Marie Stopes International Essex Centre

Quality Report

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Date of inspection visit: 11 and 20 September 2018
Date of publication: 05/12/2018

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Overall summary

Marie Stopes International (MSI) Essex Centre is operated by Marie Stopes International UK (MSI UK). MSI UK is a not for profit organization that was founded in 1976, to provide safe legal abortion services following the Abortion Act 1967. The service registered on the 1 October 1990. Facilities include four consulting rooms, one treatment room, diagnostic services, and 14 reclining chairs.

The Essex centre provides consultations, ultrasound scans, medical termination of pregnancy to nine weeks + three days, surgical termination of pregnancy to 23 weeks + six days and counselling and support for people who use the service. Surgical termination is carried out either under general anaesthetic, conscious sedation, by vacuum aspiration or dilatation and evacuation or no anaesthetic according to individual choice and needs. In

Summary of findings

addition, vasectomy (male sterilisation) under local anaesthetic, long acting reversible contraception (LARC) and sexually transmitted infection (STI) testing and screening are offered.

We inspected this service using our comprehensive inspection methodology. We carried out unannounced inspections on 11 and 20 September 2018.

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 our inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

At our previous inspection on 14 June 2017 we found breaches in regulations which we followed up as part of this inspection. The breaches were in respect of:

- Regulation 17 (1) (2) (a) (b) Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance.

At this inspection we found the provider had not met all the requirements of this regulation.

We found breaches in respect of:

- Regulation 17 (1) Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance.

Our rating of this service is good overall.

We found good practice in relation to:

- Staff were helpful and caring and treated patients with dignity and respect.
- Equipment maintenance and service records were fully itemised, organised and maintained.
- There was a clear process in place for staff to report any incidents.
- The policies reviewed were up to date and in line with the latest guidance and staff were able to access these easily.
- Processes and procedures for daily infection prevention and control (IPC) and cleaning checks were maintained.
- Translation services were available for patients who did not have English as a first language.

However, we also found areas of practice that the service provider needs to improve:

- Surgical staff were unable to decontaminate their hands in the sluice area.
- Clinical waste pedal bins within the theatre environment were broken. These had been replaced on our return visit.
- In a three-month period, there were 17 days were the fridge checks were not recorded.
- The provider had a management of Fetal Tissue Policy in place however practice observed during the inspection did not comply with the policy. There was no local oversight on the storage and disposal of pregnancy tissue.
- Environmental concerns were highlighted as the outside bins were overfilled and the lids were unsecured. On our return visit, removal of domestic waste had been addressed.
- There were a large number of empty blue plastic containers by the emergency exit, which could impede access/ exit from the building. On our return visit these had been removed.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy	Good	Marie Stopes International (MSI) Essex Centre is part of the provider Marie Stopes International UK (MSI UK). The main service provided is medical and surgical termination of pregnancy (TOP). The centre provides medical termination up to nine weeks plus three days and surgical termination of pregnancy up to 23 weeks plus six days. Surgical termination is carried out either under general anaesthetic, conscious sedation, by vacuum aspiration or dilatation and evacuation or no anaesthetic according to individual choice and needs. Counselling and support is provided for people who use the service. In addition, vasectomy (male sterilisation), performed under local anaesthetic, long acting reversible contraception (LARC) and sexually transmitted infection (STI) testing and screening are offered.

Summary of findings

Contents

Good

Marie Stopes International Essex Centre.

Services we looked at
Termination of pregnancy

Summary of this inspection

Background to Marie Stopes International Essex Centre

Marie Stopes International (MSI) Essex Centre operated by the provider group Marie Stopes International UK. The service opened on the 1 October 1990 and primarily serves the communities of Essex. It also accepts referrals from outside this area.

The service first registered in October 1990 and has had a registered manager (RM) in post since that time. The current registered manager had been in post since 17 January 2018 however, at the time of the inspection they had taken an extended leave of absence. To ensure that there was a RM in place the operational manager was registered as the RM with CQC in August 2018. The matron for the south region with the RM from West London MSI provided clinical oversight until the new clinical team leader joined the centre in October 2018.

MSI Essex provides consultations, ultrasound scans, medical and surgical termination of pregnancy, and counselling and support for people who use the service. In addition, vasectomy, performed under local anaesthetic, long acting reversible contraception (LARC) and sexually transmitted infection (STI) testing and screening are offered.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Information about Marie Stopes International Essex Centre

The centre had a licence displayed in the reception area from the Department of Health to undertake termination of pregnancy services in accordance with the Abortion Act 1967. Services are provided to NHS and privately funded patients. The main service provided is termination of pregnancy (TOP), by either surgical or medical methods. The centre provides medical termination of pregnancy up to nine weeks plus three days and surgical termination of pregnancy up to 23 weeks plus six days. Surgical termination of pregnancy is carried out either under general anaesthetic, conscious sedation, by vacuum aspiration or dilatation and evacuation or no anaesthetic according to individual choice and needs.

The clinical area was divided into three sections with a treatment room and is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Surgical procedures
- Termination of pregnancy
- Family planning services

The registered manager of MSI Essex services had oversight of six early medical abortion units (EMU) known as satellite units. These are located in the community, where medical termination and consultations in the early stages of pregnancy are provided in a private consultation room. At the time of our inspection, not all of these units were in use, one had been decommissioned and one was not currently operational.

Counselling services are offered to all patients before and after their treatment. There is an aftercare support service which is available through a 24-hour telephone service number. Appointments are made through a 24-hour registered pregnancy advisory centre, 'MSI One' call centre.

The MSI Essex building is not purpose built, but has been modified to provide four consultation rooms, one treatment room, one screening room and a clinical area

Summary of this inspection

with 14 reclining chairs. Opening hours are 7.30am to 5.30pm, six days a week. A small-gated car park is available on site and there are facilities in place to support people with a physical disability.

During our inspection, we visited all areas of the service. We spoke with 16 members of staff, including; registered nurses, midwives, health care assistants, reception staff, medical staff, and senior managers. We spoke with three patients and one relative. During our inspection, we reviewed 11 sets of care records. Seven of which, were for patients who had undergone surgical termination of pregnancy and four who had undergone medical termination of pregnancy. Throughout our inspection we observed staff communication and interactions with patients and those close to them.

There were no special reviews or investigations of the centre ongoing by the CQC at any time during the 12 months before this inspection. The centre has been inspected four times; the most recent inspection took place in June 2017, which found that the centre was not meeting all standards of quality and safety it was inspected against.

This report is based on what we found during the unannounced inspections on the 11 and 20 September and includes a review of all available evidence during and following the inspections.

Activity (August 2017 to July 2018)

- There were 10,413 episodes of care recorded at the early medical units (EMA) and Marie Stopes Intentional (MSI) Essex centre of these;
- 5522 were early medical terminations of pregnancy
- 4624 were surgical terminations pregnancy
- 267 vasectomies

Track record on safety

- There were no never events recorded for the period August 2017 to July 2018. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There were no serious incidents recorded for the period August 2017 to July 2018; 508 incidents were reported. The top three themes were clinical complications, specimen errors and service delivery.

Services provided at the centre under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Maintenance of medical equipment
- Central sterilisation services
- Pharmacy services
- Patients who required emergency transfer of care to a NHS facility

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- The service had a good track record for safety. There had been no never events or serious incidents reported between August 2017 to July 2018.
- The process and documentation of the World Health Organisation (WHO) and five steps to safer surgery checklist for surgical termination was completed appropriately.
- Equipment maintenance and service records were fully itemised, organised and maintained.
- Staff recognised how to respond to patient risk and there were arrangements to identify and care for deteriorating patients. There were processes and policies in place for the safe transfer of patients requiring transfers to a NHS facility and staff were able to describe the process to us.
- Staff were aware of their responsibility to safeguard vulnerable adults from abuse. There were clear internal processes to support staff to raise concerns.
- Patient records were well maintained, legible and up to date. We saw that they were stored securely.
- Medicine management audit results for March 2018 to July 2018 were 100%.

However, we also found the following issues that the service provider needs to improve:

- Staff were unable to decontaminate their hands in the sluice area.
- Environmental concerns were highlighted as the outside bins were overfilled and the lids were unsecured. This could encourage pests and insects. On our return visit the removal of domestic waste had been addressed.
- There were a large number of empty blue plastic containers by the emergency exit which could impede access/exit from the building. On our return visit these had been removed.

Are services effective?

Good

We rated effective as good because:

- Patients received care and treatment in line with evidence based standards and best practice.
- Staff were aware of the requirements of the Mental Capacity Act and Deprivation of Liberty safeguards.

Summary of this inspection

- The staff worked effectively as a team providing delivering evidence based care to patients undergoing termination of pregnancy.
- The service audited patient outcomes through feedback from patients accessing the service.

Are services caring?

Good

We rated caring as good because:

- Privacy and dignity was maintained and patients wishes were respected.
- We saw positive interactions between staff and patients undergoing termination of pregnancy.
- Staff cared for patients undergoing termination of pregnancy with compassion.
- All patients we spoke with informed us they were fully prepared and were involved in decisions about their care and treatment.

Are services responsive?

Good

We rated responsive as good because:

- MSI Essex had facilities that included a small private room where young people and people in vulnerable circumstances could be taken; ensuring a discreet service and the room was purposefully 'non-clinical'.
- Staff stated there was easy access to interpreters when English was not the patient's first language. This service was advertised on the website in addition to the availability of over 90 languages via the Google translate service.
- A personal identification number and a password was given to each patient, and this was checked at every communication to ensure information was given to the correct person.
- The service had direct access to electronic information held by community services, including general practitioners, which meant that MSI Essex staff could access up-to-date information about patients accessing the service.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

- Staff were unable to explain the providers' visions and values.
- The provider had A Management of Fetal Tissue Policy in place however practice did not reflect the policy. There was no local oversight on the storage and disposal of pregnancy tissue.

However;

Summary of this inspection

- The centre had a well-led framework with improvement action plans which were developed and in progress.
- MSI Essex was supported by a Regional Manager (Operations), Matron, Governance Partner, Human Resource (HR) Partner and Finance Partner.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Termination of pregnancy	Good	Good	Good	Good	Requires improvement	Good
Overall	Good	Good	Good	Good	Requires improvement	Good

Good

Termination of pregnancy

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires improvement

Are termination of pregnancy services safe?

Good

Mandatory training

- Mandatory and statutory training was provided by a combination of e-learning and face-to-face training sessions. Mandatory training included annual updates for basic life support, intermediate life support, information governance, informed consent and infection prevention and control. Two yearly updates were required for manual handling and three yearly updates for display screen equipment, fire safety, control of substances hazardous to health (COSHH), equality and diversity, medical gases, consent with capacity, child sexual exploitation (CSE) female genital mutilation (FGM) and safeguarding people in vulnerable circumstances and safeguarding children. Duty of Candour (DOC) training had been arranged for mid-September. DOC requires that every healthcare professional must be open and honest when something goes wrong with their treatment or care, or has the potential to cause harm or distress.
- The registered manager monitored training compliance by using an electronic live matrix. The overall compliance target for staff training was set at 95%, 13 of the 20 training subjects were 100% compliant this included Basic Life Support (BLS), Advanced Life Support (ALS) and information governance (IG). In line with Management of the Deteriorating Client&Clinical Emergencies Policy V4.2 all medical staff that worked at MSI Essex were 100% compliant for advanced life support.
- The registered manager confirmed that the service had closure days to support staff training. Managers told us that staff were allocated time to complete mandatory training which was confirmed by three members of the team. Staff could access their mandatory training compliance rate through the service's electronic training system. The system recognised which staff roles required different levels of training and provided the registered manager (RM) with a 90-day forthcoming expiry report by each individual to ensure there was oversight when training updates needed to be booked.

Safeguarding

- In line with national guidance and MSUK policy, all young people that accessed the service who were under 13 years old, or who had conceived under the age of 13, were referred to the local childrens' social services department and referred to the NHS. Urgent protection advice for children and young people could be obtained from the local authority's out-of-hours service through the Emergency Duty Team. This information was kept in the centres local folder.
- In line with National Institute for Health and Care Excellence (NICE) guidelines (PH50) all patients were seen alone with staff, enabling them to ask patients questions in private. We observed a consultation where a patient disclosed to the nurse that she had previously experienced domestic abuse. The nurse treated the patient with compassion and comfort, offering her support and guidance. The safeguarding process was

discussed with the patient demonstrating to the inspection team that staff understood the circumstances under which safeguarding referrals should be made.

- An on-line module was introduced for staff to cover topics such as child exploitation, (CSE), female genital mutilation (FGM) and workshop to raise awareness of PREVENT (WRAP). The aim of WRAP workshops is to provide staff with the knowledge to enable them to be aware of the need to safeguard vulnerable people from being drawn into terrorism or exploited for extremist purposes. The training followed recommendations for training from the governments Working Together to Safeguard Children guidance (2018) and the Royal College of Paediatrics and Child Health' Intercollegiate Document (2014 and 2015). We reviewed the safeguarding policy which referenced national guidance and was in date July 2018 for review July 2021.
- The mandatory training dashboard demonstrated that 100% of staff had completed adult safeguarding training and, 97% had completed child safeguarding levels one and two with 83% of staff completing safeguarding of children level three and the remaining three members of staff were booked onto safeguarding training level 3 for adults and children the end of September.
- Safeguarding themes and FGM cases identified were shared throughout the centre at a weekly complaints, litigation, incident and patient safety (CLIP) meeting. We reviewed minutes from December 2017, January 2018 which shared themes across the organisation for example, incorrect bookings, patient complications and violence and aggression towards staff.
- All staff we spoke with understood how to keep patients safe from harm and abuse. They could describe their responsibilities and safeguarding procedures. Staff could access the adult safeguarding policy and the young person's safeguarding policy on the organisations intranet, and we saw that both were in date, 2018 for review 2021.
- All patients under the age of 18 had an 'under 18' proforma completed by staff, which included questions to identify if patients aged under 18 were at risk of child sexual exploitation and harm.
- A senior nurse who had attended safeguarding training level three was the designated safeguarding lead for the centre and was supported by the registered manager and matron for the south region who had attended level four safeguarding training.

Cleanliness, infection control and hygiene

- There were systems and processes in place to monitor standards of cleanliness and hygiene. These included up to date policies, cleaning schedules and checklists, infection prevention and control training and quarterly deep cleaning schedules.
- The staff changing areas were free of clutter and visibly clean, with plenty of scrub suits (specialist surgical clothing) and shoes. Theatre footwear was washable.
- Infection prevention and control audit results for the month of May 2018 were 100% and 93% in June 2018 .and the hand hygiene audit results for August 2018 were 90% against the providers' target of 95%. This had been shared at the team meeting and actions put into place to improve staff compliance.
- We viewed nine pieces of equipment all with 'I am clean stickers' indicating the date and time the equipment had been cleaned.
- Examination couches, chairs and pillows had wipeable covers and we saw disinfectant wipes throughout the centre; we observed staff wiping equipment after use.
- Personal protective equipment (PPE) such as disposable gloves and aprons were readily available for staff to use. All staff within the treatment room were observed to adhere to the policy and wear the appropriate protective clothing depending on the task they were undertaking.
- Staff were bare below the elbows. We saw staff using the hand sanitising gel correctly, in line with the World Health Organisations 'five moments of hand hygiene' before touching a patient, before clean/aseptic procedures, after body fluid exposure/risk, after touching a patient, and after touching patient surroundings. During our inspection, we observed two members of staff wearing stone rings during clinical practice which were not in line with the NICE (QS61) guidance. These guidelines are for all staff working in healthcare environments to reduce risk of cross

contamination between patients. On the second day of our inspection we attended the staff team meeting where adherence to the providers uniform policy was discussed.

- Handwashing posters were in appropriate areas demonstrating the hand washing technique.
- Clinical waste bins were clearly identified and located throughout the separate areas. Different coloured lining bags were in use to ensure correct segregation of hazardous and non-hazardous waste.
- Sharps containers were correctly labelled and all within safe 'fill' limits.
- Staff prepared instrument trays using a non-touch aseptic technique. The majority of medical devices used within the treatment room were single use. Any reusable instruments were sent off site for decontamination and sterilisation. Collection and delivery was three times a week. There was an effective system in place to enable the tracking of instrument trays that had been sent for processing. Staff sprayed instruments with a pre-treatment foam spray prior to transportation. The foam is a recommended pre-treatment when there is a delay between instrument usage and decontamination. Blue boxes were used to transport instruments to the central sterilisation services department (CSSD).
- We reviewed several single use consumable items such as manual vacuum aspirators, flexible cannulas, trimester tray packs and straight forceps. All five items checked were found to be intact and within their sterility date.
- Following surgical termination of pregnancy, multiple pregnancy remains were individually bagged and collected in a single hazardous waste bin in a sluice room next to the treatment room. At the end of the theatre list, the container was sealed and taken to an onsite freezer before collection. Segregation of pregnancy remains only occurred if there were specific requirements to do so (on either patient request, requirements for DNA identification or criminal investigation). Staff stated that the pre-treatment consultation included discussion about the individual options for the pregnancy remains.
- Laboratory spill kits were available across the service and staff knew how to access these. Laboratory spill kits have been designed specifically for the health care industry and are used on any liquids/ bodily fluids that have been spilled. A service level agreement (SLA) was in place to remove general waste from the centre on alternate days and clinical waste daily.
- On the day of the inspection the clinical waste bins in the treatment room were broken, we highlighted our infection control concerns, and on our return the bins were replaced.

Environment and equipment

- The building at MSI Essex was not purpose built but had been modified to provide the service and treatments on offer. There were three floors, and care and treatment was delivered on the ground and first floor.
- The entrance was kept locked and access was via an intercom system, this prevented any unauthorised access. The reception area and waiting rooms were tidy and visibly clean but there was a number of scuff marks on the walls. We were told there was a business plan for updating the whole of the centre with plans to restructure the reception area and make the waiting areas more welcoming. There were plenty of chairs with wipe clean surfaces and a television and radio.
- There was a process in place for the provision, servicing and maintenance of equipment for MSI UK under a service level agreement (SLA). We reviewed the SLA and noted it had concise details regarding the equipment available to use including an inventory of items.
- During our inspection, we checked the trolleys, resuscitation equipment, medicines and consumables. We noted the resuscitation trolley in the treatment room was tagged, sealed, and checked in line with MSI UK Resuscitation policy. Records we reviewed confirmed completed daily checks had been undertaken between June 2018 to September 2018. The trolleys had the required equipment available for use during an emergency procedure. Defibrillators were within their service date and clearly labelled to state when the next service was due.
- All staff had received training in the use of the emergency equipment.
- We examined 19 pieces of medical equipment used within clinical and non-clinical areas and found that all

had in date stickers that confirmed maintenance checks had taken place. We checked four wall mounted oxygen and two suction units and found that all were in working order.

- Staff recorded the humidity and temperature of the treatment room at MSI Essex. Records included the expected normal range for temperature. We reviewed records between May 2018 to July 2018 which had been completed daily.
- There was a range of fire extinguishers, which were strategically placed and within their expiry dates.
- Throughout our inspection, most areas were free from clutter, however, during our inspection we raised our concerns as we had found two large domestic bins overfilled outside the back door with cardboard propped against them. In addition, the lids were not closed. There were also approximately 30 blue plastic boxes outside adjacent to external steps by the fire exit. We highlighted our environmental and safety concerns to the senior team and the registered manager, who told us that appropriate steps would be undertaken to address the concerns and assurances were provided. On our return visit we saw steps had been taken to address our concerns.

Assessing and responding to patient risk

- There was a process in place to determine the level of patient risk and appropriateness for patients to receive treatment. Patients could either opt to have a telephone or a face to face consultation at any MSI centre. A treatment decision flow chart was utilised to determine treatment options and a pre-existing proforma was used to determine clinical risk.
- The majority of patients had an initial telephone consultation with MSI One Call to allow the service to take a full medical history and assess each patients' suitability for treatment. This allowed the service to identify any specific needs. However, patients that required translation services attended a face to face consultation in the centre. Bookings were made to ensure patients could access the most appropriate centre to ensure individual needs could be met.
- Any risk factors identified such as patients with a high body mass index, significant medical conditions or a history of ectopic pregnancy were referred to an NHS provider for termination of pregnancy.
- Patients booked for surgical termination of pregnancy attended a pre-assessment on the treatment day and this included a full medical history, measurement of physiological observations, an ultrasound scan to confirm gestational age, haemoglobin level (check for anaemia) and sexual transmitted disease screening.
- All patients had a blood test to determine their blood group and rhesus status prior to their treatment. Patients with a rhesus negative blood group received treatment with an Anti-D injection (immunoglobulin prophylaxis to protect against complications in future pregnancies).
- On the day of our inspection, we observed a daily huddle; this was attended by all staff, and we saw that any risks or issues that may impact on patient safety were highlighted.
- The centre used a modified version of the World Health Organisation (WHO) and five steps to safer surgery checklist to prevent avoidable mistakes during a surgical termination of pregnancy. We observed the initial team brief, staff verbalised their roles and responsibilities such as the nominated ultrasound scanner, circulating member of staff, anaesthetic assistant, and staff member responsible for swabs, implants and medications. The transfer nurse was identified and noted on the white board in the treatment room for ease of reference and any potential concerns were identified.

  The inspection team observed steps one to five in practice and found all areas of the checklist were completed at the appropriate stages of the surgical procedure. Appropriate checks of swabs and surgical instruments were completed both verbally and recorded on the WHO checklist (paper record) and on the electronic patient record. The WHO audit results for May 2018 to July 2018 were 100%.
- Patient records contained venous thromboembolism (VTE) risk assessments, which staff completed prior to surgery. The risk assessments identified whether

prophylactic treatment was required. The pre-admission checks were reviewed and all VTE assessments were completed on the electronic patient records system.

- We observed all patients treated on the day of inspection had baseline observations of pulse, respiration and blood pressure pre- and post-procedure as part of the nursing assessment.
- Patients received treatment under local anaesthetic or conscious sedation, however on occasion a general anaesthetic may be necessary. There was a trained member of staff to assist the anaesthetist with an emergency of a patient with a difficult airway.
- We observed surgical terminations of pregnancy procedures for seven patients. The team introduced themselves and verbally confirmed each patients' identification and allergy status. Each patient was asked to confirm that they were happy to proceed, identify who would be taking them home and be with them for 24 hours and what ongoing contraception method had been agreed prior to the procedure beginning. Two patients on the morning surgical lists were noted to have allergies. Staff had recorded this in the patients care records and the electronic record, both patients wore red wristbands to identify to staff their allergy status.
- Staff were observed to complete swab counts at the end of the operative procedure and record this appropriately on the electronic system.
- Emergency equipment and medication was available in the treatment room and was ready for use if required. There was a range of different sized endotracheal tubes and airways available which were all in date for sterility. However, we found an out of date airway and oxygen tubing (July 2018) on the airway trolley, in the clinical area. We raised this with the nurse in charge and this was replaced immediately.
- To reduce the risk of retained pregnancy remains an ultrasound scanner (USS) was available throughout each procedure. In addition, the surgeon visually checked pregnancy remains following each gestation procedure to ensure the procedure had been successful. If there was any doubt that not all pregnancy remains had been removed, the surgeon would rescan the patients and potentially undertake a further evacuation.
- The service used a termination of pregnancy early warning score (TEWS) chart to record the physiological observations of each patient and identify any sudden deterioration in their condition. We reviewed seven TEWS charts, and found all seven charts were completed and were calculated correctly.
- Following a surgical termination of pregnancy, a nurse would undertake an assessment to ensure each patient was fit to be discharged using the MSI discharge criteria. This involved an assessment of each patient's' physical, social and emotional needs. Nursing staff could escalate any concerns to the medical team who remained on site until the last patient was discharged.
- A major haemorrhage kit was available for use if a patient bled excessively. All staff knew where this was located. Records reviewed demonstrated that staff completed the checklist daily when the centre was open.
- The centre had a service level agreement (SLA) in place with a local NHS trust, for the management of emergency patient transfers. This included a direct line through to the admitting doctor to ensure a timely response when needed. We viewed the document, and noted the protocol was valid between November 2016 to November 2019, however there was no review date.

Nurse staffing

- At the time of the inspection the current vacancy rate for registered nurses was five whole time equivalent (WTE). The registered manager told us that four registered nurses had been appointed and this was reaffirmed by the senior management team when we attended the local team meeting. The registered nurses were due to join the service following completion of the formal recruitment process. The range of checks undertaken by the human resources team included professional registration, revalidation and Disclosure and Barring Service (DBS) checks.
- To meet the service demands 47 nursing shifts were covered by qualified agency staff between August 2017 and July 2018.
- The Department of Health Required Standing Operating Procedure (RSOP) 18: required that providers of a termination of pregnancy service should ensure there are a sufficient number of staff with the right

competencies, knowledge, qualifications, skills and experience to safeguard the health, safety and welfare of all who use the service and meet their routine and non-routine needs. We reviewed nursing staff numbers and skill mix on the electronic rota for three months from May 2018 to July 2018. The electronic rota demonstrated the service had not used agency staff from May 2018 to July 2018, and confirmed there were seven to nine registered nurses or midwives, supported by three to four health care assistants on the days that surgical terminations of pregnancies took place. These staff covered the treatment room recovery ward area consultation and medical procedure area.

- The centre ensured that a senior nurse was available as an additional member of staff on duty to cover unanticipated sickness.
- At the time of our inspection, the regional matron provided clinical oversight of the centre, as the clinical manager team leader had taken an extended leave of absence. A clinical manger team leader had been appointed and would be joining the service October 2018.
- The administration team managed reception and medical records and provided assistance with the coordination of patient flow through the centre.

Medical staffing

- Medical staff worked remotely and within the centre. The remote doctors were employed by MSI and their role involved reviewing patients' medical history and notes prior to signing the HSA1 forms and prescribing medication.
- Surgical lists took place five days a week and an anaesthetist was always present. Anaesthetists worked at NHS trusts and were employed by MSI on a sessional basis; this was observed on both inspection days.

Records

- Patient records were a combination of paper records and electronic records. Patient records were stored securely behind the reception area or in locked boxes. Electronic records were password protected and access was limited to those staff with a right to access them. Local electronic records were uploaded to a central database system.
- An electronic system was used for documenting patients' care during the operative phase. This included details such as staff members involved, procedure performed, swab and instrument counts, consumable items and implant details.
- We spoke with administration staff at MSI Essex who checked records to ensure any medical history concerns had been flagged on the patient record system; for example, patients with medical conditions such as diabetes, this maintained record compliance and avoided wasted appointments.
- We reviewed 11 patient medical records. All records were fully completed with patient details, staff signatures, completed HSA1 forms, evidence of pre-operative assessment, post-operative TEWs recording for surgical termination of pregnancy and safeguarding proformas.
- Documentation was legible in all viewed records, signed, timed and dated.
- Disposal of the pregnancy remains were discussed with patients at the consultation, the outcome of the discussion had been documented in the 11 patient care records we reviewed.

Medicines

- Medicines were stored in a locked cupboard or where they needed to be stored below a certain temperature in a designated fridge. The minimum and maximum temperature of fridges used to store medicines were monitored and recorded to ensure that medicines were kept at the required temperature. We saw fridges used for this purpose were locked, clean and tidy.
- Medical staff used a secure electronic prescribing system to prescribe medicines remotely.
- Medical termination of pregnancy medicines were prescribed for patients only after a face to face consultation with a member of the nursing team had taken place, written consent and completion of the HSA1 form. HSA1 forms are a legal document to allow an abortion to be performed and signed by two medical signatories.
- Patient records we looked at confirmed that doctors followed local protocols for prescribing antibiotics. This

was line with National Institute of Health and Clinical Excellence (NICE) QS61 which recommends that people are prescribed antibiotics in accordance with local antibiotic formularies.

- The 11 medical records we reviewed, staff had recorded allergies and taken relevant action to ensure known allergies were acted upon. We observed two patients wearing red wrist bands which identified to staff they had known allergies.
- Qualified staff administered all prescribed medicines for patients undergoing medical abortion. Post-procedure antibiotics were prescribed to all patients to reduce the risk of infection.
- The medicine cupboard keys were held by the registered nurse/midwife in charge of each shift. They signed the key out of the key bank and back in when they keys were returned.
- Controlled drugs (CDs) were kept in a locked cupboard that was only accessible by those who had authority. We observed a check of the medication and observed that two staff checked the drugs daily. On surgical treatment days, the CDs were checked at the beginning and end of the termination list. Staff recorded in the CD register the patient details, date, drug, dosage administered and running balance. Each entry was signed by the doctor that administered the drug and second check signed by the registered nurse / anaesthetic practitioner. Medications administered were also recorded on the patient electronic record.
- Monthly date checking were undertaken by two members of staff and stock was rotated. Throughout our inspection, we found one box of medication which was out of date; when we highlighted this, appropriate action was taken to ensure the medicines could not be used inadvertently.
- Two medication fridges were used to store medicines. We found 17 days in a 3-month period were the recorded temperature checks were missing. We raised this with the senior nurse who informed the inspection team the clinic was not opened on these days the team was not assured.
- Emergency medicines were noted to be within expiry date and stored in tamper evident packaging.
- Medicine management audit results for March 2018 to July 2018 were 100%.
- The centre had an SLA in place with an NHS trust for the provision of medicines optimisation support. We viewed the document, it was noted that the agreement commenced April 2018 to March 2020 with a review to take place by the end of December 2019.

Incidents

- All staff we spoke with were confident in reporting incidents including serious incidents and said they would challenge if they suspected poor practice.
- The MSI incident reporting policy required managers to review and sign off all incidents. We were told that incident and lessons learnt were discussed at the regional monthly quality meetings and governance meetings. In June 2017 MSI UK implemented a weekly meeting for complaints, litigation, incidents and patient feedback (CLIP) minutes from the meetings confirmed this and actions are logged on the CLIP action log. We reviewed the minutes of the March 2018, June 2018, and noted medication errors, nursing recruitment, safeguarding policies and client feedback were minuted and actions logged.
- There were no reported never events from August 2017 to July 2018. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There were no serious incidents recorded for the period August 2017 to July 2018
- There were 508 incidents recorded of which 276 were clinical incidents and 232 non- clinical incidents. The top three themes reported were clinical complications, specimen errors and service delivery.
- Staff spoken too during our inspection were able to describe the requirements and principles of duty of candour. This is a regulatory duty under the Health and Social Care Act (Regulated Activities Regulations) 2014. Where, as soon as reasonably practicable after becoming aware that a notifiable safety incident had

occurred a health service body must notify the relevant person that the incident had occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.

- Five staff spoken with confirmed that they reported incidents through the electronic incident reporting system which then triggered the senior management response. Staff told us that a standard feedback response was provided via the system however, individualised feedback and actions were not communicated.
- We saw at the team meeting that incidents were an agenda item and discussed with the staff.

Safety Thermometer (or equivalent)

- The centre had no reported incidents of sepsis between August 2017 to July 2018.
- The 11 patient records we reviewed contained venous thromboembolism (VTE) risk assessments which staff completed prior to treatment. Venous thromboembolism is a condition where a blood clot forms in a vein. The risk assessments informed staff if prophylaxis treatments were required.

Are termination of pregnancy services effective?

Good

Evidence-based care and treatment

- Managers confirmed they used an alternative weekday when there were no surgical termination treatment lists, to hold team meetings and update staff on changes related to practices. This we viewed on the second day of the inspection when we attended a staff meeting where we saw an update on infection control training as an agenda item.
- Patients attending the service were encouraged to take up screening for sexually transmitted diseases as part of their treatment. Patients who received positive results were referred to sexual health services.
- To reduce the risk of uterine infection and to treat Chlamydia (Chlamydia is a sexually transmitted bacterial infection) prophylactic antibiotics were prescribed on the electronic patient records prior to the surgical procedure which is recognised as best practice.
- There was a process in place to ensure patients received appropriate cervical preparation depending on the patient age and gestational period. The observed patient preparation undertaken on the day was in accordance with guidance and MSI abortion policy. The cervical preparation times for patients were noted on the white board in the treatment area to ensure surgery was performed only when the full preparation time was completed.
- All patients were scanned during the surgical procedure to ensure products of conception had been removed completely.
- During the discharge process, possible complications were explained to the patient. Each patient was given an aftercare booklet detailing the MSUK 24-hour helpline arrangements and they were offered a follow up appointment if required. Patients were also offered a discharge letter that could be sent to their GP or given to the patient.
- Contraception and the various options were discussed with patients at their initial assessment.

Nutrition and hydration

- Patients were informed at their pre-assessment appointment when they should last eat and drink. In line with Royal College of Anaesthetists (RCA) guidance patients were told not to eat for six hours prior to their appointment and drink clear fluids for up to two hours before their appointment.
- We observed patients post procedure being offered drinks and light snacks.

Pain relief

- Medical staff prescribed pre- and post-procedural pain relief on medication records. Non-steroidal anti-inflammatory (NSAID) medication and intravenous paracetamol were administered during the procedure.

- NSAIDs is recognised as being effective for the pain experienced during termination of pregnancy. In addition, there were other medications that could be administered if the patients still experienced pain.
- Staff recorded pain relief scores using the 0-10 pain relief assessment tool in line with Royal College of Gynaecologist (RCOG) guidance (2011) Patients confirmed that they were offered pain relief in a timely manner.
- To help with the discomfort, wipe clean warming pads were given to patients post procedure.
- Staff advised patients to call the advice line if they were experiencing significant pain and the NSAIDs were not effective.

Patient outcomes

- Required Standard Operating procedures (RSOP)16 recommends that all providers should have in place clearly locally agreed standards against which performance can be audited, on specific outcomes and processes. To meet this standard MSI Essex completed a clinical dashboard to monitor key indicators such as: training, audits, complaints and treatment failures.
- Patients were given options of treatments according to the gestation of the pregnancy which was documented in the records we reviewed. Following the procedure patients were offered a follow up appointment which is in line with Department of Health RSOP three.
- The service monitored the patients who did not proceed to treatment. Between August 2017 to July 2018 10% to 15% of patients did not proceed to treatment. The reasons for not proceeding varied, including reasons such as miscarriage and change in patient circumstances.
- The service monitored the patients who did not attend (DNA), between August 2017 to July 2018 between 8% and 10% of patients' DNA. Staff told us they would contact the patient to find it why they were unable to attend.
- The MSI target for the uptake of long acting reversible contraception (LARC) was 50%. Between August 2017 to July 2018 the centre consistently achieved 23-30% except one month being 34%. We were told by the management team that they would be training more implant nurses to increase the uptake of (LARC).
- Complication rates such as retained products of conception, on-going pregnancy, post procedure infection and transfer to a local hospital trust were monitored. The data we reviewed showed that between August 2017 and July 2018 there were five patients that required transfer out. Data provided stated that three patients were transferred due to haemorrhage, one patient for uncontrolled pain and one patient who had suffered an asthma attack.
- There were no failures for surgical termination of pregnancy between August 2017 to July 2018.
- The early medical abortion failure rate was below the organisations target of two percent for six of the 12 months.

Competent staff

- Staff had defined roles and responsibilities and completed competencies that were applicable for their specific role.
- We spoke with three members of staff, all had role specific training booked or were near to completing their training.
- Four qualified members of staff had completed the long acting reversible contraception (LARC) training.
- The clinical team lead (CTL) assessed staff competencies as outlined in the provider's clinical practice guide and supported staff with additional one to one training if necessary.
- Staff we spoke with told us they received one to one support and annual appraisals. Information provided by the service showed that 100% of staff had received an annual appraisal at the time of our inspection.
- All staff were supported through an induction process and competence based training relevant to their role which was signed off by the CTL. We reviewed two staff training files and noted that they were completed and signed off.
- Staff who undertook ultrasound scans completed appropriate training and assessment of competence in

ultrasound scanning. Nursing and midwifery staff were trained to perform ultrasound scans for dating purposes only. To be proficient they were required to perform a number of supervised scans prior to being signed off as competent. This was co-ordinated by a lead scanning trainer for MSI UK, supported by a regional scanning mentor.

- The service conducted annual checks to make sure all the nurses and midwives were registered with the Nursing and Midwifery Council (the regulatory body for nurses and midwives). Staff told us that there was a flagging system of an email alert to remind them to revalidate every three years. Staff confirmed they were supported by managers and the system to ensure this was completed.
- An MSI UK responsible officer at corporate level monitored the recruitment of medical staff and ensured appraisals were completed in line with the General Medical Council (GMC). Medical revalidation was completed every five years for anaesthetists and the revalidation was undertaken in the NHS hospital where they had main employment.
- Medical staff told us they were required to provide evidence on checks on their competency and training as part of the GMC revalidation process. This included an annual appraisal.
- All doctors we spoke with confirmed they had an annual appraisal as part of the GMC revalidation process. Evidence submitted during the provider inspection at MSI in July 2018 demonstrated 100% compliance. Medical staff were able to show us their mandatory training compliance electronically.

Multidisciplinary working

- We observed good communication and teamwork between the treatment room team, anaesthetist and surgeon. The team identified and discussed which patients required further assessment and communicated with nurses in the pre- and post-treatment areas.
- There were clear lines of accountability that contributed to the effective planning and delivery of care.
- Medical support was easily accessible with contact numbers available within the centre. Staff requested consent to share information with each patient's general practitioner (GP). On discharge a copy of the discharge letter was given to the patients, this was in line with the Royal College of Gynaecologist (RCOG) guidance 8.2 which states 'On discharge, all patients should be given a letter providing sufficient information about the procedure to allow another practitioner elsewhere to manage any complications'.
- Care pathways were in place to ensure that following treatment, patients had the correct discharge support for ongoing care, counselling, follow up appointments and future contraceptive support.
- Staff worked collaboratively with the local authority on safeguarding concerns.

Seven-day services

- The centre was open six days a week Monday to Saturday.
- The aftercare line MSI One Call was available 24 hours a day, seven days a week. Patients who accessed the line could speak with a member of staff who gave advice and support.

Health promotion

- Staff discussed and gave patients advice on contraception which is in line with Department of Health Required Standard Operating procedures (RSOP)13, contraception and sexually transmitted infection screening.
- Staff advised and educated patients regarding sexually transmitted diseases and sexual health. Staff who gave results of tests such as chlamydia and Human Immunodeficiency Virus (HIV) testing would refer the patient to the genito-urinary clinic to access treatment where appropriate.

Consent and Mental Capacity Act

- If females under the age of 16 years attended the centre, they were encouraged to involve a parent or guardian.
- Staff were given training regarding obtaining informed consent. Staff we spoke with were aware of Fraser guidelines and Gillick competence when obtaining consent from females under the age of 16 (Fraser guidelines are used specifically for patients under the age of 16 requesting contraceptive or sexual health advice and treatment). The centre had a 'young people's

care pathway', this outlined actions to take when caring for young people under 16. This included prompts for staff to ensure the Under-16 Fraser Guidelines form was completed.

- Staff told us that patients with learning disabilities could access the service. MSI One Call would review the initial assessment and needs of patients at the time of booking and clinically triaged the patients to the most appropriate centre.
- We reviewed 11 sets of medical records each contained a signed consent form. Staff explained possible side effects and complications which were recorded in the medical records.
- Staff told us that they informed the patients about the different available treatment options with the risks and benefits for each method for the patient to make an informed choice about the method of treatment that was suitable to their individual requirements. This was corroborated by the patients we spoke too and the consultations we observed.
- Legislation requires that for an abortion to be legal, two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination has been met. They must indicate their agreement by signing the HSA1 form. In the 11 records we looked at we found that all the forms included indication of which of the grounds of the Abortion Act was met in each patient's case, and there were signatures of two doctors.

Are termination of pregnancy services caring?

Good

Compassionate care

- Staff were polite and helpful. We observed administration staff speaking quietly to the patients and they were careful of what was discussed in the reception area to prevent patients in the adjacent waiting area overhearing any confidential information.
- Staff communicated with patients in a sensitive manner and treated them with dignity and respect.
- A sign on each treatment room door indicated whether the room was in use, this protected the privacy and dignity of patients during consultations and procedures.
- Staff were compassionate and delivered care in a professional and non-judgemental manner. Staff were empathetic and supportive. We saw one nurse sit down next to patient and hold her hand to comfort her.
- During our inspection, we witnessed a distressed patient who was visibly upset, especially when questioned before the procedure. Staff handled this with sensitivity, offering tissues and amending the timing of questions to meet the individual needs of the patients.
- The service used 'your opinion counts' survey cards at the centre. We observed staff encouraging patients to complete the survey to gain feedback. Posters were also displayed.
- Data for MSI Essex between April to July 2018 showed the overall satisfaction score was 96%, meeting the national average of 95%.

Emotional support

- The required standard operating procedures (RSOP) standard three requires that there are protocols in place to support patients following a termination, including access to counselling and support services.
- All patients were offered counselling by a trained counsellor. This could be accessed by telephone or face to face at the centre.
- It was MSI policy that all females under the age of 16 were offered a face to face counselling appointment on a separate day to the procedure.
- Where appropriate relatives were able to support patients prior to and following their procedure. One patient told us they found this very reassuring.
- The medical records we reviewed documented that the patients had had access to a counsellor.
- The MSI website offers 24-hour counselling to all patients before, during and after treatment for as many sessions as needed. Counselling support was offered as a face to face or by telephone.

Good

Termination of pregnancy

- The vasectomy service occurred on a separate day to the termination of pregnancy services; this ensured that males and females did not meet during their treatments.

Understanding and involvement of patients and those close to them

- Patients we spoke with told us they were fully prepared and informed regarding the different options and that they had found the staff to be very supportive.
- We observed a number of patient interventions and found that assessments were thorough and staff followed pathway guidance. We also observed staff giving information effectively.
- We observed that staff answered patients' questions appropriately and in a way, they could understand.
- On the day of our inspection we observed the consultation of a patient who was unsure of her decision. The patient was taken to a private room to discuss this with the family before deciding not to proceed with the procedure. The nurse was very supportive, providing information on how to access local NHS maternity services.

Are termination of pregnancy services responsive?

Good

Service delivery to meet the needs of local people

- Clinical commissioning groups, GPs and MSI UK senior development team were involved in the planning of the service.
- The centre was open six days a week, Monday to Saturday. The Early Medical Abortion Units (EMU) offered services between one to two days a week.
- The centre had facilities that included a small private room, which was purposefully 'non-clinical' where young people and people in vulnerable circumstances could be taken; ensuring a discreet service.
- The MSI Essex building was not purpose built, but had been modified to provide the service. Access to the building was via stairs, patients who were unable to manage stairs were referred to another centre.
- There was a process in place to manage booked appointments. The number of patients booked each day was organised and determined on the level of complexity and gestation.

  There were processes and policies in place for the safe transfer of patients requiring transfers to a NHS facility.

Meeting people's individual needs

- Treatment options were presented to each patient, determined by their specific needs and requirements. For example, patients in vulnerable circumstances who had experienced abuse were sign-posted to appropriate external agencies for further support.
- The centre had hearing loops for people who were hard of hearing.
- Staff told us they could access translation services in person or by the telephone system.
- All patients received a leaflet titled 'your treatment information' which outlined treatment options, what to expect, contact numbers and aftercare advice.

  Patients could access a full range of information; staff were able to give advice on contraception, sexually transmitted diseases and how to access services.

Access and flow

- Patients could access the service through their GP or by self-referral. Contact could be made by telephone, email, text or through the centre's online enquiry form.
- The Department of Health required standard operating procedures (RSOP) 11 states that patients should be offered an appointment within five working days of referral and they should be offered the termination of pregnancy treatment within five working days of the decision to proceed.
- From August 2017 to July 2018, 299 patients waited longer than 10 days from their decision to proceed up to termination of pregnancy this did not meet the Department of Health RSOP 11. which states that patients should be offered an appointment within five working days of referral and they should be offered the

termination of pregnancy treatment within five working days of the decision to proceedWe were told by the provider they would be reopening an early medical abortion unit (EMU) and had introduced standby slots to address the waiting times.

Learning from complaints and concerns

- There was a complaints procedure in place and a MSI UK comments, concerns complaints and compliments policy which staff could easily assess. Information for patients on how to make a complaint was clearly displayed in the form of posters and leaflets in the waiting area.
- Complaints were monitored as part of the clinical dashboard. In the reporting period August 2017 to July 2018 there were six formal complaints, of which two were upheld and there were 22 informal complaints. The top three informal complaints were cancellations, attitudes and communications.
- The operation and clinical team leaders were responsible for oversight of the management of complaints. We were told the responses included an apology to the patient, any lessons learnt from the complaint and actions implemented.
- We observed a discussion around an informal complaint at a team meeting and how the complaint had been managed.

Are termination of pregnancy services well-led?

Requires improvement

Leadership

- Since the previous inspection the leadership of the centre had changed. The MSI Essex local management team was supported by a senior management team, Regional Manager (Operations), Matron, Governance Partner, Human Resource (HR) Partner and Finance Partner. Management staff at local level confirmed they felt well supported, as a member of the senior management team had oversight of the centre.
- The registered manager (RM) for the service was the operational manager. Clinical oversight was provided by the matron for the south region and a RM from West London MSI. This was an interim measure as a clinical manager team leader had been appointed and would be joining MSI Essex in October 2018.
- Staff we spoke with viewed the management of the service as top down and corporately led. Staff did not feel included in decisions made. Although staff confirmed the current management team were visible and approachable.

Vision and strategy

- Senior managers spoke to the inspection team on the vision and strategy for this centre. The managers we spoke with were knowledgeable about the corporate strategy and understood how this affected the local provision of services.
- The vision and strategy of MSI Essex was to deliver high quality care, promote good outcomes for patients and encompass key elements such as compassion, dignity and equality.
- Staff we spoke with were unable to tell us what MSI UK vision and strategy was.

Culture

- All staff we spoke with were proud of their colleagues and the team they worked in. Staff spoke positively and passionately about their role in the centre.
- We observed the culture as being patient centred, caring, compassionate and supportive of the development of staff. Medical staff told us about the Doctors forums held in December 2017 and March 2018 which they had attended. Topics discussed were clinical audits, professional appraisals and clinical engagement.
- We spoke with 16 members of staff, four of the 16 spoke of a traumatic incident, that had occurred the day before inspection, where they had not felt supported and the impact of this. Information provided post inspection detailed that all staff have access to an employee assistance helpline where they can access a variety of services. The service is provided by counsellors, clinical psychologists and specialist advisors.

Governance

- Monthly regional meetings had been introduced to improve communication between the corporate team and the MSI locations. We reviewed minutes from March 2018, May 2018 and June 2018 regional team meetings. Meeting minutes contained discussions around incident reporting, training, complaints, wait times and recruitment.
- A quality assurance meeting was held quarterly, this reported into the regional quality assurance meeting. Agenda items were categorised into the CQC five domains; safe, effective, caring, responsive and well led. Topics discussed included safety incidents, risks, safeguarding concerns, audits, complaints, and patient feedback. There were allocated named actions with deadlines to complete.
- We attended the centre's monthly team meeting This was chaired by the matron and the operational manger. The meeting agenda began with thanking staff for their hard work and had a set agenda with topics including recruitment, audits, stock rotation, training arranged, staff concerns, shared information and lessons learned from complaints and incidents. We observed a discussion on a concern that was raised by a member of staff and the way it was actioned.
- The service submitted HSA4 forms to the Chief Medical Officer electronically as recommended by the Department of Health. We reviewed the corporate assurance flowchart and guidance for staff groups to ensure that the forms were completed correctly and submitted. In July 2018 the Department of Health communicated that the time limit for abortion under grounds C and D of the Abortion Act 1967 equating to a pregnancy not exceeding 23 weeks and 6 days as opposed to 24 weeks and 0 days. The medical director sent a communication update to all staff on the 23 July 2018 that confirmed HSA4 forms and other relevant information would be amended in line with this clarification.
- Information regarding the recording and logging of pregnancy remains should they be required for private burial or further investigation was attached to the freezer where pregnancy remains were stored. Under the Human Tissue Authority (HTA) guidance and the MSI UK Management of Fetal tissue policy and the Safe Management, Handling and Disposal of Waste Policy and Procedures issued May 2016 (under review) pregnancy remains should be disposed of within 12 weeks. At the time of our inspection we found five out of 11 stored pregnancy remains had exceeded 12 weeks. We raised this with the nurse in charge who assured us that this would be investigated.

Managing risks, issues and performance

- To ensure a consistent approach in the process of reviewing incidents and undertaking root cause analysis, managers attended a one-day training course. The registered manager for this centre had attended this course.
- If there was an uninterrupted power supply the centre had a backup generator. This meant vital equipment would continue to work in the event of a power cut. This was regularly maintained as part of the planned preventative maintenance programme.
- The risk register was held on the service's electronic system which was easily accessible. Managers could access other MSI centre risk registers and found this useful to compare if they had similar issues. There were 23 risks recorded on the MSI Essex risk register and the registered manager had oversight of the identified risks and each risk had an identified risk handler and actions.
- The centre had a service level agreement (SLA) in place with a local NHS trust, for the management of emergency patient transfers. This included a direct line through to the admitting doctor to ensure a timely response when needed. We viewed the document, and noted the protocol was valid between November 2016 to November 2019, however there was no review date.

Managing information

- The Required Standard Operating procedure (RSOP) standard one, required the provider to ensure that the completion of legal paperwork (HSA1 and HSA4) meets the requirements of the Abortion Act 1967.
- During our inspection, both the surgeon and anaesthetist reviewed the reason for termination prior to signing the HSA1 forms. Further discussion and review of medical history was also observed to take place throughout the operating list. The reason for the termination of pregnancy was written on the back of the form. Both clinicians confirmed verbally that they would

not sign the form if they had any concerns or further questions. We observed seven procedures and all HSA1 forms were completed and signed by two doctors prior to surgery.

- The registered manager described the process in place at MSI Essex to ensure that the submission of HSA 4 forms to the Department of Health had been undertaken within the 14-day legal timeframe. A daily tracking report for the HSA4 forms was published centrally and escalated to the appropriate line manager to address the notification being completed. The surgeon demonstrated to us the electronic process for submitting the HSA4 form.
- In line with MSI Records Management, Disposal and Retention Policy termination of pregnancy records were destroyed after 20 years.

Engagement

- Feedback from the national forums and meetings was shared with staff at their local team meetings. Urgent information was emailed or discussed directly with staff.
- Staff of all positions had recently been invited to the governance and complaints, litigation, incidents and patient feedback (CLIP) meetings.
- Staff encouraged patients to complete a feedback form about their experience. These were collected and analysed by an independent company who collated the results and produced a quarterly summary of results. If staff were named by a patient, managers would ensure the member of staff received individualised feedback. Red alerts were included in the survey. If a problem was identified the survey was red alerted and sent to the centre for investigation. We saw patient feedback survey results were discussed at the quality assurance meeting.
- MSI at provider level, actioned quarterly patient satisfaction surveys, to establish whether they are meeting the individual needs of people who use the service. The surveys included comparative analysis to measure improvements month on month but also to compare the performance across the different Marie Stopes locations.
- Annual staff surveys were undertaken by the service. The top percentages include 94% of staff feel that data security and protection were important to MSI UK, 91% would recommend the services of MSI UK and were interested in MSI UK performance. The lower percentages include 49% of staff said MSI UK had effective communication throughout the organisation. Results were discussed with the teams and staff were encouraged to influence organisational change.

Learning, continuous improvement and innovation

- All staff we spoke with were passionate and keen to improve services they provided for patients accessing the centre.
- The service have planned to increase long acting reversible contraception (LARC) uptake and to develop staff to manage this role.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure there is an effective process in place for the management and oversight of the storage and disposal of pregnancy remains in line with Human Tissue Authority 2015 and MSI UK Management of Fetal Tissue Policy.

Action the provider SHOULD take to improve

- The provider should ensure there is a process in place for clinical staff to decontaminate their hands in the sluice area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Termination of pregnancies	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance. 17 (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Processes for the management and oversight of the storage and disposal of pregnancy remains were not effective.