning and provision

Processes were in place to ensure patients received the right care, at the right time, from appropriately qualified staff. Patients were supported throughout their treatment journey using the fertility care application, which provided updates on progress and access to relevant information. This was complemented by nurse planning meetings, where the patient pathway was reviewed in detail and referrals to a doctor were made when required.

Patients were generally seen promptly, with appointments managed through a structured diary system. Staff advised that patient waiting times were uncommon and patients were informed of any delays should they occur. Support was available before, during and after treatment as part of the established patient pathway. The service had a key performance indicator to progress patients from initial consultation to treatment within four months, helping to ensure timely access to care.

Patients received individualised care and treatment plans, together with information about their care, prescribed medications, pre-treatment requirements and aftercare arrangements. Processes were also in place to refer patients to other healthcare services for further investigation or treatment when necessary, with appropriate follow-up.

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

Equality, diversity and human rights

The service demonstrated a strong commitment to promoting equality, diversity and inclusion, while ensuring patients' human rights were respected and protected. Staff described a diverse workforce supported by policies, training and organisational values that promoted an inclusive culture. Equality and diversity were embedded within procedures and staff were supported through training, feedback mechanisms and a whistleblowing policy that encouraged concerns to be raised where necessary.

Patients were protected from discrimination through inclusive care pathways designed to meet a range of individual needs. The service had specific arrangements for same-sex couples and provided fertility preservation options for transgender patients, including sperm collection prior to gender transition. Staff advised that all patients were treated with dignity and respect, regardless of their background or characteristics.

Several reasonable adjustments were evident to support equal access to services. These included level access via a lift, access to translation and interpretation services and the use of patient forms that allowed individuals to identify as male, female or non-binary. Patients could also specify their preferred name and pronouns, enabling staff to provide personalised and respectful care.

An up-to-date, version-controlled diversity and inclusion policy was available. The policy confirmed the organisation's commitment to creating an environment where everyone felt welcome, valued and able to be themselves. Diversity and inclusion were described as central to the organisation's values and behaviours, supported by staff and management training. Patients were able to access services fairly and without discrimination.

In the questionnaire, no patients reported discrimination when accessing or using the service and they all felt they could access the right healthcare at the right time. All staff in their questionnaire agreed they had fair and equal access to workplace opportunities and agreed that the workplace was supportive of equality and diversity.

Citizen engagement and feedback

Patient feedback was actively sought and used to drive service improvement. The service collected feedback through patient surveys and other engagement mechanisms, enabling patients to share their experiences and influence developments within the clinic. Results from the 2026 Patient Survey were highly positive, with 39 out of 40 respondents providing complimentary feedback following treatment and 53 out of 56 patients stating they would recommend the service to others. Positive patient comments highlighted the quality of care and support received.

The clinic demonstrates a commitment to acting on patient feedback. A "You Said, We Did" board was displayed in the reception area, providing patients with visible evidence of how their views had been considered and acted upon. Improvements introduced because of feedback included the installation of a new coffee machine and ongoing work to enhance the reception environment, making it more welcoming and comfortable for patients.

Staff were also reviewing the patient pathway to provide a more personalised experience, aiming to improve continuity and reduce duplication by ensuring patients were supported by consistent staff members throughout their journey. In addition, the clinic was working with a local college to develop fertility-themed artwork for display within the service and planned to host educational open evenings for students and parents. These initiatives demonstrated a proactive approach to patient engagement and continuous service improvement.

Delivery of Safe and Effective Care

Environment

The premises were observed to be safe, secure, clean and well maintained, providing an appropriate environment for the delivery of fertility services. Access to the building was controlled through a combination of physical security measures, including keypad-entry systems to laboratories, theatre areas, storerooms and other restricted locations. Access to upper floors was also controlled, helping to prevent unauthorised entry to sensitive clinical and storage areas.

Throughout the inspection, the premises were visibly clean, orderly and free from obvious hazards such as clutter or trip risks. Clinical and non-clinical areas, including furniture, fixtures and fittings, appeared to be in good condition and suitable for their intended purpose.

A structured approach to health and safety management was supported through a software platform for managing work related tasks and resources effectively. This was used to monitor compliance, record inspections, manage maintenance activities and track outstanding actions.

Evidence was available demonstrating ongoing oversight of health and safety requirements, including electrical safety documentation and action plans. Annual portable appliance testing (PAT) had been completed and a five-year electrical installation inspection had been undertaken. Documentation reviewed provided assurance that electrical systems and equipment were being appropriately monitored and maintained.

A maintenance management local policy was in place, outlining responsibilities for maintaining the premises, facilities and equipment in a safe, effective and reliable condition. The policy covered preventative maintenance, servicing, calibration, risk management and compliance with relevant regulatory requirements.

Fire safety arrangements were comprehensive. A current fire risk assessment was available and actions arising from the assessment were monitored. Evidence demonstrated that identified issues had been addressed appropriately, with remaining actions subject to agreed completion dates. Fire safety precautions were reviewed annually and a maintenance contract was in place with an external provider to service fire safety systems. Supporting documentation included a fire alarm service report and certificate.

There was evidence of regular fire safety checks, including weekly fire alarm testing, fire escape and fire door inspections, together with monthly checks of fire extinguishers and emergency lighting. Fire drills had been completed, staff had received fire safety training and evacuation procedures, fire action notices, fire exit signage and “No Smoking” signs were clearly displayed throughout the premises. Adequate escape routes and appropriately serviced fire extinguishers were available.

Patients in the questionnaire responded that the building was accessible and wheelchair friendly.

Managing risk and health and safety

Measures had been taken to manage health and safety risks within the clinic. Suitable arrangements were in place to respond to patient emergencies, supported by an escalation policy and a business continuity plan. The plan outlined actions to be taken if access to the site was restricted, including remote access to systems from home, cancellation of appointments and communication with patients. In addition, it outlined the establishment of an emergency-level service, which could involve transferring patients to other Care facilities. Contact details for utility companies and other key services were readily available.

Staff members spoken with demonstrated awareness of their roles and responsibilities during emergencies, including fire incidents and medical emergencies. A first aid kit was available in the nursing office and was suitable for use. In addition, all nurses and doctors had completed immediate life support (ILS) training, ensuring that suitably trained staff were available to respond to emergencies.

Health and safety arrangements were supported by a comprehensive health and safety management system. The health and safety policy detailed its commitment to managing risks associated with the premises and activities, monitoring performance and achieving continuous improvement. Specific procedures were in place for incidents such as sharps and needlestick injuries, with clear guidance and flowcharts available to staff.

A health and safety risk assessments was seen and had been completed and kept up to date. Staff were informed that risk assessments were available through the intranet and they were expected to familiarise themselves with those relevant to their roles.

Infection prevention and control (IPC) and decontamination

The service demonstrated comprehensive arrangements to protect patients from healthcare-associated infections and to promote effective IPC. Clear governance structures were in place, supported by up-to-date policies, designated infection control leads and regular monitoring processes.

Potential or suspected infections, along with sharps injuries, were reported through the DATIX incident reporting system. These incidents were reviewed by the IPC Committee, which considered trends, identified learning opportunities and made recommendations where necessary. The clinic produced an annual infection control report outlining local IPC activities, which was submitted to the corporate committee and ultimately reported to Executive Directors. This provided organisational oversight and assurance regarding infection prevention arrangements.

There was an identified IPC lead with dedicated time allocated to fulfil the role. The various leads participated in professional networks and were supported by the corporate IPC Committee comprising clinical, laboratory and microbiology expertise, including access to a Consultant Microbiologist for specialist advice where required.

Regular infection control audits were part of the assurance processes. Audits were undertaken in accordance with the group audit schedule and would be repeated more frequently when necessary, such as following refurbishment works or where standards required improvement. An IPC Audit completed on 28 July 2026 found that arrangements were largely effective, with no major non-conformities identified. Where improvements were identified, these were supported by action plans and follow-up arrangements to ensure continuous quality improvement. No current infection prevention concerns were identified at the time of inspection.

The clinical environment was visibly clean, tidy and free from clutter, supporting effective infection control practices. Fixtures, fittings and clinical areas appeared to be in a good state of repair and suitable for cleaning and decontamination. Hand hygiene was promoted throughout the clinic through the handwashing facilities, hand sanitisers and clear educational signage located above sinks. Staff completed IPC training at the required level and had access to appropriate personal protective equipment (PPE), together with guidance on its safe use.

Documented cleaning schedules were in place and evidence confirmed that routine

cleaning activities were being completed. Cleaning services were provided externally, supported by monitoring and cleaning records.

Appropriate arrangements were also in place for waste management and the safe disposal of sharps. A clinical waste policy outlined legal and operational requirements for handling clinical waste and a contract was in place with an authorised waste management provider. Clinical waste, sharps and other hazardous materials were stored securely prior to collection and disposed of through approved processes. A dedicated sharps policy provided staff with clear guidance on the actions required following a needlestick or sharps injury, including an immediate response flowchart.

All patients in the questionnaire agreed the setting was very clean and believed that IPC measures were being followed. All staff agreed in their questionnaire that their organisation implemented an effective infection control policy, that there was an effective cleaning schedule in place, with appropriate PPE supplied and used. They also agreed that the environment allowed for effective infection control.

Medicines management

The medicines management systems observed supported the safe delivery of patient care. Comprehensive, version-controlled policies were in place to guide staff and support safe medicines management.

The management of medicines policy outlined the processes for prescribing, supplying, administering, storing and disposing of medicines, with the aim of safeguarding patients, visitors and staff. The policy also established controls for the procurement and custody of medicines and provided assurance that appropriate governance arrangements were in place. Medicines were obtained through approved suppliers, with one primary source of medicines required for clinic stock.

A separate controlled drugs (CDs) policy was available and provided clear guidance on compliance with relevant legislation, patient safety alerts and best practice standards. The policy outlined procedures for the storage, security and management of CDs.

Medicines requiring refrigeration were stored in pharmacy-grade refrigerators equipped with minimum and maximum temperature monitoring, external displays and audible alarms. These arrangements supported the safe storage of temperature-sensitive

medicines. Records reviewed indicated that medicines were stored securely and subject to appropriate monitoring.

Appropriate systems were in place to support the safe prescribing and administration of medicines. Accurate medicine administration records were maintained, with documentation completed to record the prescribing and administration of medicines, including signatures and dates where required. Staff also had access to medicines management guidance and advice relevant to their roles. Emergency drugs and equipment were available and the overall arrangements for medicines administration, storage and control were found to be satisfactory.

Safeguarding children and safeguarding vulnerable adults

The service demonstrated good arrangements to safeguard patients from abuse and ensure compliance with relevant legislation and guidance. Up-to-date, version-controlled adult and child safeguarding policies were in place and aligned with the Social Services and Well-being (Wales) Act 2014, Welsh Government guidance and the Wales Safeguarding Procedures. The policies set out the organisation’s commitment to preventing abuse and neglect, protecting individuals with care and support needs, as well as promoting their rights, choice and wellbeing.

A designated safeguarding lead, who was the Care Fertility Group Director of Governance, had been appointed. They oversaw safeguarding arrangements, provided advice, liaised with statutory agencies and ensured appropriate escalation of concerns. Staff described clear procedures for responding to safeguarding concerns, including reporting to managers, seeking advice from the safeguarding lead, recording incidents on Datix and making referrals to the local authority when required. Safeguarding guidance and reporting information was readily available within the clinic.

Training records confirmed that staff had completed safeguarding training at the required level, with clinical staff undertaking Level 2 training and non-clinical staff completing Level 1 training. No safeguarding incidents or allegations of abuse had been reported during the period reviewed.

Children could accompany parents to the clinic and a dedicated children's area was available. Responsibility for supervision remained with parents or guardians throughout their visit.

Staff also had access to an up-to-date Freedom to Speak Up (Whistleblowing) Policy, which supported employees and other workers to raise concerns relating to patient safety, professional practice, governance, regulatory compliance and staff wellbeing. The policy included clear guidance on reporting concerns, confidentiality and legal protections.

Medical devices, equipment and diagnostic systems

There was suitable and adequate equipment available, which was safe to use. The service had the correct equipment to meet the needs of patients using the service which was appropriate for its intended use and the environment in which it was used.

Appropriate arrangements for servicing, maintaining and calibrating equipment were in place.

Safe and clinically effective care

Patients accessing fertility treatment received safe, effective and high-quality care. A valid Human Fertilisation and Embryology Authority (HFEA) licence was displayed, providing assurance that treatments were delivered in accordance with regulatory requirements. Patients were directed to the HFEA Code of Practice through consent and patient information documentation. They were provided with sufficient information about treatment options to support informed decision-making.

Clear information was provided regarding treatment costs, including personalised cost estimates before treatment began. The service also provided embryo and gamete storage facilities, with patients receiving information about storage costs, handling, use and disposal arrangements. Storage facilities were appropriately maintained and supported by good laboratory processes. Information was accessible through the patient application, which supported communication throughout the treatment journey.

The service had established processes for reviewing, approving and implementing new or revised clinical guidelines. Staff ware informed of policy updates and changes through clear communication processes. National safety alerts and bulletins were received and acted upon locally, with oversight from corporate governance structures. Evidence was available demonstrating that staff maintained appropriate continuing

professional development (CPD) and that learning from audits and concerns was incorporated into practice. We were told in addition to mandatory annual training, staff competencies were regularly audited.

Patients undergoing surgical procedures were cared for by suitably qualified, skilled and experienced staff. Comprehensive information regarding procedures, risks and expected outcomes was provided in advance. Appropriate support was available before treatment, during procedures, throughout recovery and following discharge.

Whilst the clinic did not provide antenatal care once pregnancy was established, there were effective support processes in place for patients undergoing fertility treatment. Care was delivered in a manner that met individual needs and promoted safe, patient-centred outcomes throughout the treatment pathway. Care processes were well established and patients understood how to contact staff out-of-hours.

In the staff questionnaire, overall staff were content with the efforts of the organisation to keep them and patients safe. All but one member of staff in the questionnaire the percentage agreements of staff's ire said they would be happy with the standard of care provided by the organisation for themselves or friends and family. Slightly less, four out of six staff, agreed that care of patients and service users was the organisation's top priority and that they would recommend their organisation as a good place to work.

Participating in quality improvement activities

The service demonstrated effective processes for monitoring, assessing and improving the quality of care and treatment provided. Quality improvement activities were coordinated by the quality manager and administrator, who managed a comprehensive audit schedule that was approved by the Responsible Individual. Audit findings, incidents, complaints and improvement actions were recorded through governance systems including DATIX, ensuring that concerns were tracked, reviewed and addressed appropriately. Patient feedback and complaints were also incorporated into the quality assurance framework to support continuous service development.

A range of quality improvement initiatives had been implemented during the reporting period. An example was the introduction of a personalised patient pathway model, which allocated clear responsibility for specific areas of care to individual staff members. This reduced duplication, improved accountability and enhanced the patient journey. The service had also introduced a nutrition programme aimed at reducing

patients' BMI enabling more individuals to meet eligibility requirements for treatment and improving access to care.

Staff engagement and wellbeing remained a key focus. The service had worked collaboratively with staff to introduce an employee of the month initiative, encouraging recognition of good practice and promoting a positive workplace culture. In addition, weekly senior management team (SMT) meetings were held to identify and address emerging issues proactively across departments, supporting timely decision-making and continuous improvement.

We saw evidence of a six-monthly review of the operation as regarding by the relevant regulations. The service had quality and governance meetings feeding into wider corporate governance structures. These arrangements ensured effective oversight of performance and facilitated the sharing of learning across Care Fertility sites. Clinical activity data was securely recorded on electronic systems and used to monitor performance and outcomes. Evidence of ongoing clinical audit activity was seen, including a medication audit that was in progress at the time of inspection.

Information management and communications technology

There were effective arrangements for managing patients' data and information safely and securely. A comprehensive information policy was in place, outlining how information was provided to patients in accordance with the HFEA Code of Practice. The policy ensured that patients received the information necessary to provide informed consent and make informed decisions regarding treatment options and any additional procedures offered.

Patient records were primarily managed electronically, with paper documentation scanned, uploaded to secure systems and subsequently destroyed. The service utilised the electronic records system, which was password protected and operated with role-based access controls to restrict information according to staff responsibilities. Secure access was available both on-site and remotely through authorised desktop and laptop devices.

Records were retained in line with regulatory requirements, with fertility treatment records maintained for up to 30 years as required by HFEA regulations. Oversight of information governance was provided by the Data Protection and Contracts Officer, who monitored compliance with retention periods and consent requirements. Where

consent relating to stored embryos, eggs or sperm was approaching expiry, patients were contacted in advance and advised of relevant deadlines.

Secure electronic patient record systems were in place, with patient information stored on private servers in accordance with data protection requirements. There was also an effective electronic records management system, providing secure storage, efficient retrieval of information and appropriate governance arrangements

Remote consultations were offered where appropriate and were largely based on patient preference for discussions with clinicians. Examinations and diagnostic procedures continued to take place in person. Consultations were conducted from private rooms using secure systems, with consultation summaries provided to patients. Recordings were not stored, further supporting confidentiality and data security.

Records management

Patient records were effectively maintained and managed for the three records checked and were of a good quality. Patient records reviewed were clear, accurate, legible and well organised, making them easy to follow and providing a comprehensive record of the care and treatment provided. Records documented relevant clinical findings, treatment decisions, actions agreed and the individuals responsible for making and recording those decisions. Entries included the identity of the practitioner making the record, the date of contact or treatment and evidence that records were completed contemporaneously.

Documentation demonstrated that valid consent had been obtained where required, including consideration of capacity issues where relevant. Medical records contained key patient information, including significant past and ongoing medical conditions, current medications, allergies and adverse reactions, ensuring that clinicians had access to information necessary to support safe and effective care.

Patients strongly agreed in their questionnaire that they completed a medical history form and had their medical history checked before undertaking treatment and that they signed a consent form before receiving new treatment.

Quality of Management and Leadership

Staff Feedback –

HIW issued an online questionnaire to obtain staff views on services carried out by the setting and their experience of working there. We received six responses from staff, which were mainly positive. Overall, all staff said they were content with the efforts of the organisation to keep them and patients safe. Staff commented:

> *"The teams across all departments work very well together, creating a supportive and collaborative environment. The atmosphere was friendly and I feel comfortable approaching anyone for help or advice when needed. There is a strong sense of teamwork, which makes it a great place to work. I genuinely enjoy working here and appreciate the positive culture and support from colleagues. Patients are always put first and there is a clear shared focus on providing the best possible care."*

> *"Work life balance for patient services to be considered as it is with all other teams."*

> *"Vast improvements have been made to the clinic in the last 6 months. This is evident to see and reflects on patient satisfaction and safety."*

Governance and accountability framework

Governance processes and structures were robust. The service was well led and managed, with clear lines of accountability, effective governance arrangements and robust decision-making processes. An up-to-date statement of purpose was in place and available to patients. The service was operating in accordance with its statement of purpose and the range of treatments and services provided reflected the information contained within it.

Patients also had access to an up-to-date patient guide, which included the required information, details of the most recent HIW inspection report and patient feedback results. Additional information and guidance were available through supporting documents, including treatment information and policies relating to patient property and personal belongings.

A clear organisational structure was in place, supported by an organisational chart that outlined reporting lines, staff responsibilities and managerial accountability. Staff were aware of their roles and understood who they reported to within the organisation. Policies and procedures were subject to formal review processes prior to implementation, with designated leads responsible for ensuring documents remained current and compliant. All policies reviewed during the inspection were in date.

Staff were kept informed of new and revised policies through the SMT, the shared area on the intranet, read-receipt systems and line management arrangements. A people knowledge hub on the intranet provided staff with access to policies, training materials and standardised documentation. Managers maintained oversight of staff competency within their areas of responsibility.

Effective systems were in place to disseminate and implement safety information. Safety alerts from organisations including the HFEA, Medicines and Healthcare products Regulatory Agency (MHRA) and Welsh Government were distributed through governance alerts on DATIX and by email to all staff. The HIW registration details were accurate, registration conditions were being met and current employer's and public liability insurance certificates were in place. However, only the English versions of the HIW certificates were displayed.

The registered manager must ensure all versions of the HIW certificates are displayed in a prominent place in the clinic.

All staff stated in their questionnaire they agreed their immediate manager could be counted on to help with a difficult task at work, gave clear feedback on staff work and asked their opinion before making decisions that affected their work.

Regarding senior managers, all staff stated that they were visible. All bar one member of staff who responded in the questionnaire agreed that communication between senior management and staff was effective and senior managers were committed to patient care.

Dealing with concerns and managing incidents

Processes for managing patient concerns and complaints were evidenced and demonstrated a commitment to responding to feedback in a timely, open and

supportive manner. Patients were made aware of how to raise concerns through a complaints poster displayed within the clinic and through information provided electronically via the patient application. The information explained that concerns or complaints could be raised in person, by email or in writing directly to the clinic, ensuring patients had accessible routes for providing feedback.

The complaints procedure emphasised that patient experience and wellbeing were central to service delivery. Patients were encouraged to raise concerns so issues could be addressed promptly and lessons learned. Information about external organisations, including the HFEA and HIW, were also available, enabling patients to seek further advice or escalation where appropriate.

An up-to-date complaints policy was in place, outlining clear timescales and responsibilities for complaint handling. Complaints were acknowledged within three working days and investigated by an appropriate senior member of staff, usually under the direction of the Clinic Director. Investigations were proportionate to the nature and complexity of the concern, with a full response normally provided within 20 working days. Where investigations required additional time, complainants were kept informed of progress and expected response dates. Complaints were managed confidentially, with information shared only with individuals who required access as part of the investigation process.

During the six months January to June 2026, the service received 17 complaints, four of which remained open at the time of assessment. The main themes related to communication, consistency of information provided to patients, management of expectations and coordination of the patient journey. Complaint trends had been reviewed and used to identify improvement opportunities. Actions were being implemented to strengthen communication processes, improve continuity of care and ensure expectations were clearly discussed throughout treatment. The process of feedback following incidents and complaints included sharing structured learning with other facilities in the Care Fertility Group as appropriate.

The service also received compliments, which frequently recognised the professionalism, compassion and support provided by staff, providing reassurance regarding the overall quality of patient care. Learning from complaints and concerns was shared with staff through meetings and the DATIX governance system to support service improvement and reduce the likelihood of similar issues occurring in the future. Staff involved in complaints investigations were provided with support where needed,

and accurate records of complaints, investigations, outcomes and resulting actions were maintained.

A Significant Event Analysis (SEA) log was maintained. The service did not have a dedicated register of reportable events, which may limit oversight of incidents requiring notification to HIW.

In the staff questionnaires, patient experience feedback was collected within the organisation, with 100% of respondents confirming this. Similarly, all respondents reported receiving regular updates on patient experience feedback within the organisation. Whilst 67% of respondents felt that patient feedback was used to inform decision-making the other 33% were unsure.

Regarding health and wellbeing at work, 67% agreed that their job was not detrimental to their health, although 33.33% disagreed. A large percentage, 83%, agreed that the organisation took positive action on health and wellbeing. Half of respondents felt their current working pattern allowed for a good work-life balance. However, all respondents were aware of the occupational health support available to them. We were also told that staff wellbeing and occupational health support was available through employee assistance programmes, wellbeing resources and access to health-related advice and training.

In relation to reporting incidents and concerns, all respondents strongly agreed that their organisation encouraged the reporting of errors, near misses and incidents. In total 67% felt that staff involved in errors, near misses or incidents were treated fairly and reported receiving feedback about changes made in response to reported errors, near misses and incidents. Most respondents, 83%, believed that action was taken following reported errors, near misses or incidents to prevent recurrence.

Staff answered questions in the questionnaire in relation to raising concerns about unsafe clinical practice. All respondents stated that they would know how to report concerns about unsafe clinical practice. Whilst 67% said they would feel secure raising concerns about unsafe clinical practice, 33% were unsure. Similarly whilst only half of respondents were confident that the organisation would address their concerns regarding unsafe clinical practice, the remaining 50% were unsure.

Workforce recruitment and employment practices

The service provider demonstrated effective recruitment, workforce management and staff support arrangements to safeguard the health, safety and welfare of patients. Recruitment processes were managed centrally through the human resources department and were supported by comprehensive policies and procedures designed to ensure that only suitable individuals were employed.

Pre-employment checks were completed before staff commenced work, including disclosure and barring service (DBS) checks at the appropriate level. These measures helped ensure that staff were appropriately qualified, experienced and suitable to work within the service.

Systems were in place to monitor the ongoing suitability of employees and healthcare professionals. Professional registrations were monitored centrally, with reminders issued to both staff and members of the SMT when registrations or other required credentials were approaching expiry. This provided assurance that practitioners remained appropriately registered and authorised to undertake their duties. Staff competency and capability were supported through structured onboarding processes, mandatory training and ongoing supervision arrangements.

The service maintained up-to-date recruitment and employment policies, including the recruitment and selection policy and staff handbook. These documents outlined the organisation's expectations regarding recruitment, conduct, performance management and professional responsibilities. The staff handbook included requirements for staff to disclose criminal investigations, convictions or cautions and detailed how such matters would be assessed in relation to their employment. Clear disciplinary procedures were also in place where concerns arose regarding suitability to work.

The organisation promoted staff development through a formal performance and development review (PDR) process. New employees received performance reviews after approximately 10 weeks and six months of employment, followed by annual reviews thereafter. These arrangements supported CPD and enabled managers to identify training and development needs.

A wide range of resources was available to support staff wellbeing and engagement. These included access to an Employee Assistance Programme (EAP), which provided 24-hour confidential support, expert advice and up to six counselling sessions. Additional resources were available through corporate systems, including learning and

development tools, policies, forms and employment guidance.

Regarding the organisation, in the questionnaire, 67% of staff said the organisation was supportive and that the organisation took swift action to improve when needed. Only half of the staff stated that the organisation supported staff to identify and solve problems

Workforce planning, training and organisational development

There were effective arrangements to ensure enough appropriately qualified, experienced and competent staff were available to provide safe care and treatment. Workforce planning was supported by an appointment booking system that only allocated appointments when the required staff member was available, helping to ensure safe staffing levels were maintained. Contingency arrangements were also in place to manage staff absences, annual leave and unexpected sickness, with adequate cover available to minimise disruption to patient care.

Induction programmes were provided for new staff and were designed to equip them with the knowledge, skills and confidence required to perform their roles safely and effectively. New staff were required to complete online learning modules and competency signoffs before undertaking duties independently.

Senior staff, including managers and nurses, spent time working alongside colleagues in other Care Fertility clinics to develop their knowledge and understanding of organisational processes and standards. The registered manager reported that extensive support networks existed across the organisation, including specialist teams and manager support groups that provided advice, guidance and professional support.

Annual appraisals were coordinated through the central people team and completed locally by line managers. The service reported 100% compliance with the appraisal process, providing assurance that staff performance, development needs and objectives were formally reviewed and monitored. However, two of the six staff in the questionnaire said they had not had an annual appraisal recently.

A strong culture of communication and engagement was evident. Weekly SMT meetings were held with documented agendas, discussions and action plans. Full clinic meetings had also been introduced to improve collaboration and communication

across departments, recognising patients' experience of the service as one integrated clinic. Departmental meetings, such as those held within patient services, addressed operational matters, service standards, training requirements and workforce issues. Actions arising from meetings were monitored and followed up to ensure progress was achieved.

Staff were actively supported to maintain and develop their knowledge and skills. A dedicated learning and development lead coordinated training opportunities and staff were encouraged to pursue additional qualifications and specialist training. Examples included ultrasound scanning training, sedation lead development, nurse prescribing qualifications and Level 5 Leadership and Management programmes. Mandatory training compliance was closely monitored through governance processes by the learning and development team, line managers and SMT members.

Staff were also supported to raise concerns through whistleblowing arrangements and an open-door culture. An up-to-date whistleblowing policy was in place, ensuring staff understood how to report concerns and seek support when required.

A random sample of the mandatory training records of three staff showed there was 100% compliance with mandatory training including oxygen training and basic life support. In addition, staff had also completed training on prevent radicalisation, legionnaires awareness, consent, legal parenthood, induction, cyber and data protection, sexual harassment awareness and training on learning disability and autism.

In the staff questionnaire relating to professional development, four of the six staff said they had appropriate training to undertake their role. Staff commented that the other training they would find useful was :

> "Step by step guide for pathways, processes as each pathway is different. A list of bloods for each treatment required would be useful."
>
> "Management training."

In the area of the questionnaire relating to patient care, all staff said they were able to meet all the conflicting demands on their time at work and they were able to access information technology systems to provide good care and support for patients. Whilst

83% of staff agreed they had adequate materials, supplies and equipment to do their work, only 17% agreed there were enough staff working here to allow them to do their job properly. Furthermore 67% of staff said they were involved in deciding on changes introduced that affected their work area.

Whilst in general staff comments were positive, the staff concerns regarding staffing levels, work-life balance and confidence in raising and escalating concerns about unsafe practice, should be considered by the clinic going forward.

The registered manager must inform HIW of the actions they will take to address the less positive percentages in the feedback.

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: **Care Fertility, Cardiff**

Date of inspection: **21 August 2026**

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			
Improvement needed		**Standard / Regulation**	
1.	No immediate non-compliance issues were identified.		
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: **Care Fertility, Cardiff**

Date of inspection: **21 August 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.	The HIW registration details were accurate, registration conditions were being met and current employer's and public liability insurance certificates were in place. However, only the English versions of the HIW certificates were displayed.	The registered manager must ensure all versions of the HIW certificates are displayed in a prominent place in the clinic.	National Minimum Standards - Governance and accountability framework. Care Standards Act 2000.	The current HIW certificates displayed at the clinic reflect the previous Registered Manager. The Clinic Director has recently submitted an application to HIW to become the Registered Manager and is currently awaiting the issue of the updated HIW registration certificates. Upon receipt of the updated certificates,	Michelle Mason, Clinic Director	30/11/2026

				both the English and Welsh versions will be displayed prominently within the clinic to ensure compliance with HIW requirements. The certificates will be checked to ensure they are current and accurately reflect the registered manager and registration details.		
2.	Whilst in general staff comments were positive, the staff concerns regarding staffing levels, work-life balance and confidence in raising and escalating concerns about unsafe practice, should be considered by the clinic going forward.	The registered manager must inform HIW of the actions they will take to address the less positive percentages in the feedback.	National Minimum Standards - Workforce planning, training and organisational development. Independent Health Care (Wales) Regulations 2011, Regulation 20.	Review and strengthen mechanisms for staff to raise concerns regarding staffing levels, work-life balance and unsafe practice. Continue regular departmental meetings and quarterly full-clinic MDT meetings, with staffing levels monitored against patient activity and the clinic staffing model. Staff will be reminded of whistleblowing and escalation processes,	Michelle Mason, Clinic Director	18/12/2026

				and concerns raised will be documented, actioned and reviewed.		

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): Michelle Mason

Job role: Clinic Director **Date: 06/10/2026**