The Regulation and Quality Improvement Authority

Inspection Report

9 and 10 December 2025
and
19 January 2026

In-OVO Fertility Clinic

Type of Service: Independent Hospital (IH)
Fertility Services and Assisted Conception
Address: Unit 1,189 Airport Road West, Portside Business Park, Belfast, BT3 9ED
Telephone Number: 028 9620 7100

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/; The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Care Standards for Independent Healthcare Establishments (July 2014)

1.0 Service information

Organisation/Registered Provider: In-OVO Fertility Clinic Ltd **Responsible Individual:** Dr Efstathios Diakos	**Registered Manger:** Ms Melanie Stanton **Date registered:** 17 September 2020
Person in charge at the time of inspection: Ms Melanie Stanton	
Categories of care: Independent hospital (IH) Prescribed techniques or prescribed technology: clinics providing in vitro fertilisation techniques PT (IVF) Private doctor (PD)	
Brief description of how the service operates: In-OVO Fertility Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with prescribed techniques or prescribed technology: clinics providing in vitro fertilisation techniques PT (IVF) and private doctor (PD) categories of care.	

2.0 Inspection summary

A short notice announced inspection was undertaken to In-OVO Fertility Clinic on 9 December 2025 from 10.00 am to 1.30 pm on 10 December 2025 from 10.00 am to 1.10 pm and on 19 January 2026 from 10.00 am to 2.00 pm.

During the inspection the inspectors reviewed care practices and reviewed relevant records and documentation used to support the governance and assurance systems.

It was determined that staffing levels and morale in the clinic were good; with evidence of good multidisciplinary team working and open communication between staff. Staff feedback was positive and it was evident that there were good working relationships.

Examples of good practice were evidenced in respect of: staffing; recruitment and selection of staff; the provision of assisted conception services; management of the patients' care pathway; infection prevention and control; engagement to enhance the patients' experience; and organisational and clinical governance.

No immediate concerns were identified in relation to patient safety and the inspection team noted areas of good practice in relation to the delivery of assisted fertility and conception services.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered, before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in a quality improvement plan (QIP).

Prior to the inspection we reviewed a range of information relevant to the clinic. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report

The inspectors undertook a tour of the premises and met with various staff members and reviewed relevant records and documentation.

4.0 What people told us about the service.

The inspectors did not have the opportunity to speak with patients during the inspection.

Ms Stanton confirmed that satisfaction surveys are completed by patients following their treatment and the findings are shared through their governance structures. A review of a patient satisfaction survey completed during 2025, demonstrated that In-OVO Fertility Clinic pro-actively seek the views of patients about the quality of care, treatment and other services provided. Patient feedback regarding the fertility service was found to be very positive in respect to all aspects of care received and reflected that staff deliver a very high standard of care. Ms Stanton confirmed that an action plan would be developed to inform and improve services provided, if appropriate. The results of the satisfaction surveys had been collated into an anonymised summary report, which is made available to patients and other interested parties.

Posters were issued to In-OVO Fertility Clinic by RQIA prior to the inspection inviting patients and staff to complete an electronic questionnaire. No completed patient or staff questionnaires were submitted to RQIA prior to or following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last inspection to In-OVO Fertility Clinic was undertaken on 30 January 2025; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 How does the establishment ensure that safe staffing arrangements are in place to meet the needs of patients?

Staffing arrangements were reviewed and it was confirmed that there are appropriately skilled and qualified staff involved in the delivery of services. This includes Dr Diakos, Responsible Individual and Medical Director, Ms Stanton, Registered Manager, four consultant anaesthetists, a team of embryologists and registered nurses who have completed specialist qualifications and can demonstrate competency in fertility treatments.

We reviewed the arrangements for the oversight and recording of induction and on-going training supervision and appraisal of staff. A training matrix was in place to monitor the status of all staff training requirements.

Arrangements were in place for staff to take part in ongoing training to update their knowledge and skills, relevant to their role. A review of the training records evidenced that not all staff had undertaken training in keeping with RQIA training guidance and legislation. This was discussed and following the inspection, RQIA received confirmation that all of the staff had undertaken training accordingly. Training will be reviewed at future inspections.

Ms Stanton confirmed that when a new member of staff is recruited they take part in an induction and undertake training commensurate with their roles and responsibilities. An induction programme had been developed for each new member of staff which was relevant to their roles and responsibilities.

Ms Stanton confirmed that staff undertake regular competency assessments which form part of supervision sessions.

Discussion with Ms Stanton and review of documentation identified that arrangements were in place to check the registration status for all clinical staff on appointment, for example: medical practitioners with the General Medical Council (GMC) and nursing staff with the Nursing and Midwifery Council (NMC).

As a result of the action taken following the inspection it was determined that the staff were suitably trained to carry out their duties.

5.2.2 How does the establishment ensure that recruitment and selection procedures are safe?

The arrangements in respect of the recruitment and selection of staff were reviewed.

Recruitment and selection policies and procedures were in place, which adhered to legislation and best practice guidance. These arrangements will ensure that all required recruitment documentation has been sought.

A staff register was available to review, which was up to date and included the names and details of all staff who are and have been employed, in keeping with legislation. The staff register evidenced that two staff members had been recruited since the previous inspection.

A review of the personnel files for the newly recruited staff evidenced that all the relevant information as listed in Regulation 19, Schedule 2 of the Independent Health Care Regulations (NI) 2005, as amended, had been sought and retained.

Robust recruitment and selection procedures were in place to ensure compliance with the legislation and best practice guidance.

5.2.3 Are the arrangements in place for safeguarding in accordance with current regional guidance?

The arrangements in respect of the safeguarding of adults and children were reviewed. Ms Stanton confirmed that treatments are not provided to persons under the age of 18 years.

A policy and procedure was in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. Advice and guidance was provided to ensure that the policy clearly identifies roles and responsibilities of reporting a safeguarding incident. During the inspection RQIA received confirmation that this had been addressed.

Review of records demonstrated that not all of the staff had received appropriate training in safeguarding adults on a three yearly basis as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. This was discussed and following the inspection RQIA received evidence that this issue had been addressed.

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

The identified safeguarding champion had completed safeguarding training at the level required in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for reference.

As a result of the actions taken following the inspection it was determined that appropriate arrangements were in place to manage a safeguarding issue should it arise.

5.2.4 Does the establishment adhere to best practice guidance concerning the management of patients undergoing fertility treatment?

In-OVO Fertility Clinic is licensed with the Human Fertilisation and Embryology Authority (HFEA), the UK's independent regulator for the fertility sector. The clinic has held a Treatment and Storage license with the HFEA since 2020 which was renewed on 20 January 2026 and expires 19 January 2030. The clinic provides a full range of fertility services.

A range of treatment protocols were in place for the management of patients receiving assisted conception services which have been developed and agreed by all professionals within the clinic. It was identified that the protocols examined included issue and review dates.

The protocols for the prevention and management of ovarian hyper stimulation syndrome (OHSS) have been written by the lead clinician, a review of these protocols demonstrated that they were evidence based and in line with best practice. It was noted that the protocols included reporting all deaths from OHSS to the 'Confidential Enquiry for Maternal Deaths'. It was advised to also include reference to the Northern Ireland Maternal and Child Health (NIMACH) within the Public Health Agency in the OHSS protocols. Following the inspection evidence was submitted to RQIA that this matter had been actioned.

It was confirmed that written protocols are in place for the close monitoring of patients, in order to avoid unnecessary complications including multiple pregnancies.

An elective single embryo transfer (eSET) protocol, entitled 'Multiple Birth Minimisation Strategy' was in place. It was confirmed that the eSET protocol sets out the number of embryos that can be placed in a patient in any one cycle and this protocol complies with the HFEA code of practice. The protocols and procedures were discussed with staff who demonstrated detailed knowledge on the matter.

It was confirmed that the clinic has a procedure for indelible labelling of material for individual patients to ensure the unique identification of a patient's material and the checking and recording of all stages of treatment.

There was evidence that there is suitable counselling regarding treatment and outcomes and there was documentation to reflect this. Staff confirmed that patients and their partners are treated with respect, dignity and compassion.

A daily multidisciplinary clinical meeting on the management of patients takes place and any recommended changes to treatment plans are agreed. During the inspection we observed this meeting taking place which was attended by Dr Diakos, Ms Stanton, the registered nurses, the laboratory manager, the senior embryologist and the receptionist.

A review of a selection of patients' clinical records found that all records were robustly completed and clearly outlined the patient pathway. However, it was noted that a record of the World Health Organisation (WHO) safety checklist was not included. Following the inspection evidence was submitted to RQIA confirming that this matter had been actioned.

Discussion with staff and review of relevant policies and procedures during and following the inspection evidenced that In-OVO Fertility Clinic were adhering to HFEA best practice guidance.

5.2.5 Is this establishment fully equipped and are the staff trained to manage medical emergencies?

The arrangements in respect of the management of medical emergencies were reviewed.

The policy for the management of medical emergencies reviewed was in keeping with best practice. It included various protocols on the types of medical emergencies that may occur in the clinic in keeping with the Resuscitation Council (UK) guidelines.

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. The self inflating bag provided was noted to have exceeded the expiry date. This was discussed and following the inspection RQIA received confirmation that this item had been replaced.

A record of all emergency medicines and equipment was attached to the emergency trolley and a written record is retained of the daily and monthly checks carried out by a designated member of staff. Ms Stanton was advised to ensure that all medication is stored in the original packaging in keeping with best practice.

Ms Stanton confirmed that the staff have knowledge and understanding of managing resuscitation and other medical emergencies and were aware of the location of medical emergency medicines and equipment.

A review of training records confirmed staff have received either first aid or basic life support training, nurses have undertaken immediate life support training and anaesthetists have advanced life support skills. Dr Diakos and Ms Stanton were advised to ensure that any updates are undertaken in line with the Resuscitation Council (UK) guidelines and this was addressed following the inspection.

As a result of the actions taken following the inspection it was determined that staff were suitably trained and appropriate medicines and equipment were in place to manage a medical emergency.

5.2.6 Does the establishment adhere to infection prevention and control (IPC) best practice guidance?

The arrangements for IPC procedures throughout the clinic were reviewed to evidence that the risk of infection transmission to patients, visitors and staff was minimised. The clinic had an overarching IPC policy and various associated procedures in place.

A tour of the premises was undertaken and the clinic was found to be clean, tidy and uncluttered. Overall, the equipment was found to be clean, free from damage and in good repair.

Clinical hand washing sinks located in each consulting room and other clinical areas were clean and used for hand hygiene practices only. A hand hygiene poster was displayed close to each hand washing sink. Staff were observed carrying out hand hygiene in accordance with best practice.

Hand sanitisers were readily available for staff and patient use throughout the clinic. Personal Protective Equipment (PPE) was readily available in keeping with best practice guidance. No reusable medical devices are used in the clinic and staff confirmed that contracts are in place to launder bedlinen.

Waste management arrangements were in place and clinical waste bins were pedal operated in keeping with best practice guidance.

Cleaning records were completed and found to be up to date and staff had undertaken IPC training commensurate with their roles and responsibilities. A colour coded cleaning system was in place and staff were aware of best practice guidance in this regard.

It was identified that a robust audit programme had been developed on all aspects of IPC within the clinic in keeping with best practice.

It was confirmed that staff have undertaken mandatory IPC training. It was confirmed that IPC training also includes Aseptic Non Touch Technique (ANTT) training.

The arrangements in place to adhere to IPC best practice guidelines were found to be satisfactory.

5.2.7 Are robust arrangements in place regarding clinical and organisational governance?

Organisational governance

Various aspects of the organisational and medical governance systems were reviewed and evidenced a clear organisational structure within In-OVO Fertility Clinic.

Since the previous inspection Dr Diakos advised RQIA that whilst the entity of In-OVO Fertility Clinic Limited will remain unchanged, the responsible individual will change. RQIA has now received an application from the new proposed responsible individual and this is currently being processed.

Dr Diakos is the current responsible individual and the only private doctor working in the clinic and is supported by Ms Stanton as the registered manager.

In-OVO Fertility Clinic Limited has a board of directors that includes Dr Diakos as the clinician. Other shareholders of the organisation attend the board of director's meetings and they meet quarterly. A sample of minutes from several management meetings reviewed evidenced that the governance structures were functioning well to provide a level of assurance to the board of directors.

Discussion with staff confirmed that clinical meetings take place daily and are attended by Dr Diakos, Ms Stanton, an anaesthetist, the embryologists, nursing staff and administrative staff. Also Ms Stanton confirmed that regular meetings are held to discuss any new information and guidance regarding the Human Fertilisation and Embryology Authority (HFEA) and minutes were available to review.

Advice and guidance was provided in relation to ensuring that more formal staff meetings take place on a regular basis in keeping with the minimum care standards. Dr Diakos and Ms Stanton have agreed to action this following the inspection. This will be reviewed at a future inspection.

Where the business entity operating an assisted fertility service is a corporate body or partnership or an individual owner who is not in day to day management of the service, unannounced quality monitoring visits by the registered provider, or person acting on their behalf, must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. Dr Diakos, Responsible Individual, is in day to day management of the service; therefore, unannounced quality monitoring visits are not required.

Medical governance and practising privileges

The governance, medical leadership and medical cover within the clinic were discussed with Dr Diakos, medical director of In-OVO Fertility Clinic.

A review of records and discussion with Dr Diakos and Ms Stanton confirmed that a medical advisory committee (MAC) is in place. The terms of reference for the MAC were reviewed and these have been developed in accordance with the Minimum Standards for Independent Healthcare Establishments (July 2014). MAC meetings are held quarterly and a review of the minutes of the most recent MAC meetings provided a detailed account of the topics discussed and decisions made.

A private doctor is a medical practitioner who is not affiliated with the Health and Social Care (HSC) sector in Northern Ireland (NI) and/or is not on the General Practitioner's (GPs) performer list in NI. Dr Diakos is the only wholly private doctor working in the clinic. Review of Dr Diakos details confirmed there was evidence of the following:

- confirmation of identity
- current GMC registration
- professional indemnity insurance
- qualifications in line with service provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained Medical Appraiser
- an appointed responsible officer (RO)
- arrangements for revalidation

Dr Diakos had completed training in accordance with RQIA's training guidance and is aware of his responsibilities under GMC Good Medical Practice.

All medical practitioners working within the clinic must have a designated RO. In accordance with the GMC all doctors must revalidate every five years.

The revalidation process requires doctors to collect examples of their work to understand what they're doing well and how they can improve. Experienced senior doctors (called ROs) work with the GMC to make sure doctors are reviewing their work. As part of the revalidation process RO's make a revalidation recommendation to the GMC. Where concerns are raised regarding a doctor's practice information must be shared with their RO who then has a responsibility to share this information with all relevant stakeholders in all areas of the doctor's work.

The current arrangements supporting medical appraisal and revalidation with an RO for all medical practitioners working in the clinic was discussed. It was confirmed that the four consultant anaesthetists who work in In-OVO Fertility Clinic also hold a substantive post in the HSC sector in NI and complete their appraisal and medical revalidation through their employing organisations which are either local HSC Trusts or other HSC organisations. It was demonstrated that annual appraisals were in place for the consultant anaesthetists and were up to date.

Practising Privileges

The only mechanism for a medical practitioner to work in a registered independent hospital is either under a practising privileges agreement or through direct employment by the hospital. Dr Diakos informed us that the three consultant anaesthetists each work under a practising privileges agreement.

Practising privileges can only be granted or renewed when full and satisfactory information has been sought and retained in respect of each of the records specified in Regulation 19 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended.

A detailed policy and procedural guidance for the granting, review and withdrawal of practicing privileges agreements was in place.

A review of the four consultant anaesthetist's personnel files evidenced that there was a written practicing privileges agreement between each consultant and In-OVO Fertility Clinic setting out the terms and conditions which had been signed by both parties. It was noted that the practising privileges agreements had been reviewed within the previous two years.

Quality assurance

It was evidenced that arrangements were in place to review risk assessments, a risk management register is maintained and reviewed with the directors on a regular basis.

Arrangements were in place to monitor, audit and review the effectiveness and quality of care and treatment delivered to patients at appropriate intervals. The results of audits are analysed and actions identified for improvement are embedded into practice. If required, an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

The statement of purpose and patient's guide were kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately and current insurance policies were in place.

Notifiable Events/Incidents

A robust system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

A review of a notification submitted to RQIA since the previous inspection demonstrated that a system was in place to ensure that notifiable events were investigated and reported to RQIA, HFEA or other relevant bodies as appropriate within a timely manner.

Ms Stanton advised that any learning from incidents would be discussed during the daily and monthly meetings to ensure the dissemination of learning to all staff. Ms Stanton also advised that there was a process in place for analysing incidents and events to detect potential or actual trends or weakness in a particular area in order that a prompt and effective response can be considered by the senior management team at the earliest opportunity. An audit would be maintained, reviewed and the findings presented to the directors during their quarterly meetings.

Complaints Management

A copy of the complaints procedure was available in the clinic and was found to be in line with the relevant legislation and Department of Health (DoH) guidance on complaints handling. Ms Stanton has agreed to include the details of RQIA within the policy as an oversight body.

Ms Stanton confirmed that a copy of the complaints procedure is made available for patients/and or their representatives on request and staff demonstrated a good awareness of complaints management.

It was confirmed that no complaints had been received since registration. Ms Stanton advised that any complaints received would be investigated and responded to appropriately to include details of all communications with complainants; the result of any investigation; the outcome and any action taken. Information gathered from complaints will be used to improve the quality of services provided.

It was determined that suitable arrangements are in place to enable Dr Diakos and the board of directors to assure themselves of the quality of the services provided in In-OVO Fertility Clinic.

5.3 Does the service have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Ms Stanton.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dr Diakos and Ms Stanton as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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