Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Centre for Reproduction and Gynaecology Wales, Llantrisant

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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

Contents

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection at the Centre for Reproduction and Gynaecology Wales (CRGW) in Llantrisant on 13 August 2024. CRGW is now trading as Care Fertility Cardiff.

Our team for the inspection comprised of two HIW senior healthcare inspectors 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. A total of seven were completed. We also spoke to staff working at the service during our inspection. 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) regulates 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:
Patients who completed a HIW questionnaire provided positive feedback about their experiences of using the services provided at the clinic. Whilst the patient information displayed at the setting was limited, a wide range of suitable information was provided to patients on the website and in leaflet form, to support them throughout the treatment process.

We found good arrangements in place to protect the privacy and dignity of patients. Staff showed suitable regard for upholding patient rights and demonstrated understanding of the importance of obtaining patient consent prior to undergoing treatment.

We found patients received safe and effective care in accordance with individual and clinical need. However, we identified that improvements were required to ensure patients were seen at their allocated appointment time to support timely patient care.

The setting had suitable processes in place for patients to provide feedback about their experiences of using the service before and after treatment. However, we identified that more could be done to inform patients of the actions taken by the service as a result of their feedback.

This is what we recommend the service can improve:

- The service should enhance the patient feedback process by introducing a system to routinely inform the patients about actions taken as a result of the feedback provided
- The service should ensure all patient information is readily available and routinely provided in both Welsh and English. Patients should be actively offered the opportunity to speak in their preferred language wherever possible.

This is what the service did well:

- Patients told us they were treated with dignity and respect by staff
- Patients were helped to understand their care and treatment during their initial consultations with staff and throughout the treatment process
- Good systems in place to obtain patient consent

- The service effectively used digital technology as a tool to support communication and timely patient care.

Delivery of Safe and Effective Care

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

The patient records we reviewed were comprehensive, well organised and securely stored. We observed a good standard of contemporaneous clinical record keeping reflecting the needs and risks of the patients. Information was being appropriately recorded in an electronic record system. However, during the inspection we noted instances where patient ultrasound scans were manually printed and then scanned into their electronic health record, rather than being uploaded directly. This posed a potential risk of patient scans being attached incorrectly or being attributed to the wrong patient in the system.

We generally found robust medicines management systems in place in the clinic. The medication records we reviewed evidenced appropriate prescribing of medications in accordance with patient needs. However, we noted improvements were required to ensure the drugs fridge monitoring and resuscitation trolley checklists were consistently completed by staff.

The clinic was clean and tidy and we found suitable cleaning schedules in place. However, we identified that some areas of the clinic prevented, or did not support, effective infection prevention and control (IPC) and therefore posed a potential risk to staff and patient safety. Some examples included cracked floor tiles, damaged furniture and unsuitable waste disposal bins. We noted that some of these issues were identified during previous IPC audits but were still present at the time of our inspection. Staff we spoke with during the inspection were unable to provide documentary evidence of discussions nor remedial actions taken in respect of these previously identified issues.

This is what we recommend the service can improve:

- The service must ensure patient ultrasound scans are directly uploaded to their records to prevent the risk of record keeping errors and to support patient safety
- The service must conduct a full environmental audit of the clinic to identify, record and address any additional environmental and IPC risks

- The service must implement robust governance oversight to ensure identified risks and recurrent issues are effectively addressed and monitored to support staff and patient safety.

This is what the service did well:

- There were established processes in place to ensure that the clinic safeguarded adults and children
- We found strong evidence of multidisciplinary collaboration between nursing, medical and laboratory staff to support patient care.

Quality of Management and Leadership

Overall summary:
We found a suitable management structure in place, which demonstrated clear lines of reporting and accountability. Both the registered manager and responsible individual were based at the clinic and were available to support staff and to monitor the quality of the services provided. The staff members we spoke with during the inspection told us that they felt supported in their roles.

Staffing levels were appropriate to support patient safety during the inspection, and we were informed there were no nursing staff vacancies in the clinic. We were told of regular meetings to capture staff feedback and act upon any issues raised. We were told that all staff had received an appraisal of their performance within the last 12 months.

We observed appropriate processes for recording and investigating incidents and complaints in order to share learning and drive quality improvement. We noted regular audit activities and meetings to discuss incidents, findings and issues related to patient care.

At the time of our inspection, the service was undergoing a period of transition of ownership to the Care Fertility Group Limited (CARE). Staff told us they were experiencing ongoing technical issues in accessing and navigating the CARE electronic record system. Staff were unable to provide some of the required documentation during the inspection, including overall staff mandatory training compliance data. We received the outstanding documentation post inspection, at which time we found good overall staff training compliance with mandatory training courses. However, we highlighted our concerns to staff that the ongoing technical issues posed potential risks in relation to ensuring robust governance oversight of the clinic's processes and staff performance.

This is what we recommend the service can improve:

- The service must ensure the CARE system technical issues are fully rectified and that all staff are able to access and navigate the system
- The service must ensure relevant documentation and information required by the regulations is readily accessible to staff
- The service must ensure accurate staff training compliance data can be accessed and reviewed to support continuous governance oversight and monitoring.

This is what the service did well:

- We were told that the service regularly reviewed the training and qualifications of existing staff members with a view to developing and upskilling staff.

3. What we found

Quality of Patient Experience

Patient feedback
HIW issued online surveys and paper questionnaires to obtain patient views on the service provided by the clinic as part of the inspection. In total, we received eight paper responses. Some questions were skipped by some respondents, meaning not all questions had eight responses.

The questionnaire responses and comments evidenced a positive patient experience for this setting. Patients were asked in the questionnaire to rate their overall experience of the service they received. Seven of the eight rated the service as 'very good' and one as 'good'. Patient comments included:

> *"Accessing this service has been a big step and I have felt supported all the way. Many thanks."*
>
> *"Everyone is so lovely and friendly and I always feel so comfortable and at ease every time I come".*
>
> *"Nurses are fantastic."*

Health protection and improvement
We found limited health protection information displayed at the setting but noted that plentiful information was displayed and provided to patients via the service's comprehensive website and patient information leaflets.

We were told that initial consultations could be completed online if required. Patients were invited to undertake a range of pre-consultation tests before their appointment, including an ultrasound scan, a blood test and semen analysis. All patients who completed a questionnaire confirmed that their medical history was checked before undertaking treatment.

Dignity and respect
We found good arrangements in place to support the dignified and respectful care of patients throughout their treatment journey. The reception desk was partitioned by glass so that private telephone conversations could not be easily overheard. The consultation, treatment and recovery rooms provided patients with an appropriate level of privacy, with doors kept closed during consultations. Curtains were also used to maintain patients' privacy and dignity during

consultations, or when they were receiving treatment. We saw signage which informed patients of their right to have a chaperone present during the treatment process, which supported their comfort, dignity and safety.

We witnessed staff speaking to patients politely and treating them with kindness throughout our inspection. All patients who responded to the HIW questionnaire confirmed they were treated with dignity and respect and that measures were taken to protect their privacy. All agreed that staff listened to them and answered their questions.

Patient information and consent
The registered provider's statement of purpose outlined the aims and objectives of the clinic and was displayed in the reception area for patient awareness. The statement of purpose included information about the services offered and the arrangements for ensuring all patients and donors had provided relevant consent prior to treatment.

Staff we spoke with during the inspection demonstrated appropriate understanding of the importance of providing prospective and current patients with sufficient information to allow them to make informed decisions. A wide range of helpful patient information was provided via the service's website. Patients were provided with a comprehensive first consultation information pack and supplementary leaflets to support them throughout their treatment. They were then required to complete several educational modules relevant to their treatment pathway before providing their consent to treatment. Staff advised that patients could only receive treatment once staff were assured that patients fully understood the treatment process and had provided informed consent.

All patients who completed a questionnaire confirmed that they were given enough information to understand the range of treatment options, risks and benefits. We were assured that staff understood their responsibilities in obtaining patient consent prior to treatment. All patients agreed that they had signed a consent form before receiving treatment at the clinic.

We saw that the costs of fertility treatment were clearly outlined to patients on the website and within the information leaflets provided. All patients who completed a questionnaire agreed that the costs were made clear to them before undergoing treatment. However, one patient who completed our questionnaire commented:

> "*Only comment would be that when prices were changed, we were not informed beforehand*".

The service may wish to reflect on this aspect of patient feedback and ensure patients are kept updated regarding any changes in treatment costs.

All patients who responded to the questionnaire confirmed that they were given post treatment aftercare instructions and clear guidance on what to do and who to contact in the event of an infection/emergency.

Communicating effectively

The service used digital technology as a tool to support effective communication and ensure timely patient care. Patients could access the service in a number of ways including by phone, in person and online. Staff confirmed that virtual initial consultations routinely took place, and that patients were provided with clear guidance on how to join virtual meetings. Patients were required to sign relevant electronic documentation prior to treatment. All patients who completed a questionnaire agreed that staff explained what they were doing throughout the treatment process and that they were as involved as they wanted to be in decisions about their healthcare.

We were told that aids were available to assist individuals who may have difficulties with communication, including a hearing loop for patients with hearing difficulties. Staff advised that translation services were used to help patients understand their care and treatment if required.

During the inspection we were told that there were no Welsh speaking staff in the clinic but translation services could be arranged and documentation could be provided in Welsh if required. However, one patient who completed our questionnaire told us their preferred language was Welsh but they were not actively offered the opportunity to speak Welsh. They also said that the healthcare information provided to them was in English, not Welsh.

The service should ensure all patient information is readily available and routinely provided in both Welsh and English. Patients should be actively offered the opportunity to speak in their preferred language wherever possible.

Care planning and provision

Patients were helped to understand their care and treatment during their initial consultations with staff and throughout the treatment process. We found patients were treated within a reasonable time frame and were provided with suitable information, advice and support throughout. Staff confirmed that the clinic sought to treat patients within a 12-week period from their initial contact with the service to undergoing treatment. We were told that patients were contacted and kept updated if any delays occurred.

During the inspection we found patients received safe and effective care in accordance with individual and clinical need. However, one patient who completed our questionnaire commented:

> *"When booked to see the Doctor, I have come to accept the norm of having to wait over an hour for my appointment. This needs to be improved as it makes the process/organising around work so stressful."*

The service should ensure patients are seen at their allocated appointment time to ensure timely and effective patient care.

Equality, diversity and human rights
The service had policies in place to help promote the equality and diversity of patients. We saw high staff compliance with mandatory Values and Culture training.

Reasonable adjustments were in place so that everyone could access and use services on an equal basis. The main reception area and consultation rooms were located on the first floor of the building, and the treatment rooms and laboratory facilities were located on the ground floor. The doors and corridors throughout the building were wheelchair accessible, and a lift was also available if required.

During our discussions with staff they demonstrated suitable regard for upholding patient rights and individual preferences. We were told that all documentation was non-binary and that staff referred to patients by their preferred pronouns. Staff provided examples of how the clinic had provided treatment for transgender patients whilst ensuring their rights and personal preferences were respected.

Citizen engagement and feedback
The arrangements for seeking patient feedback and dealing with complaints were clearly described in the registered provider's statement of purpose. Suitable processes were described for seeking feedback from patients prior to undergoing treatment and throughout their treatment journey. Patient feedback was collated on a quarterly basis and was routinely discussed between all staff and senior managers in order to identify themes and trends and drive quality improvement. Any negative patient feedback was robustly escalated and addressed, and staff would undertake further discussions with the patient concerned. We were told that the service published an annual patient satisfaction report. However, staff confirmed that there was no system in place to routinely inform patients about actions taken as a result of the feedback they provided, such as a "you said, we did" board.

The service should enhance the patient feedback process by introducing a system to routinely inform the patients about actions taken as a result of the feedback provided.

The service used the Datix electronic record system for recording, reviewing and monitoring concerns and complaints. This incorporated a hierarchy of incident sign-off with regular incident reports produced and reviewed so that themes and trends could be identified and monitored. At the time of our inspection there were four open complaints in the clinic. We found these were being suitably addressed by senior staff, with the support of the Quality Manager and Quality Administrator.

Delivery of Safe and Effective Care

Managing risk and health and safety
We looked at the processes in place to manage and review risks to help maintain the health and safety of patients, staff and visitors at the clinic. Some suitable measures were in place, which included:

- The clinic environment was clean and tidy, appropriately secure and free from obvious hazards throughout the inspection
- Most patients who completed our questionnaire agreed that the building was accessible
- A range of up-to-date policies were available to support staff in their roles and ensure safe and effective patient care
- There were established processes and audits in place to manage risk and health and safety, which enabled staff to continue to provide safe and clinically effective care. We saw examples of various audits which had been suitably completed within set timescales
- Fire exits and escape routes were clearly identified. We saw records which evidenced that the clinic's fire detection and alarm system, electrical installation and boiler system had been inspected and serviced within set timescales
- Staff described suitable processes for arranging timely hospital care for patients in the event of an emergency
- The training statistics indicated overall high staff compliance with Health and Safety and Immediate Life Support (ILS) training at 85 and 100 per cent.

During the inspection we noted that the clinic had suitable resuscitation equipment for use in the event of emergency. A resuscitation trolley checklist was in place for staff to document when the trolley was checked to ensure the emergency equipment was present and in date. However, we noted several gaps in the resus trolley checklist which indicated that the checks were not always consistently completed or recorded by staff.

The service must ensure the resuscitation trolley checks are conducted and recorded within set timescales to support patient safety.

Infection prevention and control (IPC) and decontamination
An up-to-date written infection prevention and control (IPC) policy was in place at the clinic to provide clear guidance to staff. The clinic had named IPC leads and all staff had access to personal protective equipment to prevent cross infection. Overall staff compliance with mandatory IPC training was 92 per cent.

The clinic was visibly clean and tidy and we found suitable cleaning schedules in place to support patient and staff safety. We saw evidence that the equipment used by the clinic to support the provision of patient care was fit for purpose. We witnessed suitable procedures for cleaning and decontaminating the environment and equipment used. The clinic laundry arrangements supported effective IPC and we found good systems in place to dispose of clinical waste as appropriate.

However, during the inspection we observed some areas of the clinic which prevented or did not support effective IPC and therefore posed a potential risk to staff and patient safety. We noted the following issues:

- The ground floor staff kitchen floor tiles were heavily cracked
- We saw examples of furniture, including upholstered chairs in the staff areas, which had torn or worn material
- Some areas of the environment required maintenance and repair; we noted cracks in the walls of the recovery rooms and some areas which required repainting
- Many bins throughout the clinic were not foot operated, and some had no lids.

We were provided with recent IPC audit reports undertaken throughout the clinic. We noted that some of these issues were identified during previous IPC audits but were still present at the time of our inspection. The staff we spoke with during the inspection were unable to provide documentary evidence of discussions nor remedial actions taken in respect of these identified issues. Therefore, we were not assured that the governance arrangements ensured that identified risks were being effectively addressed and monitored to prevent reoccurrence and drive quality improvement.

The service must:

- **Rectify the IPC and environmental issues we noted during the inspection**
- **Conduct a full environmental audit of the clinic to identify, record and address any additional risks**
- **Implement robust governance oversight to ensure identified risks and recurrent issues are effectively addressed and monitored, to support the safety of staff and patients.**

Medicines management

We found robust procedures in place for the safe management of medicines. An up-to-date medicines management policy was in place to provide clear guidance to staff. All relevant staff members were fully compliant with their mandatory medicines management training.

We saw appropriate internal auditing systems in place to support the safe administration of medications. Patient medications were securely and appropriately stored in locked cupboards or the medication fridge within the clinic as appropriate. A daily medication fridge temperature checklist was in place to ensure medication was being stored at the manufacturer's advised temperature. However, we noted one gap in the checklist which indicated that the checks were not always consistently completed.

The service must ensure the medication fridge temperature checklist is consistently completed to ensure patient safety.

The patient medication records we viewed were being maintained to a good standard and included all relevant information. The records were consistently signed and dated when medication was prescribed and administered, and a reason recorded when medication was not administered. The records evidenced appropriate prescribing of medications in accordance with patient needs.

Safeguarding children and safeguarding vulnerable adults
There were established processes in place to ensure that the clinic safeguarded adults and children, with referrals to external agencies as and when required. Comprehensive safeguarding policies were in place and up-to-date. The clinic management structure included a dedicated safeguarding lead who was supported by the corporate Governance and Compliance Team to ensure safeguarding responsibilities were met. We were provided with training figures which indicated that overall staff compliance with mandatory safeguarding training was 82 per cent.

We were told that all safeguarding concerns were recorded within the Datix system and overseen by senior staff. At the time of our inspection there were no open safeguarding concerns, and we were assured from our discussions with staff that they fully understood the clinic’s safeguarding procedures and reporting arrangements.

Medical devices, equipment and diagnostic systems
A range of suitable equipment was available to support the provision of care and treatment to patients at the clinic. We saw evidence that the clinic’s ultrasound scanning equipment was fit for purpose and serviced on a yearly basis as appropriate.

Safe and clinically effective care
We found suitable processes in place to support the safe and effective care of patients. There was an established governance structure in place to provide

oversight of clinical and operational issues. Staff confirmed that the governance arrangements included activities and meetings to discuss incidents, findings and issues related to patient care, which supported improvements and shared learning from incidents. We saw strong evidence of multidisciplinary collaboration between nursing, medical and laboratory staff to support patient care.

The patient records we reviewed within the electronic record system were being maintained to a good standard and provided a contemporaneous record of all patient interactions. The records contained details of the clinician making the record, together with sufficient details of the treatment provided to each patient and subsequent care plans. Patients were given clear information about their treatment and management options so that they could understand the service being provided. The records suitably captured detailed and relevant information including valid consent, patient medical histories and the risk assessments conducted prior to surgical procedures taking place.

Participating in quality improvement activities
It was apparent from our discussions with staff that senior managers were reviewing the provision of service with a view to improving patient care. There were regular staff meetings being held to review the standard of care and treatment and identify whether improvements could be made.

The registered person described a process for collating and reviewing feedback from patients as part of the system for quality assurance and quality improvement. We were provided with examples of patient feedback which demonstrated this process.

Audit activities and monitoring systems and processes were in place to ensure the clinic focussed on continuously maintaining standards. However, as outlined previously in this report, the service must ensure that issues identified during clinic audits are robustly addressed and monitored.

Information management and communications technology
We found appropriate information governance arrangements in place and staff demonstrated awareness of their responsibilities in respect of accurate record keeping and maintaining confidentiality. Staff compliance with mandatory Data Security and Awareness training was high at 92 per cent.

Records management
All patient records were maintained electronically, and we found appropriate arrangements in place to ensure the security of these records. The patient records we examined were clear and well organised. However, during the inspection we noted instances where patient ultrasound scans were manually printed and then

scanned into their electronic health record, rather than being uploaded directly. This posed a potential risk of patient scans being attached incorrectly or being attributed to the wrong person in the system.

The service must ensure patient scans are directly uploaded to their records to prevent the risk of record keeping errors and support patient safety.

Quality of Management and Leadership

Governance and accountability framework
We found a suitable management structure with clear lines of reporting and accountability in place. Both the registered manager and responsible individual were based at the clinic and were available to support staff and to monitor the quality of the services provided. The multidisciplinary team was well established, and we observed everyone working well together throughout the inspection.

All staff members we spoke with during the inspection confirmed that they felt supported in their roles. We noted regular staff meeting processes to capture staff feedback and act upon any issues raised. We were told that all staff had received an appraisal of their work performance within the last 12 months.

At the time of our inspection, the service was undergoing a period of transition of ownership to the Care Fertility Group Limited (CARE). We were told that the service was in the process of adjusting to the new ownership and its processes, including the introduction of CARE policies and training courses for staff. However, staff advised that they were experiencing technical issues in accessing and navigating the CARE electronic system. Therefore, staff were not able to provide some of the documents and information we requested to review during the inspection, but these were received after the inspection was concluded. We highlighted our concerns to staff that the ongoing system technical issues posed potential risks in respect of governance oversight of clinic processes and staff performance and must be urgently rectified.

The service must ensure the CARE system technical issues are fully rectified and that all staff are able to access and navigate the system.

The service must ensure relevant documentation and information required by the regulations is readily accessible to staff.

Dealing with concerns and managing incidents
Details of how patients could make a complaint were included within the statement of purpose, on the website and in leaflet form. A written complaints procedure was also available. These clearly set out the timescales for acknowledging and responding to complaints.

We found suitable processes for recording, investigating and monitoring incidents and complaints in order to share learning and drive quality improvement. Regular audit activities and meetings took place to discuss incidents, findings and issues related to patient care. We were told that any risks and concerns were raised with

the relevant department leads, who investigated and reported their findings as appropriate. We found that incidents, complaints and safeguarding concerns were routinely reviewed, and any learning was shared with all staff.

Workforce recruitment and employment practices
During the inspection, we found that the staffing levels and skill mix were sufficient to support patient safety and provide the services offered at the clinic. We were informed there were currently no nursing staff vacancies.

The service's recruitment processes and pre-employment checks were described by staff. We were told that an appropriate staff recruitment, selection and appointment process was in place. Prior to employment, pre-employment checks were conducted which included enhanced Disclosure and Barring Service (DBS) checks. We were told that staff employment records were regularly reviewed to ensure that staff were fit to work at the clinic.

During the inspection we were informed that all staff files were held off site and were not available for review at the time of our inspection. We were provided with a sample of two staff recruitment files post inspection. We saw that the staff files contained a current job description and detailed employment contracts. We were told that the corporate Human Resources department managed the onboarding processes for all staff, and that there were appropriate systems in place to ensure all staff had received their immunisations before commencing work in the clinic. Staff confirmed that there were systems in place to alert staff when their Nursing and Midwifery Council Pin was due to expire.

Workforce planning, training and organisational development
Overall staff training compliance was overseen by the registered manager. We were told that a new CARE mandatory staff training programme had recently been introduced for staff, and there were systems in place for supervisory staff to monitor staff mandatory training compliance. Senior staff demonstrated awareness of their responsibilities in monitoring staff training compliance and confirmed that all staff were registered for the required mandatory training. We were told that the service aimed to ensure all staff were fully compliant with their mandatory training by the end of September 2024.

However, during the inspection staff told us that they could not access the training matrix due to ongoing technical issues with the CARE system. Therefore, we were not provided with staff training compliance figures during the inspection. We engaged with staff regarding this matter and were later provided with training compliance data which identified low levels of staff compliance with several mandatory training courses. Upon further discussions with staff, it was established

that the information provided to HIW was inaccurate, due to the technical errors within the new system.

In order to collate the overall training staff compliance data, staff manually collated and interpreted individual staff training compliance records into a spreadsheet, which was a time-consuming and laborious task. When this was provided to HIW, we found good overall staff training compliance with all mandatory training courses. We were provided with assurances that the CARE system technical issues had been reported, and that staff training compliance would be monitored manually until the issues were rectified. However, we highlighted our concerns to staff that the CARE system must be accessible to ensure accurate training compliance data can be retrieved, and allow for effective governance and oversight of staff mandatory training.

The service must ensure accurate staff training compliance data can be accessed and reviewed, to support ongoing governance oversight and monitoring.

We were told that senior staff and the service's dedicated Learning Development Team regularly reviewed the training and qualifications of existing staff members, with a view to developing and upskilling staff. Staff confirmed that the service supported the Continuing Professional Development of all staff by providing additional training connected to their roles, including ultrasound scanning courses and prescribing courses.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate improvements were identified during this inspection.			

Appendix B - Immediate improvement plan

Service: Centre for Reproduction and Gynaecology Wales, Llantrisant

Date of inspection: 13 August 2024

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.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate improvements were identified during this inspection.					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Centre for Reproduction and Gynaecology Wales, Llantrisant

Date of inspection: 13 August 2024

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.	One patient told us their preferred language was Welsh but they were not actively offered the opportunity to speak Welsh, and the healthcare information provided to them was not available in Welsh.	The service should ensure all patient information is readily available and routinely provided in both Welsh and English. Patients should be actively offered the opportunity to speak in their preferred language wherever possible.	Communicating effectively	It is regretful that this occurred. We do actively ask patients to inform us of any communication needs in our pre-appointment letter. Unfortunately, we do not currently have any Welsh speaking staff; however, the recruitment team have been informed to encourage Welsh speakers to apply for available roles. We are	Ben Davies – Governance & Compliance administrator & Ann-Louise Lane Registered Manager	31st January 2025

				also reviewing our initial documentation pack, and where appropriate and possible, we will aim to provide it in Welsh.		
2.	One patient told us that when booked to see the Doctor, they had come to accept the norm of having to wait over an hour for their appointment, which made the process stressful.	The service should ensure patients are seen at their allocated appointment time to ensure timely and effective patient care.	Care planning and provision	We are sorry that this was the experience of one of our patients. We have spoken with clinical team and reiterated the importance of conducting appointments in a timely manner. Our patients are encouraged to provide feedback during their time with Care Fertility Cardiff. In response to this feedback, we will conduct a trend analysis of our feedback to see if there is a systematic	Medical Team overseen by Director – Amanda O'Leary & Governance & Compliance Director Debra Bloor	Continued practice already in place and therefore Immediately actioned.

				issue with waiting times that needs addressing.		
3.	There was no system in place to routinely inform patients about actions taken as a result of the feedback they provided.	The service should enhance the patient feedback process by introducing a system to routinely inform the patients about actions taken as a result of the feedback provided.	Citizen engagement and feedback	A communication board ("you said, we did") will be provided in the reception area for to notify patients what actions have been taken based on the collective feedback received.	Patient services Lead – Donna & Overseen by Registered Manager Ann-Louise Lane	30th Nov 2024
4.	We noted several gaps in the resus trolley checklist.	The service must ensure the resus trolley checks are conducted and recorded within set timescales to support patient safety.	Managing risk and health and safety	We acknowledge the report findings and will ensure the checks are completed as a routine daily practice. Adaptations have been made to the checklist, as well as forming part of the routine daily schedule for the nursing team. Audits will be completed to ensure the changes have been effective. Where there is no	Nurse lead – Natasha Witchell	Immediate action implemented

				patient activity, the checklist moving forward, will be clearly indicated as such. For completeness and reassurances, the processes we follow in relation to the resus checks aim to adhere to the guidance provided by the health and care standards framework Wales, specifically standard 2.1.		
5.	Some areas of the clinic prevented or did not support effective IPC and posed a potential risk to staff and patient safety. Some were identified during previous IPC audits but were still present at the time of our inspection.	The service must: • Rectify the IPC and environmental issues we noted during the inspection • Conduct a full environmental audit of the clinic to identify, record and	Infection prevention and control (IPC) and decontamination	We appreciate and acknowledge the HIW raising these concerns regarding IPC. An environmental audit has been conducted in response to this and we will correct these areas of non-conformity. This audit is going to be	Ann-Louise Lane – Registered Manager	January 2025

		address any additional risks • Implement robust governance oversight to ensure identified risks and recurrent issues are effectively addressed and monitored, to support the safety of staff and patients.		added to our Datix platform for action. As a clinic, we prioritise the safety of our patients and stored genetic material. Therefore, we will have to wait till the clinic is closed for Christmas before undergoing construction activity. This is to ensure minimal disruption and risk to patients. We believe this is acceptable, as in accordance with the Health Building notes provided by the NHS, we believe that given these are in non-clinical areas, they do not impose an ongoing or immediate risk to patients.		

6.	We noted one gap in the medication fridge checklist which indicated that the checks were not always consistently completed.	The service must ensure the medication fridge temperature checklist is consistently completed to ensure patient safety.	Medicines management	The temperatures are electronically recorded for the medicine fridge. This provides alerts to an on-call system, when the temperatures are falling outside acceptable levels. There is also a warning alarm before it reaches the undesired temperatures to alert the team so that appropriate action can be taken. This forms part of the nursing team responsibilities. We do apologise this was not clearly indicated or reflected in the hardcopy temperature checklist attached to the fridge at the time of the inspection. Moving forward the hard copy checklist has been	Nurse Lead – Natasha Witchell	Immediate action implemented

				removed from the fridge to avoid unnecessary behaviours.		
7.	We noted instances where patient ultrasound scans were manually printed and then scanned into their electronic health record, rather than being uploaded directly. This posed a potential risk of patient scans being attached incorrectly or being attributed to the wrong person in the system.	The service must ensure patient scans are directly uploaded to their records to prevent the risk of record keeping errors and support patient safety.	Records management	New software has been installed, which allows necessary scan images to be uploaded to the patient record electronically. We firmly believe this will reduce the risk that the current scanning system poses. Printing of scan images is by patient request or if required by a member of the clinical or nursing team as appropriate.	Nursing Lead – Natasha Witchell & the IT Dept overseen by the IT manager Andrew Kenah & Group Head of IT Anthony Mazzara	31st Dec 2024
8.	The ongoing CARE system technical issues posed potential risks in respect of governance oversight of clinic processes and staff performance.	The service must ensure the CARE system technical issues are fully rectified and that all staff are able to access and navigate the system.	Governance and accountability framework	There have been some issues with the integration of Care systems. The technical errors observed on the day have been	Head of IT Anthony Mazzara	31st December 2024

		The service must ensure relevant documentation and information required by the regulations is readily accessible to staff.		rectified and will not reoccur.		
9.	Staff were unable to collate mandatory staff training compliance data during the inspection.	The service must ensure accurate staff training compliance data can be accessed and reviewed, to support ongoing governance oversight and monitoring.	Workforce planning, training and organisational development	We do apologise that this data was not readily available and have rectified this. The information on mandatory training can now be accessed.	Learning and development lead – Zoe Flitter & the local Senior management team overseen by Ann-Louise Lane- Registered Manager	30th Sept 2024

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): **Ann-Louise Lane**

Job role: **Clinic Director**

Date: **11 November 2024**