Marie Stopes International Telford Centre

Quality Report

Trinity Health Centre
Malinsee Surgery
Church Road
Telford
TF3 2JZ
Website: www.mariestopes.org.uk

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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

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Overall summary

Marie Stopes International Telford Centre is operated by Marie Stopes International (MSI). MSI Telford Centre was registered with the Care Quality Commission (CQC) in January 2016.

Regulated services are provided at Trinity Health Centre, Malinsee Surgery, Church Road, Telford, and at the early medical unit (EMU), Radbrook Green Surgery, Bank Farm Road, Shrewsbury. At the time of the inspection, surgical termination of pregnancy was not being undertaken.

The Telford and Shrewsbury sites each hold a licence from the Department of Health (DH) to undertake termination of pregnancy services in accordance with The Abortion Act 1967. Services are provided predominantly to NHS-funded patients referred by local clinical commissioning groups, as well as to private patients. The main site is MSI Telford with the Shrewsbury site as a satellite service.

Summary of findings

We inspected this service using our comprehensive inspection methodology. We gave the provider three working days' notice that we would be inspecting the service. We carried out the announced part of the inspection at MSI Telford on 8 August 2017 and its satellite the Early Medical Unit at Shrewsbury on 9 August 2017, along with an unannounced inspection to MSI Telford on 22 August 2017.

We observed activity levels, staff interaction with patients, and made checks on the environment and equipment. Before and after our inspection we reviewed performance information submitted by the service. We spoke with seven members of staff including; MSI regional managers (there was no registered manager available), medical staff (by telephone as they were not onsite during our inspection), registered nurses, and health care support workers. We also spoke with eight patients. We reviewed 26 patient records, including those of 13 patients who used the surgical termination of pregnancy services undertaken before the provider suspended this activity.

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?

Services we do not rate

We regulate termination of pregnancy services but we do not currently have a legal duty to rate them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Safeguarding of children and young people and safeguarding adults at risk policies and training were available at appropriate levels for all staff.
- There were locally agreed policies and standards that referred to evidence-based practice and against which performance was audited and reported upon.
- Policies were kept up to date. We saw that relevant staff were involved in their development and review.
- Learning and development was provided at an appropriate level to enable staff to develop and maintain their skills and competencies in areas such as consent, scanning, and counselling.
- Pain was assessed and treated in accordance with national guidelines.
- Staff were compassionate in their approach and were seen by patients to be non-judgmental.
- All consultations were carried out in private rooms with no interruptions from other patients or staff.
- All patients received their treatment from decision to proceed to termination of pregnancy. within the recommended Department of Health time frames.
- There was flexibility to re-arrange appointments at very short notice to meet the needs of patients.
- Consultations were undertaken either face to face or by telephone to meet people's needs.
- There was a clearly defined referral process for patients who required specialist services.
- Complaints were managed in accordance with MSI policies and in the required time frames. Patients and staff understood the processes they should follow.
- Both sites (Telford and Shrewsbury) were accessible to wheelchair users or people with limited mobility.
- The leadership team were knowledgeable about quality issues and priorities, understood the challenges, and were taking some action to address them. However these were not generally known or understood by staff.
- Staff spoke positively about the changes introduced by the new management team and the pace at which the changes had taken place.
- There were systems in place to monitor and act upon compliance with standard operating procedures and clinical and professional guidance and professional opinion such as that provided by relevant Royal Colleges including the use of audit tools and checklists.
- Required checks on emergency equipment were not consistently undertaken.
- There was no record that fire evacuation exercises had been undertaken at Telford.
- Records for the disposal of pregnancy remains were missing for the last date of surgical activity

Summary of findings

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

- The incident reporting system and trend analysis were not yet embedded or effective at a MSI Telford Centre and its satellite site in Shrewsbury. There was limited evidence of any action taken following incidents or lessons learnt being shared with the team.
- Failures in information technology meant staff could not access all required information.
- Medicines were not always securely stored and improvement was needed to monitor medicines.
- There was limited segregation of clean and dirty equipment to minimise infection risk.
- There was limited evidence that staff had training in the duty of candour. However the provider told us after our inspection that duty of candour was included within safeguarding training.
- Not all staff had completed all required mandatory training.
- There were gaps in management and support arrangements for staff such as appraisal and supervision.
- There was poor patient flow due to unsuitable premises. This included a cramped recovery lounge, a lack of available recliners and privacy for recovery and limited toilet facilities.
- There was no registered manager at the time of our inspection and no regular monitoring or oversight of the early medical abortion unit (EMU).
- Chaperoning requirements were set out in the MSI chaperone policy 2017; however, they were not followed as nurses normally worked as lone workers at the Shrewsbury site and frequently at Telford site. The provider told us after our inspection that if patients requested a chaperone, they would be booked in to a larger clinic.
- There had been a high turnover of staff at senior and executive management level, which had led to some instability at the centre.

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, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notices that affected MSI Telford. Details are at the end of the report.

Heidi Smoult

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		We regulate this service but we do not currently have a legal duty to rate when it is provided as an independent healthcare single speciality service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary. We have a duty to rate this service when it is provided as a core service in an independent hospital.

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Background to Marie Stopes International Telford Centre

MSI Telford Centre was registered with the Care Quality Commission (CQC) in January 2016. The Telford and Shrewsbury sites each hold a licence from the Department of Health (DH) to undertake termination of pregnancy services in accordance with The Abortion Act 1967. Both sites are situated within GP practices and are not MSI owned premises.

Services are provided predominantly to NHS-funded patient referred by local clinical commissioning groups (mostly Telford and Wrekin and Shropshire) and receives referrals from other areas as well as private patients for health.

Termination of Pregnancy (TOP) refers to the abortion of pregnancy by surgical or medical methods. Marie Stopes International (MSI) Telford is part of the provider group MSI and MSI International, a not for profit organisation that was founded in 1976 to provide a safe, legal abortion service following the Abortion Act 1967. The organisation has expanded from one centre in London to a global network of more than 600 centres across 37 countries.

There was no registered manager available at the time of our inspection for MSI Telford Centre with interim management arrangements supported by a regional director. All staff working at the Telford and Shrewsbury sites were based at the MSI Birmingham site.

There were no special reviews or ongoing investigations of the service by the CQC at any time during the 12 months before this inspection. The service had not been previously inspected by the CQC.

Our inspection team

Our inspection team was overseen by Debbie Widdowson, Inspection Manager, and included three CQC inspectors with expertise in regulation, nursing and termination of pregnancy

Information about Marie Stopes International Telford Centre

Regulated services are provided at Trinity Health Centre, Malinsee Surgery, Church Road, Telford, and at the early medical unit (EMU), Radbrook Green Surgery, Bank Farm Road, Shrewsbury. Services include early medical abortion (EMA), medical termination of pregnancy (MTOP) up to nine weeks and four days, consultations, ultrasound scans, counselling and support, family planning and advice on contraceptive options, and oral contraception. In addition well woman screening, well man screening and sexually transmitted infection testing and screening are also provided. The service carried out 324 early medical abortions from April 2016 to March 2017 which accounted for 71% of the termination of pregnancy service.

The service is also registered for surgical termination of pregnancy (STOP) up to 19 weeks either under local anaesthesia, sedation or general anaesthesia or without anaesthesia. Surgical procedures would only be undertaken at the Telford location. From April 2016 to March 2017 MSI Telford carried out 197 surgical procedures which accounted for 29% of the MSI Telford termination of pregnancy service. At the time of the inspection, MSI executives had made the decision to only undertake medical terminations at the Telford site. Although registered for surgical termination of pregnancy, all surgical cases from 26 June 2017 were diverted to other MSI sites. This was done as a precautionary measure prior to a planned estate and quality review to assess whether egress could effectively be achieved in the event of an emergency transfer to an NHS provider. Following this review, it was confirmed that safe transfer could be undertaken. However the site review did identify that the patient flow and toilet facilities could only

Summary of this inspection

accommodate a small patient group, which would not allow for effective use of resources and to see the required number of women within the contractual requirements. The provider has told us since our inspection that subsequently a decision was made to serve notice on the contract.

The inspection, therefore, only observed medical terminations but sought evidence on the surgical activity prior to the 26 June 2017.

Records we looked at confirmed the last surgical procedures were undertaken on 26 June 2017. Appointment diaries we looked at showed no further surgical bookings beyond that date.

Services provided at the centre under service level agreement:

- Clinical and or non-clinical waste removal
- Maintenance of medical equipment
- Emergency transfer of patients

We observed activity levels, staff interaction with patients, and made checks on the environment and equipment. Before and after our inspection we reviewed performance information submitted by the service. We spoke with seven members of staff including; managers, medical staff, registered nurses, and health care support workers. We also spoke with eight patients. We reviewed 26 patient records, including 13 patients who had used the surgical termination of pregnancy services before the 26 June 2017.

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?

We found the following issues that the service provider needed to improve:

- Reporting and monitoring of safety incidents and risks was inconsistent and had not been sustained since the introduction of a new electronic patient safety system.
- Failures in information technology meant staff could not access required information.
- There were limited systems in place for medicine stock reconciliation and monitoring of access to medicines storage. Medicines were not always securely stored.
- There was limited segregation of clean and dirty equipment. For example clean, dry clinical equipment, theatre attire, surgical packs, and medicines were stored in the dirty utility area. However the service was not providing surgical procedures at the time of the inspection.
- There was limited evidence that staff had training in the duty of candour. However the provider told us this is included within the staff safeguarding training.
- Not all staff had completed all the required mandatory training.

However, we also found the following area of good practice:

- Serious incidents were investigated by a suitably trained panel at MSI in a timely manner.
- Safeguarding of children and young people and safeguarding adults at risk policies and training were available at appropriate levels for all staff, and included female genital mutilation, child sexual exploitation and 'PREVENT' training.

Are services effective?

We found the following areas of good practice:

- There were locally agreed policies and standards that referred to evidence-based practice and against which performance was audited.
- Policies were kept up to date. We saw that relevant staff were involved in their development and review.
- We saw that the intended outcomes for patients were being achieved, and were audited and reported upon.
- Learning and development was provided at an appropriate level to enable staff to develop and maintain their skills and competencies in areas such as consent, scanning, and counselling.

Summary of this inspection

- Pain was assessed and treated in accordance with national guidelines.

However we also found areas where the service needed to improve:

- There were gaps in management and support arrangements for staff such as appraisal and supervision.

Are services caring?

We found the following areas of good practice:

- There was consistently positive feedback from patients about the caring and non-judgmental attitude of staff.
- We observed staff were compassionate and gentle in their approach.
- All consultations were carried out in private rooms with no interruptions from other patients or staff.

However we also found areas where the service needed to improve::

- There were no privacy screens in the recovery lounge and privacy screening was not adequate in the consulting room. However as the surgical service was not operational we were unable to fully asses the impact for all patients.

Are services responsive?

We found the following areas of good practice:

- All patients received their treatment from decision to proceed to termination of pregnancy. within the recommended Department of Health time frames.
- There was flexibility to re-arrange appointments at very short notice to meet the needs of patients. For example, in the event of cancelled appointments.
- Consultations were undertaken either face to face or by telephone to meet people's needs.
- There was a clearly defined referral process for patients who required specialist services.
- Complaints were managed in accordance with MSI policies and in the required time frames. Patients and staff understood the processes they should follow.
- Both sites (Telford and Shrewsbury) were accessible to wheelchair users or people with limited mobility.

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

- There was poor patient flow due to unsuitable premises, including a cramped recovery lounge, a lack of available recliners for recovery and limited toilet facilities

Summary of this inspection

Are services well-led?

We found the following issues that the service provider needs to improve:

- There was limited monitoring or oversight of the services. There was no registered manager available at the time of our inspection however interim leadership arrangements were in place.
- Chaperoning requirements were set out in the MSI chaperone policy 2017; however, they were not followed as nurses normally worked as lone workers at the Shrewsbury site and sometimes at the Telford site. The provider told us after our inspection that if patients requested a chaperone they would be booked into a larger clinic.
- The introduction of an electronic patient safety system across MSI in February 2017 had enabled some improved local ownership and accountability for reporting and reviewing incidents, risks, and complaints at the centre. However, reporting and trend analysis was not yet embedded or effective. There was limited evidence of any action taken following incidents or lessons learnt being shared with the team.
- There were gaps in the governance of medicines management, for example, no evidence of any audits and corrective action in response to identified risks such as security of medicine storage areas, keys and the risk of misappropriation of prescribed medicines.
- A staff satisfaction survey had recently been undertaken but there were no results available at the time of our inspection

However, we also found the following areas of good practice:

- The leadership team were knowledgeable about quality issues and priorities, understood the challenges, and were taking some action to address them. However, these were not generally known or understood by staff and were not embedded.
- Staff spoke positively about the changes introduced by the new management team.
- There were systems in place to monitor and act upon compliance with standard operating procedures and clinical and professional guidance and professional opinion such as that provided by relevant Royal Colleges including the use of audit tools and checklists.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are termination of pregnancy services safe?

Incidents and safety monitoring

- A revised incident reporting policy was issued to all MSI centres in January 2017, followed by the introduction of a new electronic patient safety reporting system for incidents in February 2017. Staff training records we looked at showed 81% of staff were up to date with incident reporting training.
- Although the electronic system was in place, incident management and trend analysis was not yet embedded or effective at a local level. Trend analysis was undertaken at a corporate provider level. There was limited evidence of any action taken following incidents, or of lessons learnt being shared with the team.
- We reviewed the incident data provided in August 2017 and saw 12 incidents recorded between July 2016 and February 2017. All incidents had been investigated and the investigations were closed at the time of our inspection. We also saw 20 incidents recorded from February 2017 to July 2017 which showed an increase in reporting. A new grading system was introduced to assess the impact of each incident.
- Of the 20 incidents, there were 14 graded as no harm and three graded as low harm. Two incidents were not graded, as they were safeguarding concerns. We saw the last incident was reported on 3 April 2017.
- We observed incidents that should have been reported during our inspection. These included four clinical incidents at the Shrewsbury site where patients could not proceed to treatment and needed to transfer to another centre of their choice. Three of those patients were over the gestational date treated at Shrewsbury and one patient needed surgery as the scan confirmed a missed abortion.
- Staff confirmed that failures in being able to access information technology at Telford and Shrewsbury were not reported. However information provided following our inspection identified that should there be problems with information technology it should immediately be escalated through to senior management for action.
- Staff also said they had not reported the failure to locate the controlled dugs register used to document stock levels of sedating agents was not reported.
- The member of staff we spoke with about incident reporting told us they had never completed an electronic incident report, and were unsure how to do this. They were also not able to access the safety reporting system to check what had been reported. We brought this to the attention of the manager who told us corrective action would be taken.
- MSI Birmingham was the central hub of the Telford site with staff based and allocated from MSI Birmingham. The regional director had identified on the MSI Birmingham quality improvement plan in July 2017 that staff did not enter incidents on to the electronic reporting system due to lack of time and that there was no evidence of lessons learnt. The MSI incident reporting policy required all incidents to have been reviewed and signed off by managers within seven working days and closed off within 10 days. Senior managers told us that incidents and lessons learnt were discussed at the regional monthly quality and governance meetings. Minutes we looked at confirmed this.
- In 2016 MSI had established a complaints, litigation, incident and patient feedback (CLIP) group to review

and share learning from all incidents across the organisation, including clinical incidents. CLIP met weekly. The main themes recorded in minutes of the CLIP meetings in 2017 were misplaced notes, medicines errors, and failed medical abortion, which was a known risk. These corresponded with data on the electronic incident reporting system (incident log).

- There were no reported never events from July 2016 to June 2017. 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.
- The processes for undertaking root cause analysis (RCA) were revised in July 2016 to improve consistency across MSI. A two day training course was completed by senior managers in July 2016 and July 2017. Only individuals who had completed the training were part of a centrally convened RCA panel. A regional integrated governance committee (IGC) was established in 2016 and met quarterly. We looked at the last three sets of meeting minutes of the IGC and saw that incidents were discussed as a standing item, and those trends, themes and action points were recorded and acted upon by managers. However, there was no evidence of shared learning with staff from these discussions.
- There were no reported deaths within the previous 12 months or between July 2016 and June 2017.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The MSI duty of candour policy was introduced in April 2016 to provide staff with a process to follow when they were dealing with serious incidents. Duty of candour training was not included on the training matrix submitted and we found no evidence at the time of our inspection that training had been provided for nursing or medical staff. However information received following our inspection identified that duty of candour was included within staff safeguarding training.
- The regional director had identified on the quality improvement plan in July 2017 that there was no evidence of duty of candour training. However, all staff we spoke with were aware of their responsibilities under the duty of candour. We were informed there had been no duty of candour notifications reported for the last 12 months.

Mandatory training

- MSI required that all staff completed mandatory training in a range of topics, and enabled protected time for this to be completed either on line or face to face. Topics included safeguarding vulnerable adults (adults at risk) and children, basic life support, intermediate life support, first aid, information governance, display screen equipment, fire safety essentials, fire warden training, fire emergency evacuation and drill essentials, first aid, COSHH, lone working, conflict resolution, equality and diversity, informed consent, infection prevention and control, health and safety essentials, and moving and handling. There were reminder systems for staff to prompt them when they were overdue for their mandatory training.
- A 'live' MSI Birmingham region electronic training matrix detailed records of all contracted or sessional staff, including nurses, managers, health care assistants and administrative staff. As all nursing staff at both sites worked across Birmingham and the Midlands region on a rotational basis.
- We looked at the regional training matrix and saw it included staff who worked at MSI Telford Centre. The training matrix was maintained by the operations manager with a red, amber, green (RAG) rating system to indicate staff compliance.
- The provider supplied mandatory training figures which showed that fire training, fraud, infection control and prevention, safeguarding, FGM, child sexual exploitation and PREVENT training levels met the provider standards of 85%. The remainder which included manual handling (25%), consent (80%),basic life support (0%), incident reporting (78%), medical gases (55%) and scanning (18%).
- A green rating indicated when training had taken place within the last twelve months, amber indicated the next training date was due within eight weeks and should be

rebooked, and red indicated the training renewal date had expired. Gaps in training were sometimes accounted for by new staff working through the training as part of their induction.

- The training matrix was up to date and showed there were variations in compliance.

Safeguarding

- No safeguarding concerns had been raised since July 2016. There were up to date arrangements in place to protect patients from avoidable harm. MSI had reviewed and issued revised policies for safeguarding of children, and safeguarding of adults at risk in December 2016. Staff we spoke with knew where to locate the policies and correctly described the principles and processes they would follow in the event of a patient not attending their appointment or in the event that they suspected abuse.
- Staff and managers we spoke with were also able to provide examples of when they had raised a safeguarding concern at other MSI centres, and told us they felt confident in the process and the way in which concerns were managed.
- In all of the patient records we looked at, and all the consultations we observed, we saw that a safeguarding assessment was carried out and recorded on a safeguarding proforma.
- Staff told us that any safeguarding concerns would be raised with the Birmingham centre safeguarding lead, and that where required, referrals to social services or the police were managed in accordance with the MSI policy and recorded on the electronic incident reporting system. Staff were able to name the safeguarding leads and tell us where and how they could contact them.
- Training in safeguarding adults at risk and children was provided at level 2, level 3 and level 4 in accordance with the intercollegiate document Safeguarding children and young people, 2014. This included a 30-minute electronic learning module for all staff. Information provided showed that there was 89% staff compliance with both level 2 and 3 safeguarding adults at risk and children and 20% staff compliance with level 4 safeguarding training. Training for level two and three safeguarding training met the provider's standard of 85%;However training for level four safeguarding did not.
- The electronic learning module was introduced for staff to cover the topics of child sexual exploitation, female genital mutilation and 'PREVENT' training. The aim of 'PREVENT' training is to provide staff with the knowledge to enable them to be aware of people who are at risk of becoming radicalised and to stop them from supporting terrorism or becoming terrorists. The training followed recommendations from Working Together to Safeguard Children (2015) and the Intercollegiate Document (2014 and 2015).
- NICE Guidance PH 50, 2014 and Quality Statement 116 Domestic Violence and Abuse, 2016, is provided for everyone working in health and social care whose work brings them into contact with people who experience or perpetrate domestic violence and abuse. The guidance states that providers should ensure that health and social care practitioners provide facilities which enable people to speak about their experiences in a private discussion. We saw patients were routinely seen on their own in a private consulting room as part of the consultation or assessment process. We also saw evidence in all of the patient records we looked at that this happened.
- No children aged between 13 and 15 or below the age of 13 were treated at either site in the reporting period. Children under the age of 13 would be referred to the safeguarding board and the NHS.
- Twenty patients under the age of 18 were treated at MSI Telford from July 2016 to June 2017. Ten underwent surgical intervention, and 10 medical abortions.

Cleanliness, infection control and hygiene

- There were systems and processes in place to ensure that standards of cleanliness and hygiene were maintained. These included up to date policies, cleaning schedules and checklists, and infection prevention and control training.
- We were told that domestic cleaning was conducted through each host site centre's cleaning contract. The clinical areas appeared visibly clean. However, some areas were cluttered. For example, within the consulting

room used for early medical abortions (EMA) at Telford we saw a number of large boxes stacked along the back wall that contained surplus stock that would be used in surgical termination of pregnancy. The clinic had stopped the surgical service; however none of the left over stock had been collected or moved into more appropriate locations. Despite our inspectors raising this with staff the boxes had not been moved at the time of our unannounced inspection.

- The annexe to the dirty utility area at Telford was cluttered with numerous confidential paper shredding bags taking up most of the floor area. Staff told us these belonged to the host site GP surgery. They had been removed when we returned for our unannounced inspection.
- Clinical waste management practices were appropriate. There was a colour-coded system for disposal of waste, medicines, and sharp objects. Rooms and cupboards were labelled as clean or dirty utility areas. We found that there was limited segregation of clean and dirty equipment. For example, we found clean, dry clinical equipment, theatre attire, surgical packs, and medicines stored in the dirty utility area. This presented a risk of cross contamination. We brought this to the attention of the manager who told us corrective action would be taken. Some but not all items had been removed at the time of our unannounced inspection.
- We saw a disposable curtain used in the surgical recovery area at Telford had not been changed since December 2015. These curtains are designed to be changed at least once every six months to reduce the risk of cross infection. However, there was nothing in policies and procedures about cleanliness of curtains so we were not assured that appropriate infection prevention procedures were in place.
- We found that staff were compliant with handwashing. We saw hand sanitiser gel and liquid soap within the consulting rooms where EMAs were carried out, along with a non-touch sink for handwashing and saw that staff used these in accordance with hand hygiene policies.
- Hand hygiene audits were carried out monthly at MSI Birmingham. These included observing 20 opportunities for handwashing among the staff who worked at Telford and Shrewsbury. It also included adherence to the 'arms bare below the elbow' policy. In May and June 2017, a score of 100% was achieved in both audits.
- We asked about the monitoring of infection prevention and control (IPC) standards. Managers told us that the most recent IPC audit took place at MSI Birmingham in March 2017. As all of the nurses and healthcare assistants at both sites worked at Birmingham on a rotational basis the outcomes of the audit would affect the service.
- MSI had undertaken an IPC audit which included areas such as waste management, cleaning, and management of sharps and equipment. Managers were required to complete the audits every month. Information provider to us by MSI identified that MSI Telford had an 82% compliance rate in March 2017 however we saw no evidence of further audit or an action plan to address an identified shortfalls.
- At our inspection, we observed medical devices used within the treatment room were single use. This meant that there was assurance that they were clean.
- NICE QS61 statement 3: recommends that people receive care from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. During our inspection we observed staff adherence to handwashing requirements at all times.
- From July 2016 to June 2017, the ratings for the monthly audits were consistently within the required standards. Where gaps in the handwashing or 'arms bare below the elbow' process were identified they would be fed back to staff directly and by email.
- All staff were provided with training in IPC as part of the MSI mandatory training programme. As of August 2017 nine out of 14 (64%) clinical staff had completed level 1 and level 2 IPC training, and four out of nine (44%) non-clinical staff had completed level 1 IPC training. This meant that all staff who could work at the centre were up to date with current IPC practices.

- We saw adequate supplies of personal protective equipment (PPE) such as disposable gloves, aprons and masks. All staff were observed to adhere to the uniform policy and wore the appropriate protective clothing depending on the task they were undertaking.
- We also saw laboratory spillage kits were available and were stored correctly and in date. Staff we spoke with knew how to access and use them.

Environment and equipment

- Managers informed us that a decision had been made to stop providing surgical services at Telford from 26 June 2017. This decision was precautionary measure prior to a planned estate and quality review to assess whether egress could effectively be achieved in the event of an emergency transfer to an NHS provider. Following this review, it was confirmed that safe transfer could be undertaken. However the site review did identify that the patient flow and toilet facilities could only accommodate a small patient group, which would not allow for effective use of resources and to see the required number of women within the contractual requirements. Staff we spoke with told us they felt relieved about this decision.
- In addition, following a serious incident at another MSI centre a further review of surgical services at all MSI centres was carried out. As part of that review, a site visit was conducted at MSI Telford on 24 July 2017 by the MSI acting medical director, the lead anaesthetist, the associate director of quality and governance, the director of contracts and the regional clinical operations manager. Safety concerns about the surgical service were discussed with the NHS clinical commissioning group (CCG).
- The Department of Health Required Standard Operating Procedures (RSOP) 22 Maintenance of equipment requires that providers of TOP services should minimise risks and emergencies through a programme of regular checking and servicing of equipment. We looked at records and saw that most clinical equipment owned by the service had been serviced and safety checked in line with the provider's policy. However, staff were unable to locate the records of safety checks for the anaesthetic machine. Information received following our inspection identified that the anaesthetic machine was inspected by an external provider and these records were stored electronically in Birmingham. The anaesthetists also did a daily check but these records were no longer available locally as the site had ceased surgical services.
- We asked for evidence that fire safety checks were carried out. Managers told us the MSI policy required that these were conducted weekly and that evacuations should be practised at least twice a year. The provider told us that the required weekly fire checks were the responsibility of the host site, but to provide assurance, MSI undertakes a quarterly audit of fire and other safety arrangements and provided a record of these audits. There was no evidence that the twice yearly evacuation routines had been conducted for the Telford site.
- There was access to resuscitation equipment at both sites, including an automated external defibrillator (AED). These devices are able to diagnose life threatening cardiac conditions and enable treatment through defibrillation, which is a controlled electric shock to allow restoration of the normal rhythm of the heart.
- The MSI resuscitation policy, dated December 2016, stated that any sealed bags and trolleys should have seals checked daily for integrity and then a full check monthly. Any unsealed equipment should be checked daily which is in line with current guidance from the UK Resuscitation Council. We reviewed the checklists at our announced inspection and saw these were up to date and complete at Telford but could not be located at Shrewsbury.
- During our unannounced inspection at Telford, we asked to review the checklist, and saw that there was no evidence that the checks had been made in the last two weeks. Staff told us checks would normally be completed every week the centre was open, and were unable to account for the omissions.
- Suction equipment and oxygen cylinders were available in each centre.
- Managers told us staff would receive safety alerts for medical equipment and medicines by email, and provided recent examples of where these had been communicated to all staff. All staff we spoke with correctly described the process. However on the day of our announced inspections there was limited email access due to information technology systems failure.

The provider told us after the inspection that there were processes in place to mitigate IT failures and ensure staff were aware of safety alerts pertinent to equipment or medicines. This was either by a call from management directly to staff or by an alerts through the patient records system when required

Medicine Management

- Staff involved in the supply and administration of medicines were required to comply with the MSI Medicines Management policy which had been revised in February 2017 and remained in draft form.
- The medicines management policy set out arrangements and staff responsibilities in line with national standards and guidance. This included the management of medicines used to terminate pregnancy, pain relief, contraceptives and antibiotics. It also included arrangements for controlled drugs (CDs) which are medicines that require additional security.
- There were security procedures in place to ensure only approved staff could access medicines, for example access to keys to the medicine storage areas was restricted to nurses using a digital key pad system. However there was no record of which staff had been issued with the keys or when they were taken and returned.
- Medicines were prescribed by doctors who worked remotely using an electronic system. Records we looked at showed that all medicines were supplied and administered against the doctors' prescriptions, and were administered by nurses who signed for administration of each medicine electronically.
- As part of the medicines administration process we saw the nurse checked each patient's identity and checked for any known allergies, which were acted upon. We also saw the nurse clearly explained to each patient the purpose and instructions for each of the medicines, including what to do if the medicines were not effective, and how the patient would identify this.
- During our announced inspection, we also found an unlocked medicine storage cupboard in the clean utility room at the MSI Telford site. Within this, we found antibiotics, pain relief and local anaesthetic. The cupboard was not organised in any particular way. For example, medicines were not in alphabetical order or by medicines type. Within this cupboard, we found other stock that was not relevant to the termination of pregnancy service, such as a large quantity of dental equipment. This was not separated from the MSI medicines, and it was not clear which stock belonged to MSI as the premises were used by other services and there were no stock lists. We brought this to the attention of nurse in charge.
- At the Shrewsbury site, we saw the cupboard that contained medicines, which caused a termination of pregnancy, pain relief, antibiotics, and pregnancy tests. We saw the medicines which caused the first stage of the termination of pregnancy but were unable to locate the medicines which caused the second stage of the termination of pregnancy. We asked staff to confirm whether they would be stored elsewhere and they were not able to confirm this .We wrote to a senior manager for the service to ask what action would have been undertaken if they had a patient who required this treatment (three patients had been booked for this treatment but were unable to receive it due to their gestational date being later than that which fitted the patient eligibility criteria). Information provided confirmed usual arrangements of monthly medicine reconciliation and that this been added to the organisation's risk register.
- During our unannounced inspection, we found an unlocked cupboard in the patient recovery area at the Telford site and saw large supplies of medicines that did not appear to be arranged in any particular order. We were told the recovery area was not in use at the time of our inspection as the surgical service had been closed. The staff on duty at the time of our inspection did not work in the surgical service and were not aware this cupboard was used to hold medicines. There were no accompanying records to confirm the stock levels. We brought the lack of secure storage to the attention of the nurse on duty and they located the correct key and locked the cupboard. The nurse was unable to confirm how long the cupboard had been unlocked as there was no system in place to track the issue or return of keys.
- We asked to see the arrangements for controlled drugs (CDs) which are medicines that require additional security. Staff told us that they used some strong sedation medicines which although were not controlled drugs they were stored and managed according to the

requirements of controlled drugs. Managers showed us a cupboard, which was referred to, as the controlled drugs cupboard. The medicines (which staff said were treated as controlled drugs) were stored alongside non-controlled drugs, which is contrary to controlled drug legislation. The sedating medicines would be used in surgical procedures, and were therefore surplus to requirements. Staff were unable to provide a reason why the medicines had not been disposed of and told us they would take corrective action by disposing of them. However, when we returned to the Telford site two weeks after our announced inspection no action had been taken.

- During our announced inspection at Telford, we asked to see the records to demonstrate that the CDs were ordered and managed in accordance with national and local guidance, including the controlled drugs register. It is a requirement that the storage and administration of controlled drugs is recorded in a controlled drug register. The regional director told us the required method of recording administration and stock levels, which included the strong sedating medicines. Managers told us they were unable to locate the CD register. We saw a register on the top of the CD cupboard; however there were no entries in the register. We asked the manager for a report into the investigation of the missing register and this was not provided. We subsequently asked the nurse in charge at the unannounced inspection for further information about the investigation into the missing register and none was available.
- At our announced inspection, we found contraceptives which staff told us were no longer required, such as intrauterine devices (coils), were also stored in the controlled drugs cupboard. There were out of date medicines within this cupboard and a medicine that should have also been stored in a refrigerated environment, not at room temperature. We found an adrenaline injection stored in this cupboard, which should have been stored in the resuscitation equipment pack. We brought this to the attention of the manager who told us that corrective action would be taken. When we conducted, our unannounced inspection there had been no changes made as the stock was still in the cupboard.
- The medicines management policy stated there was an annual MSI corporate medicines management audit. Managers we spoke with told us that an audit was undertaken at Telford in July 2017 and included a review of ordering, receipt, storage, and disposal of medicines. We asked to see the audit report, and were told this was not available. We repeated our request for the audit following the announced and unannounced inspections and this was not supplied. We were therefore not able to assess its impact.
- NICE QS 61 recommends that people are prescribed antibiotics in accordance with local antibiotic formularies. Records we looked at confirmed that there were local protocols and formularies in place that were correctly followed by prescribing doctors.
- Patients were prescribed antibiotics in accordance with the local antibiotic formularies. We saw nursing staff administered the prescribed antibiotics alongside the medicines administered for a termination of pregnancy. This was to reduce the risk of infection during and following an early medical abortion (EMA).
- The incident log showed there had been five medicine incidents at MSI Telford from February 2017 to June 2017. Staff we spoke with were unable to recall the details of these or provide evidence of any shared learning.
- In all 26 patients' records we reviewed staff had recorded allergies clearly and taken relevant action to ensure known allergies were acted upon.
- We saw a register at both locations to record the stock of mifepristone which is the medicine given at the first stage of treatment to end a pregnancy by causing the uterine lining to shed. However, the nurse we spoke with was not aware of the existence of the register and told us they did not record the stock balance in this way or by using any other system. We saw this to be the case at both Telford and Shrewsbury during our inspection as there were gaps in the records where supplies for entire clinic lists had not been completed. There were no instructions in the medicines management policy advising staff of the requirements. This meant there was inconsistency in the way in which the stock was monitored and reconciled and a risk that prescribed medicines could be misappropriated. This had been identified as a risk on the Telford risk register,

- Where it had been completed, the nurse administering the medicine would sign in the register to record each dose and stock balance. However, in the register at Shrewsbury we saw only three signatures against 11 doses that were administered on 2 August 2017. We brought this to the attention of the manager who told us the nurse would be informed and corrective action would be taken. The provider told us and showed us that medicine reconciliation was recorded electronically. However we were not fully assured as the supplementary paper records were incomplete.
- We asked about the monitoring and reconciliation of medicines stock and were told there was no local reconciliation or use of stock control lists or systems on a daily basis. There was a monthly financial audit carried out centrally (at provider level) to check medicine supply against patient throughput to identify any discrepancies. Managers told us the lack of local reconciliation had been added to the local risk register, as a result of reported incidents at other MSI locations. In addition, staff were also currently investigating a system to compare drug usage to the balance each month.
- During our inspection, we were unable to access the risk register due to the faults with information technology. However the risk register was submitted to us on 10 August 2017 and identified that medicine management issues had been added as a risk.
- Managers told us that MSI had a centrally managed contract for the purchasing of medicines from an approved pharmacy supplier.
- We were told that orders for medicines would be placed electronically, and checked centrally by an authorised person at MSI. Staff we spoke with told us that supplies were normally delivered directly to the centres by an approved courier service. However, managers and nurses we spoke with also told us they were regularly required to transport medicines between different MSI sites, particularly at Shrewsbury. We asked what instructions they had received to ensure this was managed safely. They were unaware of any particular instructions. However we saw that information about the transportation of medicines was included within the medicines management policy.
- Medicines for medical abortion should be stored securely. However, we found that mifepristone was in an unlocked cupboard in the anaesthetic room.
- We noted three ampoules of medicine in a cupboard at MSI Telford that were not stored in their original packaging. It is a legal requirement that patient information contained within the packaging should be not available and this was not the situation. We brought this to the attention of the manager and were told that corrective action would be taken.
- MSI Medicines Management policy required that the minimum and maximum temperatures of refrigerators and other medicines storage areas were monitored daily to ensure that medicines that had temperature requirements were stored correctly.
- We saw temperature logs for the refrigerator were maintained and were in the required temperature range. We saw no temperature logs for any of the medicines cupboards or rooms where medicines were stored or the CD cupboard. However we saw thermometers were in place and that medicines were stored at the correct temperature at the time of our inspection. Staff told us they would report any discrepancies and were not aware of the requirement to record the room temperature or that such records existed.
- The provider told us that medical gases training was provided both electronically and as part of a three day anaesthetic and recovery training course. We saw that 11 out of 13 staff (86%) required to undertake anaesthetic and recover training had attended the three day course. However the training matrix included medical gas training separately and did not reflect this number and showed only one member of staff out of 25 had attended. Therefore we could not be assured that matrix was kept up to date.

Records

- A combination of paper and electronic patient records was in place. Arrangements for the management of patient records were set out in MSI policies. Compliance with the policies should be audited on a monthly basis. We saw this happened as part of the midlands MSI regional audit and that overall compliance with records standards for the year had been 94%.

- MSI policies stated that all records which included patient-identifiable information must be stored securely and kept strictly confidential within the establishment. We saw this to be the case.
- Managers told us that paper held records that were transferred to and from other MSI locations would generally be taken by courier to ensure their safe and secure delivery. However, managers and staff told us they were also required to transport records to and from other MSI using a sealed secure bag. We observed this to be the case. We were told this practice was under review as part of a review of courier services.
- We reviewed 26 sets of patient records, including those of 16 patients who had undergone medical abortion and 10 who underwent surgical abortion prior to the service being suspended. All of the records we looked at were filed and maintained in accordance with national record keeping standards from the relevant professional regulators including the General Medical Council and nursing and midwifery council.
- Staff we spoke with told us, and we observed, that prior to the termination of pregnancy all patients had an ultrasound scan to confirm the gestational date, which is the term used to describe how many weeks pregnant the woman was. In all of the patient records we looked at we saw that a record of the ultrasound scan and the reported gestational date, and that a print out of the scan as well as an electronic copy were correctly stored and maintained.

Assessing and responding to patient risk

- There was an MSI admission policy to determine patient suitability for treatment at each MSI centre. This was based on Royal College of Obstetricians and Gynaecologists (RCOG) guidelines. The policy defined the patient pathway from admission to after discharge, and stated the limit on treatment in relation to gestational date. It included how to provide written information for patients considering having a termination of pregnancy about potential risks, and what to be aware of after the procedure. The MSI One Call centre was given as a contact number (24 hours a day, seven days a week) for reporting any concerns after discharge.
- In the records we looked at we saw patients were asked about their medical history at the initial consultation to assess their suitability for treatment; this included assessment of potential risk factors. If a patient was unsuitable for treatment at MSI Telford, for example due to an existing health condition, they would be referred to another centre or provider of their choice.
- We observed four occasions where patients attended, but were not treated, at the early medical unit at Shrewsbury as a result of the risk assessment undertaken by the nurse as part of the consultation. As a result of an ultrasound scan one patient was diagnosed as a missed abortion and was transferred to the NHS. Three other patients were reported to have a gestational date of greater than the date treated at the centre and were referred to another MSI location.
- There were up to date policies in place to care for patients following surgery and to manage a deteriorating patient. Records we looked at showed that following surgical procedures patients were monitored in the immediate post-operative period for at least 30 minutes by a registered nurse in the recovery area until they were fit for discharge. Nurses and doctors we spoke with confirmed this happened.
- RSOP 18 Staffing and emergency medical cover requires that each nurse or midwife should have the appropriate knowledge, training and confidence to initiate immediate action in the event of an emergency and before medical help arrives.
- As of August 2017 75% (24 of 32) of staff had completed either basic life support or intermediate life support training. In addition 13 staff were up to date with anaesthetic and recovery care training.
- Managers informed us that only medical staff were required to attend advanced life support training. There was no information available locally to confirm that medical staff had completed the required mandatory training as the provider held this information centrally. However, doctors we spoke with confirmed all anaesthetists treating patients would complete advanced life support training and this would be monitored as part of their supervision and revalidation requirements.
- Nurses assessed the patients' vital signs: temperature, pulse, respiratory rate, blood pressure, oxygen

saturation and blood loss. They used this as part of an early warning score referred to as TEWS (termination of pregnancy early warning score) to monitor and act upon any clinical deterioration.

- Once a patient's vital signs were stable and within their baseline recording, they were assessed for fitness to be discharged against the MSI discharge pro forma. Nursing staff would escalate any concerns to the anaesthetist who remained on site until the last patient was assessed as fit for discharge.
- In December 2016 the MSI policy on the transfer of patients was reviewed and required that every centre must have in place a service level agreement which covered transfer out to an appropriate acute care provider in the case of a medical emergency. An ambulance should be summoned via the 999 system and the call should be made by one of the team. Emergency intubation equipment and medication was available in the treatment room at both centres should they be required.
- During our unannounced inspection, we asked the nurses at Telford and Shrewsbury if there was a haemorrhage control kit available to manage severe bleeding. In response to this the nurse at Telford showed us a bag labelled 'haemorrhage kit' stored in the consulting room. They told us it was new and they had not seen it before. We observed it was still in its polythene wrapper, it was empty and there was no check list to ensure it was in place and ready for use. The haemorrhage kit at Shrewsbury could not be located. The provider told us after the inspection that the haemorrhage kits had been introduced following haemorrhage drill training on the 20 July 2017 but would only be in place at locations where surgical services were operational.
- From July 2016 to July 2017, there had been no medical emergencies at Telford or Shrewsbury where a patient needed to be transferred to acute NHS services.
- All of the patient records we looked at contained written venous thromboembolism risk assessments which staff completed prior to treatment. The risk assessments informed staff if preventive treatments were required.
- It was recommended by the National Patient Safety Agency in 2010 that the World Health Organisation (WHO) and five steps safer surgery checklist should be used for every patient undergoing a surgical procedure. We saw a policy had been issued across MSI to enable the use of the WHO safer surgery checklist and monitoring of its use. The policy included a checklist and stated the checklist would be applied for all patients having surgery.
- Data we looked at showed that managers completed an audit of the WHO and five steps to safer surgery' in March 2017 which identified 100%compliance. Staff were required to complete WHO audits on a monthly basis; however there was no evidence of any other audits and staff could not recall these happened. All patient records we looked at included a completed WHO safer surgery checklist.
- Prior to termination of pregnancy all women should have a blood test to identify their blood group. It is important that any patient who has a rhesus negative blood group receives treatment with an injection of anti-D. This treatment protects them against complications should the woman have future pregnancies. All records that we reviewed demonstrated that patients underwent a blood test prior to the termination of pregnancy and those who had a rhesus negative blood group received an anti-D injection.
- To reduce the risk of retained products of conception an ultrasound scanner was used during each surgical procedure

Staffing

- The Department of Health Required Standard Operating Procedure (RSOP) 18 : Staffing and emergency medical cover requires that providers of a TOP service should ensure there is 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.
- RSOP 18 also requires that there should be a first level registered nurse or midwife on duty in the clinic at all times when there are patients who will need their care. We asked to see staffing rotas to show this happened and were shown the staffing rota for all centres in the region and saw this to be the case. Managers and nurses we spoke with also confirmed this.

- A clinical team leader was responsible for managing the staffing rotas, and allocated the nursing staff to work at each of the centres on a day-to-day basis. This was in accordance with RSOP 18.
- We asked managers for evidence about recruitment of nursing staff, and whether there were any nursing vacancies. Managers reported no recent recruitment or medical or nursing vacancies as of August 2017.
- Nursing staff who provided the service at both sites were part of a cohort of 13 registered nurses and eight health care assistants expected to work at other MSI centres in the Midlands region on a rotational basis. This was designed to keep staff up to date with practice and ensure they were regularly supervised by managers based at bigger centres. The other regional MSI centres in the Midlands were MSI Birmingham, Coventry, and Sandwell and their satellite EMUs.
- Nurses told us that managers were always accessible by phone and email and they would contact managers and colleagues at other MSI centres for advice and support. They told us that any calls were normally responded to promptly.
- There was no centre manager or clinical team leader regularly on site during core service hours. Staff at both locations told us that the leadership team would visit the centres on an as needed basis, and that this was rare. Staff also told us they had telephone and email access to managers and other colleagues at all times and that they would respond to calls promptly.
- There were no vacancies for medical staff at the time of our inspection. Medical staffing was provided by doctors working both remotely and within the centre. All doctors, including anaesthetists were engaged under practising privileges. The remote doctors were based at other MSI locations including One Call. Their role was to review patients' case notes and medical histories prior to signing the HSA1 forms and prescribing medicines. The HSA1 form is the certificate that has to be completed by two doctors before a termination of pregnancy is performed under the Abortion Act 1967.
- The staffing rota was created for the region on electronic spreadsheets; however, managers told us they were in the process of introducing an electronic rota management system across the country. The training for this took place on 9 August 2017 and the centres aimed to introduce the system by January 2018.
- Staff told us they often received their rota with less than one week's notice. Managers had identified this as an area for improvement in the quality improvement plan.
- Managers told us that any gaps in staffing would be covered by staff working overtime. Agency nurses were not used. We saw that one surgical operating list was cancelled at Telford in March 2017 due to staff shortages. All of the patients scheduled for that list were provided with a suitable alternative appointment.
- There were no MSI administrative staff on site to support the service. However receptionists from the host sites' GP surgeries at Telford and Shrewsbury would greet the patients on arrival and advise them where to wait.

Major Incident awareness and training

- We saw major incident and business continuity plans for both sites, which formed part of the GP surgery's plan at both locations, and provided guidance on actions to be taken in the event of a major incident or emergency. The plans were in date and contained details of managers as a first point of contact, and what to do in the event of a major incident such as a bomb threat, widespread fire or flood, prolonged loss of power, heating, communications or water failure. Staff were aware of the plans although they told us they could not recall any specific training or simulated scenarios, or when they had to apply them in practice.
- Fire evacuation plans were seen across all areas of both sites; however, staff we spoke with could not recall when they last practised the fire evacuation drill and were unable to provide evidence that this had happened.

Are termination of pregnancy services effective?

Evidence-based treatment

- All places holding a valid TOP licence issued by the Department of Health are required to follow required standard operating procedures (RSOPs). The Department of Health RSOP 10: professional guidelines,

states that providers should have regard to authoritative clinical and professional guidance and professional opinion such as that provided by relevant Royal Colleges.

- RSOP 16: Performance standards and audit recommends that all providers should have in place clearly locally agreed standards against which performance can be audited – and that are guided by appropriate national standards.
- We saw a range of MSI corporate, regional and local policies had been updated in the previous year. Staff told us that updates of policy changes and reviews were communicated via the interim chief nurse newsletters and we saw evidence that this happened.
- An evidence-based clinical practice guide for registered nurses and midwives was issued in October 2016 through staff roadshows. However, there were limited systems in place to ensure that staff followed this guidance.
- Surgical termination of pregnancy at MSI Telford had been offered by vacuum aspiration; a practice which is reported by the RCOG as effective, and preferable to sharp curettage for surgical abortion under those circumstances.
- For patients with a gestational date of up to nine weeks and three days medical abortion provided an alternative to surgical intervention.
- We saw that patients were offered two options for early medical abortion based on gestational date. These were six-hour interval, and where there was a 24 – 48 hour period between administration of the two medicines used.

Nutrition and hydration

- Staff told us that when patients underwent surgery they were offered a light snack prior to discharge home. We saw there were tea and coffee making facilities available to provide this, as well as cold drinks.
- Patients were given information about when to stop eating and drinking prior to surgery and understood the reasons for this.

Pain relief

- In accordance with RCOG guidance The care of women requesting induced abortion recommendation 7.16, 2011, women should routinely be offered pain relief such as non-steroidal anti-inflammatory drugs during surgical and medical abortion. Patient records we looked at showed that where patients underwent surgery pain relief scores were completed using a nought to ten pain relief rating.
- Patients told us that they were offered pain relieving medicines in a timely manner and we saw this happened. We also observed patients were advised to use single use abdominal heat pads as part of their pain relief support.
- We found all discussions about pain, and the effect of pain relief, were documented in the patient records we looked at.

Patient outcomes

- RSOP 16 Performance standards and audit recommends that all providers should have in place clearly locally agreed standards against which performance can be audited, with specific focus on outcomes and processes. We saw that these were in place and that information showed that the intended outcomes for patients were being achieved.
- RSOP 13: Contraception and sexually transmitted infections (STI) screening states that women should be offered testing for chlamydia (C. trachomatis) and undergo a risk assessment for other sexually transmitted infections. A system for partner notification and follow-up for referral to a sexual health service should also be in place. In two of the records we looked at there was documentary evidence of STI screening processes provided by the service or elsewhere. Staff confirmed that screening for sexually transmitted infections varied according to the contractual agreement with the relevant NHS clinical commissioning group.
- Patients were offered sexual health screening and this was carried out with the patient's consent. From April 2016 to March 2017 staff tested 205 (39%) of patients for HIV, 186 (36%) for syphilis and 59 (11%) for chlamydia. The highest proportion of opt out reasons given was 'declined to give reason'.

Termination of pregnancy

- Staff offered some limited testing for sexually transmitted infections dependant on the contractual agreement with the commissioning group.
- The Royal College of Obstetricians and Gynaecologists (RCOG) recommend that where possible services should provide surgical termination without resorting to general anaesthesia. When the surgical service was provided at Telford general anaesthesia was one of the options provided as well as conscious sedation. The provider monitored and audited outcomes which were presented through the quarterly quality assurance meetings. Senior staff shared with us the standard agenda template which included lessons learnt and disseminated, and effectiveness of the service. The south regional management meeting agenda also included centre by centre updates, which included audits, incidents and collaborative learning in practice.
- The RCOG recommend that patients have access to a 24-hour post procedure counselling service following termination of pregnancy. Patients were asked to contact the One Call centre. Counselling services were provided by trained counsellors who held a level 4 diploma in counselling, and were members of the British Association of Counselling and Psychotherapy. Counsellors were required to have knowledge and experience of varying races, cultures and religious beliefs.
- Data we looked at showed that five (1%) of the 521 patients who underwent TOP at MSI Telford from July 2016 to June 2017 took up the offer of counselling following their procedure. In addition the data showed 100% of the 521 patients who attended MSI Telford from July 2016 to June 2017 were offered counselling prior to their procedure. Patient records we looked at confirmed this happened.
- RSOP 13: contraception recommends that termination of pregnancy (TOP) services should be able to provide all reversible methods of contraception, including long-acting methods (LARC), immediately after abortion. Staff we spoke with told us that contraception options were discussed and offered in the first appointment. Options such as the depo injection and oral contraceptives could be supplied by the nurse as long as they were prescribed by a doctor. More long-acting methods such as the contraceptive implant or coil were not offered at the time of our inspection, as they would need to be given by a doctor or appropriately trained nurse.
- From July 2016 to June 2017 the uptake of LARC by patients ranged from 10% to 28%. The average uptake was 23%. The target was 50% which was not achieved in any of the 12 reported months.
- Staff we spoke with told us only doctors were trained to fit LARC and that no nurses had completed training in this area. Records we looked at confirmed this was the case.
- The service had performed surgical termination of pregnancy only where pregnancy was confirmed by ultrasound scan to be 11 weeks and six days gestation or under, and performed medical termination where pregnancy was confirmed to be nine weeks and three days gestation and under.
- Waiting times were monitored on an ongoing basis by a capacity management team and reported on monthly. Data about waiting times was only available from September 2016 as a new way of reporting had been introduced to include this. The data showed 100 % of patients from September 2016 to July 2017 had a consultation with in five days of their decision to proceed, and had completed their treatment within ten days of their first attendance.
- We saw that aftercare advice was provided; such as how long to wait before commencing sexual activity.

Competent staff

- RSOP 18: Staffing and Emergency Medical Cover-routine needs. There were arrangements in place to ensure this happened, including recruitment strategies, job descriptions, ongoing learning and development programmes, and the use of competency frameworks.
- We saw in-patient records and from observation of patient consultations during our inspection that all assessments, ultrasounds and treatments in relation to TOP were carried out by medical staff or nursing staff who had successfully completed relevant training and assessment, and supervision. Staff we spoke with confirmed this was the case.

Termination of pregnancy

- Staff told us that any nurse or health care assistant who performed ultrasound scans to determine gestational date would be required to complete an in-house training programme and assessment of a competency framework in scanning successfully. This was co-ordinated by a lead scanning trainer for MSI, supported by a regional scanning mentor. We looked at training records, which showed 26% of eligible staff were up to date with ultrasound scanning training. Other staff were working towards completion of the competence framework. We spoke with the regional scanning mentor who gave examples of how they worked with staff towards completing the required training and assessment in order to scan patients without supervision, and we observed this happened in practice.
- Doctors we spoke with told us that they were required to provide evidence on checks on their competency and training as part of their revalidation process. However there was no information available locally to confirm that medical staff had undergone clinical appraisal. Doctors and managers told us that appraisals and competency assessments for doctors were carried out by MSI at provider level. All doctors spoken with confirmed they had an annual appraisal as part of the GMC revalidation process. Evidence submitted during the provider inspection at MSI in February 2017 demonstrated 100% compliance. Information provided following the inspection indicated this data was stored on the MSI intranet (at provider level) to enable all managers to check compliance when required. However at the time of inspection the senior staff at MSI Telford were unaware and we were unable to see these records as part of our inspection.
- There was no record on the training matrix of any recent medicines management training or assessment of competence for nurses at MSI Telford. Staff we spoke with could not recall when this had last taken place. However, information provided following our inspection identified that medicines management training was included as part of a team meeting and training day on 20 July 2017.
- Staff told us that they were not always given protected time to complete training. Training mostly focussed on improving the safety of patient care and avoiding harm to patients.
- We saw a 'Marie Stopes Induction, Probation, & Preceptorship, Workbook for Clinical Team Members'. This included areas such as an overview of MSI and a reflective practice portfolio.
- All nursing staff had completed their revalidation when it was due. Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the Nursing and Midwifery Council (NMC) who are the professional regulatory body for nurses and midwives in the UK.
- All MSI counsellors were accredited members of the British Association for Counselling and Psychotherapy (BACP).
- RCOG guidelines 'Care of women requesting induced abortion guideline 6 recommends a regular audit of the number of staff competent to provide methods of contraception and the availability of staff. This data was available on an ongoing basis and reported as part of the annual quality accounts.
- We asked for evidence that nursing staff had completed an annual appraisal. We were unable to see any evidence of any appraisals undertaken. Managers told us this information was not recorded, and that they were currently completing a quality improvement programme to include staff appraisals. One member of staff told us that they had not completed an appraisal for at least two years and was unable to provide a reason for this.
- Staff we spoke with told us they did not have the opportunity to attend team meetings. This was a lost opportunity for staff to share and exchange information, receive feedback and offer support to one another.
- The training needs for doctors to perform surgical termination of pregnancy or prescribe medication for medical abortion was determined by their scope of practice and was included as part of their annual appraisal and monitored by the medical director.

Multidisciplinary working

- Patient care was led by a specialist doctor with support from managers, registered nurses, healthcare assistants, and from administrative staff and trained counsellors at One Call.

Termination of pregnancy

- The required standard operating procedure (RSOP) 12 Information for Women states that patients should have access to a 24- hour advice line, which specialises in post-abortion support and care. One Call, the MSI telephone advice line, provided this service 24 hours a day and seven days a week. Callers to the One Call service could speak to a registered nurse or midwife who assessed the patient through a triage system in order to prioritise treatment or refer them to a counsellors as required.
- Staff gave examples of working with other agencies and services such as early pregnancy units at local NHS hospitals, and safeguarding boards.
- Nurses asked for patient consent to send a discharge summary letter to their GP. This would enable the GP to manage any complications following the termination of pregnancy. This was in line with RCOG guidance.
- Staff told us they would contact other professionals such as the patient's GP, or social worker if they needed any further information to ensure their patients safety.

Access to information

- RSOP 3 states that, on discharge, women should be given a letter that includes sufficient information about the TOP procedure to allow another practitioner to deal with any complications and ongoing care. In all of the records we reviewed, we saw that information about discharge was included. Discharge letters were sent with the patient's consent to their GP as contractually required. This is noted on the electronic system for each patient and was automatically populated when required.

Consent, Mental Capacity Act and Deprivation of Liberty

- RSOP 14 Counselling and RCOG guidelines highlight that women attending an abortion service will require a discussion to determine the degree of certainty of their decision and their understanding of its implications as part of the process of gaining consent.
- Patients told us and we observed that they were able to make an informed choice about treatment. Patients told us they were offered a choice of termination procedures. If patients chose a medical termination; they were offered a choice of taking the two sets of tablets either six hours apart, 24 hours apart or 72 hours apart. Patients told us each of these options were explained clearly, including the benefits and risks of each option. Patient notes we looked at showed that the options were discussed as part of the consent process.
- Staff told us that they referred to Fraser guidelines when taking consent from patients under 16 years of age.
- All care records we reviewed contained signed consent from patients. Possible side effects and complication rates for the different options (intervals of medicine administration) for medical abortion were documented and the records showed that these had been fully explained. However, the designation of the staff member signing to say they had obtained the patient's consent was not completed in any of the records we looked at.
- We saw verbal consent was reconfirmed with each patient in the treatment room prior to the procedure starting.
- We saw consent forms in place for contraception options and the supply of chosen method, and for testing for sexually transmitted infections.
- We saw in patient records when patients had expressed any doubts about treatment, that staff discussed their concerns with them. Patients were offered a second consultation if they were not entirely sure about their decision to terminate the pregnancy, this meant there was no pressure on patients to decide to have an abortion.
- The MSI consent policy stated that registered nurses may obtain patient consent providing they have attended consent training and had competency sign off by a clinical operations manager, clinical team leader and/or doctor. Nurses we spoke with confirmed they would normally obtain consent.
- Patients were informed of the gender of the surgeon as part of the consent process and were offered a choice.
- The training matrix identified that 20 out of 24 eligible staff members had been trained in 'consent with capacity'.
- We saw nurses checked with patients that they were certain of their decision throughout their treatment journey.

- The MSI abortion policy stated the provider was unable to treat patients who did not have the capacity to consent to treatment. The policy indicated that where a patient with a learning disability did not have the capacity to consent to treatment, they should be referred to the NHS for assessment and treatment. Staff and managers confirmed this is what staff would do under the circumstances.

Are termination of pregnancy services caring?

Compassionate care

- During our inspection, we saw all patients at both sites were treated in an unhurried manner, spoken with in a quiet and calm voice, and that nursing staff used appropriate touch and eye contact. We heard one patient say to the nursing staff: "you have been so kind; I was so worried about coming".
- Feedback from patients consistently referred to the non-judgmental and caring attitude of staff. Patient satisfaction scores were gathered as part of the MSI quarterly patient satisfaction survey to establish whether they were meeting the individual needs of people who used the service. The surveys included analysis to compare performance with other MSI centres to measure improvements month on month.
- Patient satisfaction scores for Telford were only available for the period April 2016 to July 2016. Patients gave an overall rating of 100% for their care, and 100% for being treated with dignity and respect. At that time, there were three reported issues which fell below the expected MSI target. These were that 69% of respondents were informed of delays when attending the centre (the target was 90%). 70% of respondents left the centre with a method of contraception, (the target was 80%) and 93% of respondents were satisfied with the way they were greeted on arrival (the target was 95%).
- Patient satisfaction scores for Shrewsbury site were only available for the period October 2015 to December 2015 and January to March 2016 There were 61 responses (59% of patients seen in that period). All the questions were given a green rating which meant they achieved the target; Patients gave an overall rating of 100% for their care, and 100% for being treated with dignity and respect. One patient said "Thank you so much for providing this service. It made a difficult thing very much easier". There was no patient satisfaction data available at other times from July 2016 to June 2017 or leading up to our inspection. Staff were unclear of the reasons for this.
- At both sites, we saw the GP surgery receptionist who served the entire medical centre greeted patients. We saw that patients were treated with dignity and respect when arriving at the building. Patients, and those accompanying them, were asked to sit in one particular area of the reception so the MSI nurse could easily identify them. We saw, and patients told us, that this did not impact negatively upon their experience. One patient told us that they liked sitting with other individuals who were attending the same service.
- During our observation of direct care, we saw that patients were encouraged to ask questions about their care, and that the nurse answered these fully, referring to an information booklet given to patients on their first appointment.
- The MSI nurse called patients by their first name only to maintain patient privacy.
- All patients who attended both sites were given a chance to speak with a nurse privately to make sure that any questions were answered, they could disclose any information about their personal safety or wellbeing, and to ensure they received appropriate support to make a decision. We saw consultations were undertaken in single consultation rooms with the door closed.
- We saw that privacy was achieved for patients using the medical service as consultations took place at an individual appointment within a private consulting room where they were the only patient present. We saw a very cramped recovery area with two recliner chairs. There were no dividing screens or curtains between patients or ways in which to ensure auditory privacy. We did not see any patients using the recovery area at the time of our inspection as the surgical service was closed. We were therefore unable to fully assess the impact of this.
- During our inspection we observed all staff showed a compassionate and caring manner when interacting

with patients. For example, comforting patients who were visibly upset before or after their procedure. We saw staff comforted a patient who had to be transferred to the NHS and observed that staff spoke in a gentle and calm manner. We also saw nurses asked patients about their wellbeing and comfort including their pain, and that they responded accordingly.

Understanding and involvement of patients and those close to them

- We saw patients attending for medical abortion at both sites were offered a choice in the interval between taking the first and second medicine, and that a verbal and written explanation of the failure rates for each option was provided as part of the consent process.
- We saw that staff fully explained the risks and side effects of medicines used for medical TOP including prolonged bleeding. Advice to contact the 24-hour helpline was given should the patient be concerned about their treatment.
- The interval between administration of the first and second abortion medicine was dependent upon the patient's preference, which was established at the point of the initial assessment consultation. All patients were informed of the success rates for each stage two option during the consenting process.

Emotional support

- Nursing staff provided emotional support to patients. In addition, nurses and counsellors trained in providing emotional support and advice at the MSI One Call Centre in Bristol were available 24 hours a day.
- The 2014 Department of Health response to the government review on independent abortion providers, and the Royal College of Obstetricians and Gynaecologists guidelines state that mandatory counselling is not advisable. The MSI counselling policy was revised in December 2016 so that patients could have the choice of whether they accessed counselling or not. The exception to this was for patients under the age of 16 who would have mandatory counselling which was offered on a different day of the week.

Are termination of pregnancy services responsive?

Meeting the needs of local people and individuals

- In accordance with Department of Health guidance service, planning was managed by a business development team in discussion with clinical commissioning groups (CCGs).
- The surgical service at MSI Telford was temporarily closed at the time of our inspection until a further review of the service could be completed.
- Following our inspection, we were informed on 7 September 2017 that in agreement with the CCG the service remained suspended and that MSI were serving a 12-month notice period on this contract. During this time, EMA would still be provided from both sites and all patients requiring surgery would be offered surgical treatment at another site.
- Patients we spoke with told us that the location of the Telford centre was convenient. We noted it was close to Telford town centre; and was easy to access via car and by bus. There was a large, free, car park for use by patients of the centre. However, we noticed the directions and address were incorrect on the website and brought this to the attention of the managers.
- The Telford site and the Shrewsbury site were each open two days a week. Until 26 June 2017 surgical termination of pregnancy was normally provided on one day a week at Telford. While the surgical services were suspended patients requiring surgery would mainly be referred to MSI Birmingham, which was about 40 miles, or other MSI locations of their choice.
- Patient information was available in leaflets and on the MSI website such as availability of chaperones, availability of translation for people whose first language was not English, services for patients with a hearing impairment, providing feedback about the patient experience, what to do if you had been waiting more than 15 minutes for your appointment and how to raise a concern or complaint.

Termination of pregnancy

- There was a policy and procedure in place for the sensitive disposal of pregnancy remains following a surgical termination at Telford (MSI Management of fetal tissue policy dated May 2016). This complied with the Human Tissue Authority Code of Practice.
- A patient information leaflet was provided which detailed the options for disposing of pregnancy remains. Patients were given the option to have pregnancy remains kept separately and this was documented in patient's personal records as part of their consent to treatment. Staff we spoke with said that patients were advised what documentation was required in order to procure a cremation or burial. Where possible (and with the patient's permission) the centre liaised with funeral directors to facilitate as smooth a process as possible to alleviate stress.
- We reviewed the storage and labelling of pregnancy remains processes at Telford which complied with the MSI policy. Staff documented any non-standard disposal option in the patient's record and on a freezer log sheet indicating the reason for storage and date for either collection or disposal of pregnancy remains. However, when we asked to see the records the last documented entry was dated 20 June 2017. There was no record for the surgical activity on the 26 June and staff were not able to provide a reason for this. Information provided post inspection was that this was being followed up at provider level and contact had been made to the consignment company to request a copy for the date in question.
- At each site there was one toilet allocated to patients and visitors using the MSI service which avoided gender discrimination, and provided disabled access.
- The centres were both located on the ground floor in each of the two buildings, with easy access for any patients who may have restricted mobility.
- They were air conditioned to maintain a comfortable temperature on hot days.
- We saw the treatment areas were painted in different colours, which would visually aid any patients with learning disabilities.

Access and flow

- Appointments were made through MSI 'One Call' service, which is a registered pregnancy advisory service operating 24 hours a day. This enabled secure access for patients to MSI services, or alternative services where needed, for example where a patient would not be suitable for MSI services, they were signposted to an appropriate alternative provider, such as the NHS.
- From April 2017 to July 2017, 89% of patients were seen within 30 minutes of their appointment time.
- From April 2017 to July 2017, all patients were offered an appointment in fewer than five working days from the decision to proceed. This was in line with RCOG guidance.
- From April 2017 to July 2017; all patients had a procedure fewer than 10 working days from their first attendance. This was in line with RCOG guidance.
- From July 2016 to June 2017, 10% of all patients did not attend for their treatment. Monthly non-attendance ranged from 5% to 20% with an average of 10%. This was in line with the average for the other MSI providers in the midlands and north area.
- The average patient time in MSI care was 72 minutes in April, 107 minutes in May and 108 minutes in June 2017. The target was 100 minutes.

Learning from concerns and complaints

- Details on how to make a complaint were set out in the 'your treatment' information booklets.
- Patients and other people who used the service could make a complaint by raising it with staff at the time, by completing the patient questionnaire given to every patient before leaving the centre, by telephoning the call centre, by email, in writing or by contacting the local CCG or NHS England.
- The MSI policy required acknowledgement of any written complaint within two working days of receipt and acknowledgement of any telephone enquiries within 24 hours. A full investigation would then be carried out and a response made within a reasonable time, usually between three to four weeks. Patients would be kept informed of any delays.
- We were told by managers that a record of informal and formal complaints was maintained as part of the electronic patient safety system. Complaints were investigated locally and escalated to MSI executive

management team if local resolution was not achieved. We saw no evidence of any recorded complaints between July 2016 and June 2017. Staff confirmed this to be the case.

- Staff we spoke with told us that learning from complaints would be shared at regional governance meetings attended by managers, and by email, but could not recall any complaints in the previous year.

Are termination of pregnancy services well-led?

Leadership/culture of service related to this core service

- At MSI Telford, there is a requirement that there should be a registered manager, who along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act (2008) regulated activities.
- At the time of our inspection, the registered manager certificate could not be located. The regional director north, midlands and south west was present at our inspection and informed us that the named registered manager was in the process of deregistering their position, as they no longer had day to day responsibility for MSI Telford.
- The regional director told us as an interim arrangement they had day to day managerial responsibility and that a recently appointed operations manager would be applying for the registered manager position once the previous registered manager had cancelled their registration. The CQC received an application to cancel the previous registered manager's registration on 29 August 2017 and did so with immediate effect.
- The arrangements to manage the service at the time of our inspection included the presence of the regional director for MSI northern region 'covering' day-to-day operational responsibilities at the Birmingham Centre and MSI Telford, Sandwell and Coventry. They were supported by the regional clinical operations manager, an interim operations manager and the MSI deputy chief nurse.
- Doctors were supported by the acting medical director who worked across the whole MSI organisation and was based at the provider's central office in London.
- There had been some changes in the management and leadership team at MSI Telford and MSI leading up to our inspection. This had created some instability. However, staff we spoke with told us they were starting to feel more involved with decisions about the service.

Vision and strategy for services

- Since the appointment of an interim managing director in April 2017, MSI had identified six objectives with deadlines to ensure plans continuously moved to achieve defined goals by the end of 2017. These goals aimed to ensure that MSI created a culture to value everyone's contribution in establishing a confident multi professional workforce who delivered patient centred quality services and financial success.
- Managers we spoke with understood the vision and strategy for the service entitled 'Fit for Future 'which was introduced in 2017. The vision and strategy were shared with staff from the point of their appointment and induction. However, staff we spoke with had mixed understanding and awareness of the overall strategy and vision.

Governance, risk, management and quality measures for this core service

- The Telford and Shrewsbury sites each held separate licences from the Department of Health to undertake termination of pregnancy services in accordance with The Abortion Act 1967. We saw both licences were valid until July 2018. As a matter of good practice, the Department of Health have asked all providers to display a certificate of approval in a prominent position. This will help and patients and clinicians better understand the licensing system. Neither licence was displayed when we arrived on site. We brought this to the attention of the nurse in charge who ensured each licence was displayed. We saw the licence was also displayed at Telford at our unannounced inspection.
- A quality review of the surgical service was undertaken by members of the MSI executive management team in July 2017. The review included a site visit undertaken on 24 July 2017 by the acting medical director, the lead anaesthetist, the associate director of quality and

governance, the director of contracts and the regional clinical operations manager for MSI. We looked at the report and saw that concerns about the premises and the emergency transfer (egress) of patients were discussed with the clinical commissioning group and a decision was made to continue with the diversion of the surgical service until suitable alternative premises could be found.

- Managers also told us the MSI quality review had led to the appointment of an improvement team led by the regional director who, as an interim measure, would have responsibility for the day to day oversight of the service at Telford and other MSI location. It also led to some personnel changes among the local leadership team.
- RSOP 21: risk management, requires that all providers should have in place a formal risk management system and keep a risk register to identify and minimise any risks to patients and staff within their premises. MSI had an up to date risk management policy, dated January 2017. The policy described the governance structures in place to ensure that risks are managed and escalated through MSI.
- The policy also set out respective responsibilities for corporate and operational risk management for the board and staff throughout MS UK. The policy required that all identified risks will be required to be recorded with a core minimum amount of information as set out in this document; be assessed on the likelihood of the risk being realised and the level of impact should the risk be realised; and have an identified risk owner and action owners.
- We asked to see the risk register and were told this was maintained electronically as part of the MSI Birmingham regional risk register. This was not available to us at the time of inspection. However, after the inspection we were sent a risk register on 10 August 2017 that was specific to MSI Telford. There were 19 identified risks which had been graded as low, moderate or high risk and there was a brief description of the proposed actions to mitigate against the risks.
- We saw risks identified at our inspection were included in the risk register: medicines security, failure in IT systems, infection control risks, potential delays with transfers, the premises not being suitable and equipment and medicine issues.
- In 2016, a clinical forum for doctors was established. Regional meetings were held on a quarterly basis, and were chaired by the acting MSI medical director. Doctors we spoke with were positive about the forum and its direction.
- At our announced inspection, we asked managers to show us the termination of pregnancy register. We were told that it was electronically maintained and that due to the problems with the internet it could not be accessed. We were able to see the register during the unannounced inspection. The register contained details of all MSI locations, and saw that details of each termination of pregnancy were recorded including patient details, staff, and instruments used.
- Staff and managers we spoke with told us there had been improvements in local identification reporting and management of risks since the introduction of a patient safety electronic incident reporting and regional risk register in February 2017.
- 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 of pregnancy is met. They must be in agreement that at least one and the same ground is met for the termination to be lawful. The two doctors must then complete, date and sign an HSA1 form, produced by the Department of Health, before the abortion is performed. In all of the patient records, we looked at the HSA1 form was completed, and signed by two medical practitioners in accordance with the legal requirements and MSI policies.
- Compliance with the requirements for the completion and submission of HSA4 forms, which are used to satisfy the legally requirement to notify the Chief Medical Officer of every abortion performed in England and Wales, was reported to be 100% from July 2016 to June 2017. Daily monitoring of the completion and submission of the forms was undertaken electronically through central administrative processes.

Termination of pregnancy

- Managers told us MSI chaperone policy dated February 2017 set out the guidance for use of chaperones for clinical consultations, clinical examinations, investigations and clinical interventions. The chaperone policy stated the registered manager had a responsibility for ensuring trained formal chaperones were available and that the provision of chaperones in Early Medical Units (EMUs) required two MSI team members for the list, one who should be trained in chaperoning. We looked at staff rotas and saw that nurses at both Telford and Shrewsbury were normally lone workers. This meant chaperones were not available. We also looked at the training matrix and saw no evidence that chaperoning training had been provided. However, staff told us this would form part of the induction programme and we saw this to be the case.
- When we spoke with nursing staff about chaperoning they told us that all nursing staff employed at Telford and Shrewsbury were female. However, the MSI policy, in accordance with national guidance stated that irrespective of the gender of the clinician, patients should be offered a chaperone when staff are carrying out intimate procedures that could be embarrassing or distressing for patients.
- Once they were assessed as competent to perform ultrasound scans to determine gestational date, registered nurses would work as lone workers. Policies set out the responsibilities of lone workers and arrangements to ensure the personal safety of staff. Staff told us they felt safe as lone workers due to the policies in place and the close proximity and availability of other staff within both GP surgery building(s).
- Managers we spoke with confirmed that lone working was the normal practice at EMUs and told us that if a patient requested a chaperone and none was available the MSI policy was that the patient must be given the opportunity to reschedule their appointment. Staff were not able to recall any examples of when this had happened but could recall occasions when patients had intimate examinations such as transvaginal scans without a chaperone present.
- The stated that where there are no suitable formal chaperones available this should be documented on the incident record and escalated to the regional manager. We looked at the incident record from July 2016 to August 2017 and could not find any evidence that this happened.

Public and staff engagement

- Patients attending each centre were given feedback forms, which asked for their opinion of the service. The forms were collected and analysed by an independent organisation that produced a quarterly summary of results. Staff we spoke with told us that due to the sensitive nature of the service and procedure it was sometimes a challenge to get a response.
- The provider informed us that a staff satisfaction survey had recently been undertaken but as this closed on the 14 July 2017 results were not available at the time of our inspection. However staff we spoke with could not recall completing a survey or being asked for their feedback.

Innovation, improvement and sustainability

- We saw changes were in the early stages of development and needed time to be embedded in practice. In addition changes to the management team were ongoing so we were unable to assess the sustainability or full impact of the improvements.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that staff have access to information technology at all times and that failures in information technology are reported as an incident, investigated, and immediately acted upon.
- The provider must ensure that there is appropriate management oversight to assess, monitor and improve the quality and safety of the services provided.
- The provider must ensure fire evacuation exercises are carried out.
- The provider must ensure required safety check lists for the resuscitation and anaesthetic equipment are completed at required intervals and are available.
- The provider must ensure the appropriate and safe storage and disposal of medicines.
- The provider must ensure records for the disposal of pregnancy remains are completed and available.
- The provider must ensure that all staff completes required mandatory training.

Action the provider SHOULD take to improve

- The provider should ensure that staff at each location appropriately report and record incidents.
- The provider should ensure that there is evidence of shared learning from incidents and complaints to ensure that lessons are learnt.
- The provider should ensure that there is clear evidence that staff have received duty of candour training.
- The provider should ensure that there is a system locally for confirmation that all staff have had an appraisal.
- The provider should ensure an effective appraisal process is embedded, involving full participation and discussion to enable staff development.
- The provider should ensure that chaperoning and chaperoning training is carried out in accordance with national and local guidance and that any variation is reported as an incident and acted upon.
- The provider should ensure there are clearly documented processes to monitor and reconcile the stock of medicines.
- The provider should ensure that records of monitoring the medicines cupboard and refrigerator temperatures are completed and available.
- The provider should ensure there is correct segregation of clean and dirty equipment in the designated clean and dirty utility areas.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff were unable to access information about the service as they were unable to access information technology and were unable to report incidents. Arrangements for the safe and appropriate storage of medicines were not met. Evidence that fire evacuation exercises at local sites was not available. Staff had not received required mandatory training. Regulation 12 (1)(2(b))©(d)(g)

Regulated activity	Regulation
Termination of pregnancies	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was insufficient day-to-day management oversight and insufficient assessment and monitoring of the quality and safety of the service. Staff were unsure how to report incidents and had not reported incidents. Staff did not have access to information technology at all times and were unavailable to report incidents or check information that may highlight patient safety. Records for the disposal of pregnancy remains were not completed and available as required. Safety checklists were not fully completed or were not available. Regulation 17(1)(2)(a)(b)