

Gynae Centre Ltd

The Gynae Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

Overall summary

We had not previously rated this location. We rated it as requires improvement because:

- Staff did not have the appropriate training on how to recognise and report abuse. Not all clinical staff were trained to Level 3 in safeguarding adults and children. It is a requirement for clinical staff working in termination of pregnancy services to be trained to Level 3.
- Although staff followed infection control principles to protect patients, themselves and others from infection, the service did not always use systems or processes to identify how well they prevented infections.
- Staff did not always complete and update all relevant risk assessments for each patient and therefore did not always remove or minimise risks. At the time of our inspection, staff did not use a nationally recognised tool to identify deteriorating patients and escalate them appropriately.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines. Pills by post medicines were not labelled safely and in accordance with the Human Medicines Regulations 2012.
- The service did not have adequate policies and procedures to make sure staff followed guidance for decision making. The service did not always monitor the effectiveness of care and treatment. They did not use audit findings to make improvements and achieve good outcomes for patients.
- Leaders did not demonstrate full understanding of the issues the service faced or how to manage them. They did not operate effective governance processes. Leaders and teams did not use systems to manage performance effectively. The service did not have a risk management system to record the management or mitigation of risks.

However:

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. They understood service users' personal, cultural and religious needs.
- Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Surgery

Requires Improvement



We had not previously rated Surgery at this location. We rated it as requires improvement because:

- Not all nursing staff were trained in safeguarding children and we were not provided with any evidence of mandatory training for most medical staff.
- The service did not always use systems or processes to identify how well they prevented infections. There were no systems to identify and prevent surgical site infections.
- Staff did not always complete and update all relevant risk assessments for each patient and therefore did not always remove or minimise risks.
- The service did not have efficient systems and processes to safely manage medicines.
- Policies and procedures were not comprehensive and did not reflect the latest best practice guidelines. The service did not always monitor the effectiveness of care and treatment. They did not use audit findings to make improvements and achieve good outcomes for patients.
- Leaders did not demonstrate full understanding of the issues the service faced or how to manage them. They did not operate effective governance processes. Leaders and teams did not use systems to manage performance effectively. The service did not have a risk management system to record the management or mitigation of risks.

However:

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.

Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Termination of pregnancy

Inadequate



We had not previously rated this service. We rated it as inadequate because:

- Staff did not have the appropriate training on how to recognise and report abuse. All nursing staff were only trained to Level 2 in safeguarding adults. It is a requirement for clinical staff working in termination of pregnancy services to be trained to Level 3.
- Although staff followed infection control principles to protect patients, themselves and others from infection, the service did not always use systems or processes to identify how well they prevented infections.
- Staff did not always complete risk assessments for each service user and therefore did not always remove or minimise risk. Staff were not always able to identify or quickly act upon service users at risk of deterioration.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines. Pills by post medicines were not labelled safely and in accordance with the Human Medicines Regulations 2012.
- The service did not have adequate policies and procedures in place to make sure staff followed guidance for decision making, and to ensure staff were practicing in compliance with laws and regulations.
- The service did not always monitor the effectiveness of care and treatment. They did

Summary of findings

not have an audit programme in place. Where audits were completed, their findings were not used to make improvements and achieve good outcomes for service users.

However:

- People could access the service when they needed it and always received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge service users were in line with national standards.
 - Staff treated service users with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
 - Staff provided emotional support to service users, families and carers to minimise their distress. They understood service users' personal, cultural and religious needs.
 - Staff supported service users to make informed decisions about their care and treatment. They followed national guidance to gain service users' consent. They knew how to support service users who lacked capacity to make their own decisions or were experiencing mental ill health.
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Summary of findings

Contents

Summary of this inspection

Background to The Gynae Centre

Page

7

Information about The Gynae Centre

8

Our findings from this inspection

Overview of ratings

10

Our findings by main service

11

Summary of this inspection

Background to The Gynae Centre

The Gynae Centre is a small independent service in central London, offering gynaecological consultations and minor day surgery for women, as well as early medical (up to nine weeks and six days gestation) and surgical termination of pregnancy services (TOPs), within 14 weeks and six days of pregnancy. The centre provided TOPs services for women over the age of 16.

The service had 2234 attendances in the 12-month period prior to our inspection. The provider told us 80% of attendances are in relation to TOPs. The service completed 1,111 abortions, of which 746 were early medical terminations by telemedicine (remote consultation and supply of abortifacient medication to take at home).

There were 95 minor surgical procedures carried out in the 12-month period prior to our inspection. Minor surgery treatments provided includes labioplasty, vaginoplasty, hymen repair, hysteroscopy, mini curette of uterus, loop excision of cervix, marsupialization of Bartholin's cyst, local botox injections for vaginismus, manual vacuum aspiration and removal of retained products from the uterus following incomplete miscarriage.

The service has no inpatient beds. Facilities include a consultation room and a treatment room. Both rooms are equipped with modern ultrasound equipment.

The Gynae Centre was last inspected in October 2016 and we did not rate it at that time.

We carried out a comprehensive unannounced inspection of TOPs at The Gynae Centre on 4 August 2021. We returned for a comprehensive inspection of Surgery on 6 and 12 August 2021.

As a result of this inspection, we used our enforcement powers to serve a Warning Notice to the provider under section 29 of the Health and Social Care Act 2008. This was served for failing to comply with Regulation 12: Safe Care and Treatment, and Regulation 17: Good Governance. As a result, the provider must demonstrate to CQC compliance with the concerns identified in the warning notice by set dates. A future inspection will be held to check compliance.

Professor Ted Baker, Chief Inspector of Hospitals said:

I am placing the service into special measures.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Summary of this inspection

How we carried out this inspection

During the inspection, we spoke to five members of staff, including consultants and nursing staff. We spoke to seven patients and reviewed five patient records. We checked the resuscitation bag, medicines and reviewed guidelines.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Areas for improvement

Action the service **MUST** take to improve:

- The service must ensure that medicines, in particular pills by post, are labelled safely and in accordance with the Human Medicines Regulations 2012, so that service users are able to correctly identify the medicines and know when to self-administer them. (Regulation 12(2)(g)).
- The service must ensure that early warning scores are recorded for women undergoing surgical termination of pregnancy so that women who may be at risk of deteriorating clinically, have their condition detected early and are escalated in a timely manner. (Regulation 12(2)(a)(b)).
- The service must ensure policies are comprehensive and reflect current legislation and best practice guidelines in order to give staff guidance for decision making. (Regulation 17(1)(2)(a)(b)).
- The service must ensure the safeguarding policy reflects the intercollegiate document 2019 and the latest best practice guidance. (Regulation 17(1)(2)(a)(b)).
- The service must ensure there are effective systems for monitoring the effectiveness of care and treatment. This includes implementing a comprehensive audit programme (recommended by the RCOG, as well as infection prevention and control) in order to identify risks and improve patient outcomes. (Regulation 17(1)(2)(a)(b)).
- The service must ensure there are effective governance processes in place. This includes implementing systems for reviewing policies and procedures, audits, incidents, risks and practising privileges. (Regulation 17(1)(2)(a)(b)).
- The service must ensure there are effective systems to monitor, escalate and mitigate risks appropriately. (Regulation 17(1)(2)(b)).
- The service must ensure that all staff are trained to Level 3 in both Adults and Children safeguarding to allow staff to correctly identify and escalate women at risk of harm or abuse. (Regulation 18(2)(a)).

Action the service **SHOULD** take to improve:

- The service should consider having follow up contact with women who have early medical abortions, to assess if they had taken the medication, if it was taken within the legal gestation time of 9 weeks and 6 days, and if they had any complications from the termination.
- The service should ensure that staff know where to locate policies and are able to navigate the electronic system without difficulty so they can access guidance for decision making and are practicing in compliance with laws and regulations.

Summary of this inspection

- The service should ensure risk assessments for venous thromboembolism are completed and recorded in patients' notes.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires Improvement	Requires Improvement	Good	Good	Inadequate	Requires Improvement
Termination of pregnancy	Inadequate	Requires Improvement	Good	Good	Inadequate	Inadequate
Overall	Inadequate	Requires Improvement	Good	Good	Inadequate	Inadequate

Surgery

Safe	Requires Improvement 
Effective	Requires Improvement 
Caring	Good 
Responsive	Good 
Well-led	Inadequate 

Are Surgery safe?

Requires Improvement 

We had not previously rated Safe at this location. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff.

Nursing staff received and kept up-to-date with their mandatory training. Mandatory training records showed staff had completed courses in infection prevention and control, information governance, fire safety, moving and handling, resuscitation, conflict resolution and safeguarding.

Managers monitored mandatory training and alerted staff when they needed to update their training.

We requested mandatory training records for medical staff but were not provided with these. Managers told us that all medical staff had received and were up to date with mandatory training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all staff had appropriate training on how to recognise and report abuse.

We were provided with mandatory training records for three staff members including one nurse and two Health Care Assistants (HCAs). Two staff had completed Level 2 safeguarding adults training while one had completed Level 3 training. However, we noted one staff had not completed safeguarding children training, while the other two had completed Level 2 and Level 3 training.

Following our inspection, the provider informed us they have arranged Level 3 safeguarding training for all staff. In addition, they provided evidence showing one of the consultants had completed Level 3 safeguarding training.

The safeguarding policy did not reflect the intercollegiate document 2019 or the latest best practice guidelines. This meant the service did not have an effective framework to give staff guidance for decision making and compliance with laws and regulations regarding safeguarding.

Surgery

However, staff gave us examples of how they protected patients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However, the service did not have systems to identify and prevent surgical site infections.

Visitors had their temperatures taken on arrival to the centre and were prompted to wear a face mask and wash their hands.

All areas of the centre were clean and had suitable furnishings which were clean and well-maintained.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff washing their hands before and after patient contact. All staff were bare below the elbow and wore appropriate scrub attire when treating patients.

Staff cleaned equipment after patient contact and the service maintained a cleaning schedule which outlined the cleaning frequency for each piece of equipment / area.

Disposable curtains were in use in the clinical area and were marked with the date they were last changed. Staff informed us they changed it every six months or when stained to avoid the risk of cross contamination.

The service used mostly single-use equipment to carry out procedures. The service had a service contract with another healthcare provider for the sterilisation of equipment.

At the time of our inspection, the service did not have systems or processes to identify how well they prevented infections. There were no systems to identify and prevent surgical site infections. We asked the provider for infection prevention and control (IPC) audits. These included hand hygiene, healthcare associated infection audits and surgical site infection audits. We were not provided with results of these audits but were sent extracts from the infection control policy.

Following our inspection, the provider informed us they now completed hand hygiene audits. We were provided with two hand hygiene audits for August and September 2021.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of patients.

The service operated from the fourth floor of a building and patients could access the centre through a lift or stairs. The centre consisted of a patient waiting area, consultation room, and a treatment room where minor surgical treatments were performed.

Staff carried out daily safety checks of specialist equipment. The service had enough suitable equipment to help them to safely care for patients.

Surgery

The centre had a portable resuscitation bag which included equipment used in emergencies. We observed all drugs and equipment in the bag were in date. We saw evidence the resuscitation bag was checked monthly.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff did not always complete and update all relevant risk assessments for each patient and removed or minimised risks.

At the time of our inspection, staff did not use a nationally recognised tool to identify deteriorating patients and escalate them appropriately. For example, the most commonly used early warning system in the UK is the National Early Warning System 2 (NEWS2). NEWS2 is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, already recorded in routine practice, when patients present to, or are being monitored in hospital. Following our inspection, we raised a concern with the provider about this and the provider later confirmed they had implemented the national early warning score (NEWS) tool to identify deteriorating patients.

The centre used a surgical safety checklist based on the World Health Organisation (WHO) guidance. We observed the WHO checklist was completed during a minor surgical procedure. However, we received no evidence to show the centre audited staff compliance with completing the WHO checklist or VTE risk assessment. It is good practice to audit patient records to ensure compliance with guidelines. This would enable the service to monitor their performance and make improvements as appropriate.

During our inspection, we noted staff observed and monitored the patient following a minor procedure carried out under local anaesthesia. Staff recorded the patient vital signs at regular intervals prior to, during and following the procedure.

We were told that if a patient required conscious sedation, the anaesthetist would remain on site and monitor the patient until they were discharged. This was in line with the provider's conscious sedation policy. Records we viewed showed information recorded by anaesthetist included observation carried out until the patient was discharged.

Patients were assessed for their general fitness to proceed with minor surgical procedures. This assessment included obtaining their medical history and measurements of their vital signs including blood pressure, pulse and temperature.

Staff told us patients undergoing minor surgical procedures were risk assessed for venous thromboembolism (VTE). However, we did not see evidence of this in patients' records and could not ascertain if this was completed.

Nurse and support staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The centre employed one nurse and two Health Care Assistants (HCAs). The service did not use bank or agency staff.

The service had enough nursing and support staff to keep patients safe. Information received from the provider indicated they had one to three incidents of sickness/absence in the last year.

Managers made sure all staff had a full induction and understood the service.

Surgery

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The medical director, who was the registered manager led the service. There were two other consultants and three anaesthetist who had practising privileges to work at the centre.

Practising privileges is a well-established system of checks and agreements whereby doctors can practise in private hospitals without being directly employed by them. The agreement is subject to various checks for example; their professional qualifications, registrations, appraisals, revalidation and fitness to practice declaration.

The provider informed us they regularly monitored consultants' practising privileges. However, we were unable to see evidence of this despite requests.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient records were stored on a secured electronic system with password access. Any paper-based record, for example, consent forms and anaesthetic and sedation records were scanned into the system.

We reviewed five patient records. Patient records were comprehensive, and staff had signed and dated all entries. Staff recorded details of patients' medical history, consultations and assessments, allergy status, treatment and discharge information.

Medicines

The service did not have efficient systems and processes to safely manage medicines.

The medicine management policy was not in-depth and did not reflect the latest best practice guidelines. The policy did not provide specific guidelines for prescribing, dispensing, administration and disposal of medicines. There was no reference to dealing with discrepancies, adverse medicine reaction and recording of medicines.

Medicines were stored securely in locked cabinets and fridges. Staff were assured medicines were stored within their recommended temperature ranges. There were no controlled drugs kept at the centre.

We looked at the medicine cupboard during our visit on 6 August 2021 and noticed some medicine strips were stored outside their original packaging. These included medicine strips for surgery with no expiry date identified on the strips. This is contrary to guidance, as the expiry date cannot be checked. We raised concerns about medicines management in our feedback to senior staff and noted that medicines were stored in their boxes during our follow up visit on 12 August 2021.

The centre did not undertake any audits for medicines management. However, staff recorded medicines prescribed, administered and disposed.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carer about their medicines.

Surgery

Incidents

Managers investigated incidents and shared lessons learned with the team.

There were no never events or serious incidents reported in the 12-month period preceding the inspection. Data from the provider showed the service reported one incident between April 2021 and August 2021. The provider indicated that the incident was discussed and preventive measures were applied.

Staff informed us they would report incidents in an incident book and provided examples of incidents they would report. We reviewed the incident book and noted two incidents were reported in the 12-month period prior to our inspection. These were regarding a sharps injury involving staff and missing item/s following a procedure. There were no further details recorded regarding how the incidents were dealt with.

Staff understood the duty of candour. They told us it involved being open and transparent and giving patients and their families a full explanation if and when things went wrong.

At the time of our inspection the service did not have an incident management policy or duty of candour policy. As a result, we were not assured there were effective systems to guide staff about appropriate actions to take in the event of a safety incident. Following our inspection, we were provided with an incident management policy and a duty of candour policy.

Are Surgery effective?

Requires Improvement 

We had not previously rated Effective at this location. We rated it as requires improvement.

Evidence-based care and treatment

The service did not always provide care and treatment based on national guidance and evidence-based practice.

The service had one over-arching policy that did not cover policies on incident management, duty of candour, information governance, mandatory training and pain management. In addition, the main over-arching policy contained policies which were not in-depth and did not reflect the latest best practice guidelines. For example, the medicine management policy did not provide guidelines for dispensing, prescribing, administration and disposal of medicines. There was also no reference to dealing with discrepancies, adverse medicine reaction and recording of medicines. In addition, the safeguarding policy did not reflect the intercollegiate document 2019 or the latest best practice.

Following our inspection, we were provided with updated policies related to incident management, duty of candour, information governance, mandatory training, pain management, medicines management, safeguarding adults and safeguarding children.

The provider did not have a clinical audit programme to support and monitor the implementation of guidance.

However, staff carried out assessments and recorded details of patients' medical history, treatment and allergy status prior to surgery. We reviewed five patient records which showed evidence of regular observations carried out to monitor patients following their procedures.

Surgery

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients were not without food for long periods.

Staff offered patients water, beverages and snacks following their treatments and in line with their preferences.

We saw evidence within patient notes which showed patients were provided with appropriate advice when minor surgical procedures required fasting periods.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately.

We observed staff discussing patient's pain levels and pain relief during consultations and following their procedure.

Patient outcomes

The service did not always monitor the effectiveness of care and treatment. They did not use the findings to make improvements and achieve good outcomes for patients.

Managers and staff did not carry out a comprehensive programme of repeated audits to check improvement over time. The service did not participate in national clinical audits. This meant the provider was unable to identify areas of poor outcomes and as a result, make improvements for patients.

Senior staff informed us they arranged ad hoc audits if necessary. We were provided with a copy of a colposcopy audit dated 2021. It had no specific date and consisted of markings or strikes against indicators. There was no further explanation of the audit outcome, recommendations or actions.

Information provided indicated there were no patients returning or readmitted to the centre post discharge.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. New staff shadowed other experienced staff before working independently. Staff completed competency assessments tailored to their role.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work.

Surgery

The medical director had their appraisal completed by the Independent Doctors Federation and this had recently been completed within the last year. Consultants held memberships of various professional bodies including the British Society of Colposcopy and Cervical Pathology, and Royal College of Obstetricians and Gynaecologist.

The provider informed us doctors working under practising privileges had an appraisal with their substantive employer. However, we were not provided details of the appraisal record for medical staff despite requests.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and ad-hoc multidisciplinary meetings to discuss patients care. We observed all staff groups including the nurse, HCA and consultant worked well together.

The centre had a good local network which included counsellors and GP services.

Seven-day services

Key services were available seven days a week to support timely patient care.

The centre was opened five days a week from Monday to Friday. Patients were able to contact the centre out of hours on a dedicated phone number.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support. Patients received relevant advice and information leaflets in line with their needs.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Our review of patient notes showed consent forms were completed correctly.

The centre did not see patients under the age of 16, however, staff understood Gillick Competence and Fraser Guidelines and knew how to support children who wished to make decisions about their treatment.

Staff informed us, as a small private practice, they rarely saw patients who did not have the mental capacity to make decisions about their care. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

The service did not have a policy regarding Mental Capacity Act and Deprivation of Liberty Safeguards.

Surgery

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

The Gynae Centre had an electronic patient record system. All staff had access to patients records which were stored electronically. Patient records were comprehensive and appropriately completed. Paper-based records, for example, consent forms and anaesthetic and sedation records were scanned into the system.

Are Surgery caring?

Good 

We had not previously rated Caring this location. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

We spoke to four patients during our inspection and they were all positive about their care and treatment. Patients said staff treated them well and with kindness.

Staff protected patient privacy and dignity by drawing curtains around patients during treatments. The centre offered chaperones when carrying out invasive assessments to ensure patients were comfortable.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Patients completed a feedback and satisfaction form after each consultation and treatment. We reviewed five feedback forms and all patients indicated they would recommend the service.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients told us staff were reassuring and made them feel comfortable.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Surgery

Staff made sure patients and those close to them understood their care and treatment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make informed decisions about their care.

Patients gave positive feedback about the service.

Are Surgery responsive?

Good 

We had not previously rated Responsive at this location. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met patient needs. The centre operated an appointment-based service from Monday to Friday. Appointments were arranged with patients, at a time and date convenient for them. Patients could call the centre to book an appointment or book an appointment online via the provider's website.

Facilities and premises were appropriate for the minor surgical services being delivered. The service provided a range of gynaecological treatment options for patients.

The service had introduced telemedicine consultations in response to the COVID 19 pandemic. This allowed women to have remote consultations where appropriate.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters when needed. The service was able to access information leaflets in languages spoken by patients other than English, if required.

Information leaflets were available for patients regarding different aspects of their care.

Consultation appointments were tailored to meet individual patient needs.

Staff told us they coordinated care with other providers to refer patients where necessary.

Access and flow

People could access the service when they needed it and received the right care promptly.

Surgery

Consultations and surgical procedures were booked around patients' and consultants' schedule. Patients told us they were able to choose a date convenient for them.

A summary of patients' consultation and treatment was provided to patients following discharge.

Data received from the provider indicated there were no cancellations for non-clinical reasons in the 12 months preceding our inspection. There were no unplanned transfers to other hospitals during the same period.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise and escalate complaints in the waiting area. This included the name and contact details of relevant persons and organisations.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Information received from the provider indicated there were five complaints raised between August 2020 and July 2021. Most complaints were regarding fees for services. Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Surgery well-led?

Inadequate 

We had not previously rated Well-led at this location. We rated it as inadequate.

Leadership

Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills. However, leaders did not demonstrate full understanding of the issues the service faced or how to manage them.

The service was led by a consultant gynaecologist and medical director. The provider operated a consultant led service with the support of other consultants working under practising privileges. An administrative manager supported the medical director and carried out administrative duties.

Staff were positive about the leadership of the service. They informed us managers were visible and approachable. They felt well supported by the medical director of the service.

Managers had some understanding of the priorities of the service including implementing infection control protocols during the pandemic and having a business continuity plan in place. However, the service did not have systems to monitor the effectiveness of care and treatment. As a result, managers could not demonstrate how they could be assured they were providing safe and effective care.

Surgery

Vision and Strategy

There was no written vision or strategy for the service at the time of our inspection. However, staff and managers told us about the key organisational value to meet the needs of patients.

We were told there was no written vision or strategy for the service at the time of our inspection.

Senior staff informed us they were undertaking a fewer minor surgical (gynaecology) procedures and expanding some aspects of Termination of Pregnancy services (TOPs) based on demand.

Senior staff informed us the centre's values involved providing fast, efficient and personalised service at a reasonable cost. However, we did not see this in writing and they could not confirm whether other staff were aware of these values. Some staff informed us the centre's values involved giving patients the best care and to provide a 'one stop shop' for patient care.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff felt valued and informed us they worked well as a team. Staff confirmed they worked in a very close-knit team and there was a positive culture within the service.

Staff informed us consultants were "very respectful" and they felt comfortable with them.

Staff felt they could raise concerns with senior staff. Staff recognised they needed to be open and transparent with patients when something went wrong in line with the Duty of candour requirements.

Patients we spoke to were positive about the culture of the service and felt they could raise concerns if necessary.

The service had a diverse team of staff, and all staff we spoke to felt they worked in a fair and inclusive environment.

Governance

Leaders did not operate effective governance processes.

Managers were unable to demonstrate they had effective oversight of the service. There were ineffective structures, processes and systems of accountability to support the delivery of good quality and sustainable services. For example, there were no systems for reviewing surgical procedures, audits, policies, incidents and risks. We requested for details of mandatory training, revalidation and appraisal records for doctors working under practising privileges but did not receive these. Therefore, we were not assured there were effective systems for monitoring practising privileges.

Senior staff informed us they organised monthly staff meetings to discuss patient care. They also held ad hoc meetings to discuss any pressing issues. We were provided with an undated minute of staff meeting which showed staff discussed issues around patient care and the process for requesting annual leave.

The service had service level agreement with third party organisations for the management of some of its services.

Surgery

Management of risk, issues and performance

Leaders and teams did not use systems to manage performance effectively. The service did not have a risk management system to record the management or mitigation of risks.

The service did not have a risk register or risk management system to record the management or mitigation of risks. The risk management policy did not outline any guidelines for identifying, assessing, mitigating and monitoring risks.

Senior staff told us their top three risks were the risk of missing an ectopic pregnancy, perforation of uterus in surgical terminations and risk to patients when performing an invasive procedure. However, we noted that these risks were not formally recorded and/or assessed. In addition, these risks were not consistent with the main risks (around medicines management and ineffective governance structure) we identified during our inspection. Failure to assess, identify and manage risks could expose service users, staff and visitors to unnecessary risks whilst delivering regulated activities.

The service did not have a quality dashboard and did not perform routine audits to monitor the quality of care for continuous improvement. This meant the service could not identify risks and improve outcomes for service users.

Information Management

Information systems were integrated and secure, and staff had access to patient records. However, the service did not always collect data to analyse performance and make improvements.

Patient records were stored on a secured electronic system with password access.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However, the service did not always collate data to monitor the quality of care for continuous improvement.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.

The service held regular and ad hoc meetings where staff discussed patient care and administrative issues. The service obtained feedback from patients following each consultation and treatment.

The service liaised with local organisations including counselling services to plan and manage services.






Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff informed us they wanted to learn, develop and improve their skills. Staff had completed mandatory training in the last year, however, the pandemic has had an impact on opportunities for face-to-face training.

The centre was equipped with modern ultrasound machines.

Termination of pregnancy

Safe	Inadequate 
Effective	Requires Improvement 
Caring	Good 
Responsive	Good 
Well-led	Inadequate 

Are Termination of pregnancy safe?

Inadequate 

We had not previously rated Safe at this location. We rated it as inadequate.

Mandatory training

The service provided mandatory training in key skills to all staff or made sure everyone completed it.

Nursing staff received and kept up to date with most of their mandatory training. Records showed they had completed courses in infection prevention and control, information governance, moving and handling, conflict resolution, resuscitation and safeguarding adults. Managers monitored mandatory training of nursing staff and alerted staff when they needed to update their training. Nursing staff said managers told them when their training was due, so they knew when to renew their training.

We requested mandatory training records for medical staff but were not provided with these and were not given a reason why they were not provided. Managers told us that all medical staff had received and were up to date with mandatory training.

Safeguarding

Staff did not have the appropriate training on how to recognise and report abuse. However, staff understood how to protect service users from abuse and the service worked well with other agencies to do so.

Staff did not receive training specific for their role on how to recognise and report abuse. Training records showed that all nursing staff were only trained to Level 2 in safeguarding adults. Clinical staff working in termination of pregnancy are required to be trained to Level 3. Not all nursing staff were trained in safeguarding children. Those that had received safeguarding children training were trained to Level 2 and not Level 3. This meant that staff may not always be able to recognise or report abuse in both adults and children.

Following our inspection, the provider informed us they have arranged Level 3 safeguarding training for all staff. In addition, they provided evidence showing one of the consultants had completed Level 3 safeguarding training.

Termination of pregnancy

The safeguarding policy did not reflect the intercollegiate document 2019 or the latest best practice. This meant the service did not have an effective framework to give staff guidance for decision making and compliance with laws and regulations regarding safeguarding.

However, staff were able to give examples of when they had identified adults at risk of or suffering significant harm and how they had worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns about a service user's welfare. Staff said they felt confident to raise issues with the senior management team. Staff were aware of female genital mutilation (FGM) and child sexual exploitation (CSE) and could describe the actions they would take if they had any concerns.

Cleanliness, infection control and hygiene

The service kept equipment and the premises visibly clean. However, staff did not always use systems or processes to identify how well they prevented infections.

All areas were clean and tidy and had suitable furnishings which were clean and well-maintained. We inspected the service during the COVID-19 pandemic and saw an enhanced cleaning routine.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE) and the use of aseptic techniques in the treatment room. All staff were observed to be wearing PPE that was appropriate for the task they were carrying out at the time and were all bare below the elbow. We saw staff regularly cleaning their hands in between seeing service users. Staff cleaned equipment after service user contact.

At the time of our inspection, the service did not complete audits on infection prevention and control or hand hygiene. Failure to monitor, assess and improve infection prevention and control through regular audits could result in missed opportunities to identify risks and to improve outcomes for service users.

Following our inspection, the provider informed us they now completed hand hygiene audits. We were provided with two hand hygiene audits for August and September 2021.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

We inspected during the COVID-19 pandemic and found that there were clear measures put in place to support staff and service users to follow guidance. We observed that chairs were spaced out in all areas to promote service users remaining socially distanced.

Staff carried out safety checks of specialist equipment. All equipment was regularly serviced and maintained. Staff said any faulty equipment was reported to managers and was quickly repaired. Stock rooms were well resourced and kept tidy. Equipment was easy to locate, and staff could see when stock was running low.

Termination of pregnancy

Staff disposed of clinical waste safely. There were appropriate waste bins in each area, which were clearly labelled with what could be disposed of in them. The bins in each room were regularly emptied. Sharps bins were clearly labelled with dates of assembly, as well as disposal.

Assessing and responding to service user risk

Staff did not always complete risk assessments for each service user and therefore did not always remove or minimise risk. Staff were not always able to identify or quickly act upon service users at risk of deterioration.

The service did not record any early warning scores for women undergoing surgical termination of pregnancy. We saw that the observation charts used by the service did not include an early warning risk scoring tool. This meant that women who may deteriorate clinically, could be at risk of not having their condition detected early or be escalated in a timely manner. Following the inspection, we raised concerns with the provider about this. We were told by the provider that an early warning scoring system had been implemented since our visit.

Compression stockings were used for women deemed at risk of developing a deep vein thrombosis (DVT). All women undergoing surgical termination of pregnancy procedures were asked wear compression stockings. However, the service did not use an appropriate scoring tool for assessing the risk of developing a DVT. This meant that women who may be at risk of developing a DVT and did not want to wear the stockings may not be correctly identified.

The service did not have clear guidelines or policies in place for staff to follow in the event that a service user needed emergency transfer. However, staff were able to identify the process for transferring acutely unwell service users in the event of complications and were aware of the agreement with the local NHS trusts to transfer service users.

Staff were aware of the national gestation guidelines for each type of termination. Individual risk assessments were carried out for all women both at the clinic and those receiving telephone consultations to ensure the women were undergoing the correct termination. The service ensured that appropriate assessments were conducted for the eligibility of service user for termination of pregnancy and had processes in place to ensure that service users who required specialist care were referred as soon as possible to an appropriate service.

Staff used a Surgical Safety Checklist based on the World Health Organisation (WHO) five steps to safer surgery checklist when undertaking surgical terminations of pregnancy. The WHO checklist is a tool designed to improve the safety of surgical procedures. We observed surgical staff completing the checklist at all stages throughout surgery.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep service users safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave agency staff a full induction.

The service had enough nursing and support staff to keep service users safe. All staff had received training specific to termination of pregnancy.

Managers accurately calculated and reviewed the number of nurses and healthcare assistants in accordance with national guidance. Managers could adjust staffing levels daily according to the needs of service users. The service had low vacancy rates, and low staff turnover rates. The service did not use agency staff.

Termination of pregnancy

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep service users safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The service had enough medical staff to keep service users safe.

Medical staff were employed by the service under practising privileges. Practising privileges is a well-established system of checks and agreements whereby doctors can practise in private hospitals without being directly employed by them. When doctors were employed under practising privileges, staff told us that their clinical background was checked. We asked to see these but they were not provided.

Records

Staff kept detailed records of service users' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Service user notes were comprehensive, and all staff could access them easily. Service user notes were kept on an electronic system. There were some paper records such as consent forms and treatment room records. These were scanned and added to the electronic record.

Records were stored securely. We observed that all computers were locked when not in use. This meant service user records were kept secure and confidential.

Medicines

The service did not always use systems and processes to safely prescribe, administer, record and store medicines.

Medicines in the pills by post box were not labelled safely. We saw one example where the medicine mifepristone, 200mg tablet, was to be posted to a woman on the same day. The tablet was in an unlabelled, sealed, clear plastic bag, which in turn was in a paper bag, with the medicine's name, service user's name and date of birth on it. However, the label did not have the "keep out of sight and reach of children", directions or the cautionary and advisory labels. As a result, the service user may not have been able to take the medicines as prescribed or store the medicine safely. We saw abortifacient medication foils (mifepristone and misoprostol) had been cut so that women were only issued a certain number of tablets. These two medicines were not dispensed separately with complete individual labels. This meant that service users could be at risk of not taking the medicines as prescribed.

Medicines were not always stored safely, and in locked cupboards. On the first visit, we saw some pills by post medicines were stored in a cardboard box in an unlocked office area. Other medicines were securely stored in locked cupboards. However, some medicines were not stored in boxes and were in loose foils, meaning that batch number, expiry date and serial number of the medicine could be difficult to identify. This was highlighted to the provider and on the second visit, we saw that this had improved, and all medicines were then stored securely in locked cupboards and medication foils were stored in appropriate medication boxes.

Termination of pregnancy

The medicine management policy did not provide guidelines for prescribing, dispensing, administration and disposal of medicines. There was also no reference to dealing with discrepancies, adverse medicine reaction and recording of medicines. This meant there was a risk staff would not be practising in line with current best practice and as a result, service users would be exposed to the risk of harm due to medication errors.

Staff told us that an anaesthetist would manage any women undergoing conscious sedation as part of their termination procedure.

Incidents

Managers investigated incidents and shared lessons learned with the team.

There were no never events or serious incidents reported in the 12-month period preceding the inspection. Data from the provider showed the service reported one incident between April 2021 and August 2021. The provider indicated that the incident was discussed and preventive measures were applied.

Staff informed us they would report incidents in an incident book and provided examples of incidents they would report. We reviewed the incident book and noted two incidents were reported in the 12-month period prior to our inspection. These were regarding a sharps injury involving staff and missing item/s following a procedure. There were no further details recorded regarding how the incidents were dealt with.

Staff understood the duty of candour. They told us it involved being open and transparent and giving patients and their families a full explanation if and when things went wrong.

At the time of our inspection the service did not have an incident management policy or duty of candour policy. As a result, we were not assured there were effective systems to guide staff about appropriate actions to take in the event of a safety incident. Following our inspection, we were provided with an incident management policy and a duty of candour policy.

Are Termination of pregnancy effective?

We had not previously rated Effective at this location. We rated it as requires improvement.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. However, the service did not have adequate policies and procedures in place to make sure staff followed guidance. Staff protected the rights of service users subject to the Mental Health Act 1983.

Staff planned and delivered high quality care according to best practice and national guidance. The clinic adhered to the guidelines of the Royal College of Obstetricians and Gynaecology (RCOG) for the treatment of women undergoing termination of pregnancy for fetal anomaly and ectopic pregnancy.

Termination of pregnancy

Policies were developed in line with Department of Health Required Standard Operating Procedures (RSOP) guidelines and professional guidance and were held electronically.

However, the policies were contained within one overarching policy and were not in depth. This meant there was a risk staff would not be practising in line with current best practice and the service did not have an effective framework to give staff guidance for decision making and compliance with laws and regulations regarding termination of pregnancies. Following our inspection the service provided updated policies related to incident management, duty of candour, information governance, mandatory training, pain management, medicines management, safeguarding adults and safeguarding children.

Not all staff knew where to locate the policies and were not able to navigate the electronic system without difficulty. One member of staff who had worked at the service since 2015 was not able to locate the policies when we asked and had to seek advice from the clinician.

Staff protected the rights of service users subject to the Mental Health Act and followed the Code of Practice. All staff had received training in the Mental Health Act, which was included as part of the safeguarding training they received. Staff described the process to follow if they had concerns about a services user's mental health.

Nutrition and hydration

Staff gave service users enough food and drink to meet their needs. Staff followed national guidelines to make sure service users were not without food for long periods.

Staff made sure service users had enough to eat and drink. All service users were offered drinks and biscuits when in second stage recovery. Service users were aware of the need to keep themselves hydrated prior to attending the clinic for their procedures.

Pain relief

Staff assessed and monitored service users regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed service users' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Service users received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately.

We observed staff discussing service user's pain levels and pain relief in telemedicine consultations, in clinic consultations, and post operatively. We saw that all early medical abortion packs contained pain relief medication. Women who had undergone surgical terminations of pregnancy told us that they had received pain relief when requested and its effectiveness was reviewed by staff.

Service user outcomes

The service did always not monitor the effectiveness of care and treatment. They did not use the findings to make improvements and achieve good outcomes for service users.

Termination of pregnancy

The service did not participate in relevant national clinical audits recommended by RCOG such as consent for treatment, discussion of different options of abortion, contraception discussion, confirmation of gestation and medical assessments. This meant the service could not benchmark themselves against other providers to know if they were providing a good service. In addition, there was a risk that the provider would be unaware of the improvements required and as a result place, women at risk.

Managers and staff did not carry out a comprehensive programme of repeated audits to check improvement over time. We saw that only one audit had been recently completed which involved completing and returning service user analysis data for each termination of pregnancy to the Department of Health (HSA4 report). Failure to carry out regular audits could result in missed opportunities to identify risks and to improve outcomes for service users.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of service users. Managers gave all new staff a full induction tailored to their role before they started work. In addition to an induction, all members of staff were expected to complete a competency pack that was tailored to their role. Staff completing conscious sedation were appropriately trained in airway management. Staff undertaking ultrasounds were appropriately trained to the gestation of the woman's pregnancy they were ultra-sounding.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff we spoke with told us they had a recent appraisal and that they found it useful.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they were able to request training for areas of interest such as ultrasound.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit service users. They supported each other to provide good care.

Staff held regular and ad-hoc multidisciplinary meetings to discuss service users and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for service users. Staff worked well as a team within the clinic and with outside agencies. There were clear lines of accountability and all staff we spoke with knew what and who they were responsible for.

Seven-day services

Key services were available five days a week to support timely service user care.

Termination of pregnancy

The clinic was open five days a week and carried out procedures every day between Monday and Friday. The clinic was closed on Saturday and Sunday.

A 24-hour advice line specialising in post abortion support and care was provided in line with the

Department of Health's RCOG guidance. Staff at the clinic could follow up a woman treated at clinic with a phone call or by offering a further appointment at the clinic.

Health promotion

Staff gave service users practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support. All women received contraception advice and support. Early medical abortion packs had contraception advice leaflets. The service did not prescribe contraception but advised service users where they could obtain the contraception of their choice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported service users to make informed decisions about their care and treatment. They followed national guidance to gain service users' consent. They knew how to support service users who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a service user had the capacity to make decisions about their care.

Staff gained consent from service users for their care and treatment in line with legislation and guidance. The clinic had a policy outlining the principles of consenting service users and of capacity to consent. Staff made sure service users consented to treatment based on all the information available. Staff clearly recorded consent in the service users' records.

The care records we reviewed contained signed consent from women. Possible side effects and complications were recorded, and the records showed that these had been mentioned to women.

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. Staff told us how to gain support if they had any concerns regarding consent. Telemedicine staff could video conference call women when consenting to treatment.

HSA1 forms were appropriately completed by a second medical clinician who was not based at the clinic, in accordance with RCOG guidance. The service delivered care and treatment in accordance with the Abortion Act 1967. Two registered medical practitioners must complete and sign, a HSA1 form before a termination is performed. The HSA1 form certifies the doctor's opinion, in good faith, the grounds for termination of pregnancy in line with the Act.

Staff always had access to up-to-date, accurate and comprehensive information on service users' care and treatment. All staff had access to an electronic records system that they could all update.

Termination of pregnancy

The Gynae Centre had an electronic service user record system. This allowed for service user's notes to be accessed from a range of clinics such as the second clinician's practice, so that the women's pathways could be easily followed. Surgical treatment room records remained as written records as per NICE guidelines and were scanned into the electronic system after the service user had been discharged. Records were clear, concise, and appropriately completed.

Are Termination of pregnancy caring?

Good 

We had not previously rated Caring this location. We rated it as good.

Compassionate care

Staff treated service users with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for service users. Staff took time to interact with service users and those close to them in a respectful and considerate way. We observed staff being friendly and kind to all service users. Staff ensured they interacted with service users in a way that made them feel that they were being cared for as a person.

Service users said staff treated them well and with kindness. Service users we spoke to said staff in every part of their pathway were kind, considerate, and non-judgemental.

Staff followed the policy to keep service user care and treatment confidential. All consultations were held in private rooms. Staff were able to use video conference calls for telemedicine consultations and were able to ask women to use cameras and scan the room to ensure that the consultation was confidential for the women.

Staff understood and respected the personal, cultural, social and religious needs of service users and how they may relate to care needs. Staff were able to seek support if they were unsure of the cultural needs of any women.

Emotional support

Staff provided emotional support to service users, families and carers to minimise their distress. They understood service users' personal, cultural and religious needs.

Staff gave service users and those close to them help, emotional support and advice when they needed it. All staff understood the emotional impact having a termination could potentially have on a service user and tried to minimise any distress service users may experience. We observed staff giving emotional support to women at various points in their termination pathway. Staff were empathic, non-judgemental, kind and compassionate.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood the emotional impact termination of pregnancy can have on women and those close to them. Service users could contact the medical clinician directly for any post procedure support or advice. Service users were given information and advised how make an appointment for post-abortion counselling.

Termination of pregnancy

Understanding and involvement of service users and those close to them

Staff supported and involved service users, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure service users and those close to them understood their care and treatment. We saw staff interacting with both the service users and their loved ones when discussing treatment options and supporting them to make decisions about their care.

Staff talked with service users, in a way they could understand, using communication aids where necessary. We observed staff explaining treatment and ongoing care to service users clearly and always asking whether they understood or had any questions. Staff were able to use a translation service for women who did not speak English as a first language. Staff did not use family and friends as translators, so that the women's decision could not be influenced, and they could ensure women understood all information given to them and could make informed choices that were their own.

Service users and their families could give feedback on the service and their treatment and staff supported them to do this. Women were able to give feedback on the service in person and electronically. Online surveys showed service users gave positive feedback about the service.

Are Termination of pregnancy responsive?

Good 

We had not previously rated Responsive at this location. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It worked with others in the wider system and local organisations to plan care.

The service always met the needs of the service users. Women booked their appointments directly with the service either online or by telephone. The online service was available 24 hours a day, and the telephone service was available during opening hours. A fast track appointment system was available for women with higher gestation period of up to 14 weeks and 6 days. As this was a private clinic, women self-referred to the service. The service did not undertake any NHS funded services.

The service had introduced telemedicine consultations in response to the COVID 19 pandemic. This allowed women to have remote consultations and those who were suitable for early medical abortions could have their medicines sent to them. However, the service did not have any follow up contact with these women after their early medical abortion. This meant that the service did not know if women had taken the medication, or if they had any complications from the termination. Also, the service did not know if the women had taken the medication before the legal gestation time of 9 weeks and 6 days, meaning women could terminate the pregnancy later than the legal gestation limit, which could put them at risk of complications.

Termination of pregnancy

The clinic provided services in a timely way. National guidelines indicate that women should wait no longer than seven calendar days from contacting the service to receiving their first consultation. Having had their consultation, women should not wait more than seven calendar days to have their treatment. The service was often able to offer the first consultation and the treatment on the same day.

Meeting people's individual needs

The service was inclusive and took account of service users' individual needs and preferences. Staff made reasonable adjustments to help service users access services. They coordinated care with other services and providers.

Staff understood and applied the policy on meeting the information and communication needs of service users with a disability or sensory loss. Staff were able to identify where they could seek assistance for women with additional communication needs.

The service was able to access information leaflets in languages spoken by the service users if required. However, staff told us that this was rarely required as most service users were fluent in English. Managers made sure staff and service users could get help from interpreters or signers when needed. Staff were able to use a translation service for women who did not speak English as a first language. Staff did not use family and friends as translators, so that the women's decision were not influenced, and they could ensure the women understood all the information given to them and could make informed choices that were their own.

Access and flow

People could access the service when they needed it and always received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge service users were in line with national standards.

Managers monitored waiting times. Service users could always access services when needed and always received treatment within agreed timeframes and national targets. Managers told us that the introduction of pills by post reduced the wait time for surgical terminations, as women having early medical abortions could have their consultations remotely and did not need to attend the clinic.

Managers and staff worked to make sure service users did not stay longer in the clinic than they needed to. Managers constantly monitored the flow of women through the clinic and would step in and support staff if women were waiting for prolonged periods of time for their treatment or discharge.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included service users in the investigation of their complaint.

Service users, relatives and carers knew how to complain or raise concerns. All service users we spoke with told us they knew how to raise a concern and if they wanted to, would feel comfortable to do so. They told us they would be more likely to raise a concern verbally with a member of staff than write formally, but they were aware of both.

Termination of pregnancy

The service clearly displayed information about how to raise a concern in service user areas and on their website.

Staff understood the policy on complaints and knew how to handle them. Staff we spoke with were clear that if service users approached them, they would log the concern and try to resolve it immediately if possible. They would inform the managers and, if necessary, the learning was shared with other staff.

Managers investigated complaints and identified themes. Managers told us that most complaints were regarding fees for services. Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Termination of pregnancy well-led?

Inadequate 

See Surgery Report