South Manchester Private Clinic

Quality Report

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

Overall summary

South Manchester Private Clinic is operated by National Unplanned Pregnancy Advisory Service (NUPAS) in Stockport. The clinic provides termination of pregnancy (abortion) services for women from Manchester and surrounding areas. It also accepts patients from outside this area, including Ireland.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 13 August 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

Summary of findings

are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

The main service provided by this clinic was termination of pregnancy services.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North West)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy	Good 	We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

Contents

Good

Location name here

Services we looked at
Termination of pregnancy;

Summary of this inspection

Background to South Manchester Private Clinic

South Manchester Private Clinic is operated by National Unplanned Pregnancy Advisory Service (NUPAS) in Stockport. South Manchester Private Clinic (SMPC) began operating as a termination of pregnancy service in 1978 and has been operational for over 40 years.

The clinic provides termination of pregnancy services for women from Manchester and surrounding areas. It also accepts patients from outside this area, including Ireland.

The National Unplanned Pregnancy Advisory Service (NUPAS SMPC) is commissioned by the NHS to provide free abortion counselling, treatments, pregnancy testing, sexually transmitted infection screening (STI) and contraception. The service also treats privately funded patients who are out of their contractual area.

The treatment options offered by the centre are:

The service provides surgical termination of pregnancy up to 20 weeks gestation, early medical abortion, up to nine weeks and six days gestation and medical termination of pregnancy. Surgical termination is carried out under general anaesthetic, by vacuum aspiration, dilation and evacuation or with no anaesthesia up to 10 weeks according to the patient's choice and needs.

Contraception to patients who undertake a termination of pregnancy

Sexually transmitted infection screening for patients aged 25 and under.

The service does not currently offer home abortions and does not carry out abortions after 20 weeks gestation. The service ceased to offer vasectomies in January 2019.

All patients are treated as day cases with no overnight beds. If a patient required an overnight stay for any reason, they would be transferred to the local NHS hospital with which the service has a service level agreement.

The service is registered with the Care Quality Commission to carry out the following regulated activities:

Diagnostic and screening procedures

Family planning

Surgical procedures

Termination of pregnancies

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

At the time of the inspection, a new manager had been in post for nine months and was registered with the CQC in July 2019. The former registered manager continued to work for the organisation in a different role.

Following the inspection in February 2016 there were two compliance actions/requirement notices associated with this service. We reviewed these during this inspection and these have now been met.

Our inspection team

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

Summary of this inspection

Information about South Manchester Private Clinic

The clinic has seven consulting rooms, three screening rooms and one treatment room. South Manchester Private Clinic uses reclining chairs rather than beds and they currently have 26 reclining day care chairs.

During the inspection, we visited all areas of the clinic including the treatment rooms and recovery areas. We spoke with eight staff including registered nurses and midwives, health care assistants, reception staff, medical staff, operating department practitioners, and senior managers. We spoke with four patients and one relative. During our inspection, we reviewed twelve sets of patient records.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. The service had been inspected three times, and the most recent inspection took place in February 2016. At that time, we did not have a legal duty to rate this type of service or the regulated activities which it provided.

Activity (May 2018 to April 2019)

- In the reporting period May 2018 to April 2019 the service carried out 1,112 early medical abortions.
- In the reporting period May 2018 to April 2019 the service carried out 3,056 surgical abortions under conscious sedation or general anaesthesia.
- The service does not carry out surgical abortions after 20 weeks gestation.
- The service provided treatment to nine children between 13 and 15 years old between May 2018 and April 2019.

The service employed no medical doctors, they had four doctors who consented to treatments and worked on a self-employed basis. In addition, five anaesthetists and three surgeons worked at the hospital under practising privileges. The service employed 11 registered nurses, six health care assistants and 17 administrative staff.

The accountable officer for controlled drugs (CDs) was the clinical services manager.

Track record on safety

- There were no reported never events between May 2018 and April 2019
- There were no reported serious incidents requiring investigation between May 2018 and April 2019
- The service transferred one patient to another health care provider between May 2018 and April 2019
- The service received seven complaints between May 2018 and April 2019
- There were no incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA)
- There were no incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- There were no incidences of hospital acquired Clostridium difficile (c.diff)

The service did not provide any services accredited by a national body.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Laundry
- Maintenance of medical equipment
- Some of the mandatory training modules

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We did not previously rate this service. We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

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

- The provider should ensure that medical gases within the clinic were stored securely.

Are services effective?

Good

We did not previously rate this service. We rated it as **Good** because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Summary of this inspection

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Are services caring?

Good

We did not previously rate this service. We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

Good

We did not previously rate this service. We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Summary of this inspection

Are services well-led?

Good

We did not previously rate this service. We rated it as **Good** because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Termination of pregnancy

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

Are termination of pregnancy services safe?

Good

We did not previously rate safe. We rated it as **good.**

Mandatory training

The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.

- Staff told us mandatory training was comprehensive and was essential to their role. Staff demonstrated a good knowledge of mandatory training, for example in safeguarding, fire safety and infection prevention and control and information governance. Staff said they were well supported and given protected time to complete training.
- Managers monitored mandatory training monthly and alerted staff when they needed to update their training.
- The service maintained a training matrix to identify training completion levels. These dates indicated when training had last been completed or when it was next due. A separate matrix was maintained for both nursing and non-clinical staff. Information provided prior to the inspection showed the overall compliance for completion of mandatory training was high. The current training log showed that all staff had training in either intermediate life support or basic life support. Compliance rates for 11 non-clinical staff were 100% for basic life support and resuscitation training and 82% of clinical staff had completed intermediate life support at the time of the inspection. For those topics which were below target, we saw evidence that staff were booked on future courses with dates of no later than October 2019.
- All staff had attended two corporate training days during the last 12 months which had included some health and safety training and updates on policies and procedures.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

- Staff could access advice and support with safeguarding concerns from one of the safeguarding leads. Three senior staff were safeguarding leads which enabled staff on duty to escalate any concerns to one of the senior staff.
- In line with the policy the staff carried out a safeguarding assessment for every patient attending the service and responded to any safeguarding needs, adopting a multi-disciplinary approach to working with statutory and non-statutory services to ensure all safeguarding needs were met.
- The safeguarding lead was trained to level four safeguarding adults and children. The staff were supported by a small team which included the clinic manager. Staff told us the team was accessible, and they felt confident to escalate safeguarding concerns to them.
- Staff were familiar with the service's safeguarding policy which included risks around child sexual exploitation and female genital mutilation. Staff completed a

safeguarding screening tool for all patients at consultation. This highlighted if a further, more in depth, safeguarding risk assessment needed to be completed. Staff shared information with the relevant local authority when a risk assessment form highlighted a safeguarding concern and logged the concern on a central information system.

- Managers kept a safeguarding log on a secure computer system. The clinic manager reviewed all cases logged on the system. This meant the progress of safeguarding referrals was monitored and managers ensured follow up actions were taken.
- Staff completed safeguarding risk assessment forms for all patients under 18 and these patients were flagged as a safeguarding referral to the local authority if it was deemed there was a risk.
- Staff completed a competence assessment for all children under 16 in line with Fraser guidelines.
- Staff we spoke with showed awareness of how to recognise and report female genital mutilation (FGM). The initial safeguarding screening tool included a prompt regarding FGM and if indicated, concerns were reported to the police and social services.
- The training record for safeguarding adults' level 1 was 94% and level 2 was 94 % for clinical staff. The information included one staff member who was currently on maternity leave. Safeguarding children training at Level 1 was 82%, level 2 was 94%.
- 85% of non-clinical staff had completed safeguarding adults' level 1 training and safeguarding children level 3 training was also at 85% for the non-clinical staff.
- 100% of staff who were involved in the care of patients aged under 18 were trained to Safeguarding children level 3, this was 15 of the clinical staff. In addition, three non-clinical staff were trained to safeguarding children level 3 due to their roles.
- Staff always ensured the identity of women accessing the service remained confidential. This included the use of a numbering card system to identify patient's so staff did not announce patient's names in the open reception area.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

- At the time of our inspection the waiting room, consulting rooms and the wards were visibly clean and clutter free. We saw all posters displayed in clinical areas were laminated to make them easy to clean and prevent the spread of infection.
- Staff used control measures to prevent the spread of infection. There were hand washing facilities and alcohol hand gel available in consulting rooms and throughout the clinic. We saw staff, patients and visitors used these and staff followed the World Health Organisation 'Five Moments for Hand Hygiene' and 'bare below elbows' guidance.
- Hand hygiene audits had been introduced since the last inspection, we reviewed the last three months audits which showed staff had 100% compliance.
- Staff followed when delivering care and treatment.
- The service had assigned a member of staff as an infection control lead.
- The service used an external company to provide a daily cleaning service. The same cleaning operative attended the clinic each day. Staff used records to identify how well the service prevented infections. We reviewed cleaning checklists for June and July 2019 in several areas and saw that daily cleaning had taken place.
- The service used disposable curtains in the recovery areas and consulting rooms. They had 'change by' dates clearly marked, and all curtains were within date. Managers told us curtains were changed every six months.
- Staff used green 'I am clean' stickers to indicate equipment had been cleaned and was ready for use.
- Medical equipment and instruments were a mixture of single use and reusable items. Reusable items were sent to an external company for decontamination and sterilisation. Contaminated equipment was stored in dedicated secured containers and collected on a weekly basis. There was a system where instruments could be tracked and traced.

- Clinical waste was stored at the rear of the building in a locked outbuilding. It was collected by an external company weekly. The certificate of registration for controlled waste collection was dated until December 2021 and we saw collection notes were fully completed and signed between April to July 2019.
- Since the last inspection improvements have been made to the provision of laundry and an external company now collected and delivered this each week.

Environment and equipment

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

- The service was in a large Victorian house over four floors. Managers acknowledged the environment was challenging and had plans to move to newly purchased premises in 2020. Two rooms on the lower ground floor had been affected by recent flooding. However, the service had closed them, and this had not impacted on service delivery.
- There was a lift from the first floor to the lower ground floor where the treatment room was located and a pre and post-operative recovery area. This lift was spacious enough for a wheelchair to transfer a patient.
- The lift contained emergency equipment and an oxygen cylinder meaning that should an emergency arise staff could continue to give oxygen to the patient whilst they were transferred to the acute area of the clinic. We saw the lift was serviced and maintained six monthly.
- The entrance to the clinic was monitored with secure, controlled access. Once in the building all clinical areas were secured by key pad locks and the codes were changed every three months.
- Patients could reach call bells and staff responded quickly when called.
- Fire alarm testing took place weekly on a designated day. The fire alarm system was checked and serviced annually by an external company. We saw fire extinguishers had their annual check completed and recorded. Staff had ease of access to information on what to do in the event of a fire from the fire warden.
- Medical gases such as oxygen were stored securely at the rear of the building in a covered area in line with industry best practice guidelines. An external company collected used cylinders. In the clinic medical gases were stored off the ground, however they were not secured. We raised this with the manager during the inspection who told us this would be actioned.
- Maintenance certificates were held in a central file. We saw all relevant safety checks and maintenance of equipment checks had been undertaken.
- An external company tested electrical equipment each year. We saw the annual test report which was completed in October 2018 and saw all items except one had passed the portable appliance test. We checked with managers who told us that the item had been taken out of service.
- The waiting area had adequate seating, a television, magazines and leaflets. The noticeboard contained information such as health and safety, infection control, accessing support and the clinic's vision and values. There was a water cooler for patients and visitors and a vending machine, which sold snacks and a hot drinks machine.
- Each consulting room had a sign to show it was in use to maintain the privacy and dignity of the patient if necessary.
- Since the last inspection the service had purchased new resuscitation trolleys, one on the first floor and the other on the lower ground floor. In addition, the service had a standard resuscitation kit on the first floor.
- We checked the resuscitation trolleys in both areas. They were stored in line with Resuscitation Council (UK) guidelines and sealed with tamper evident tags.
- Staff carried out daily checks of the contents of the resuscitation trolleys.
- The service had a major haemorrhage trolley on the lower ground floor in the post-operative recovery area.
- There was a small separate preoperative changing area on the lower ground floor beside the treatment room for staff to change into theatre wear. However, this was

cramped and cluttered and there were no separate male and female changing facilities. This will be actioned when the service moves to the planned new premises.

- The scan room had a height adjustable bed and a blackout curtain to enable the nurse or sonographer to clearly see the image.
- Where patients did have specific wishes regarding disposal of pregnancy remains or the police required the pregnancy remains to be retained, products were stored separately and securely in a locked freezer, in line with Human Tissue Authority and Royal College of Nursing guidelines. Regular collection for disposal of clinical waste was in place and a full audit trail was maintained at the clinic.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

- Staff kept clear records and asked for support when necessary.
- Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. times of the assessments were not recorded clearly on this chart, in addition the MEWS had been had not been signed by the staff member. This was addressed with the staff member during the inspection.
- The service had a screening tool kit for sepsis which was available to staff in all patient medical records. The tool followed the 'Sepsis Six' pathway recommended by The UK Sepsis Trust. Staff received training on recognising and responding to signs of sepsis.
- The clinic employed a number of midwifes who received post-partum haemorrhage and major haemorrhage training as part of their training. In the event of a major haemorrhages or post-partum haemorrhage, there was always an operating surgeon on site to provide immediate care. Staff could access a major haemorrhage kit and had, received in house training in the use of the kit.
- Staff could access flow charts for dealing with an emergency which were readily available in the recovery area.
- The service had a formal transfer agreement with a local NHS hospital, should a patient require transfer post-operatively in an emergency. Managers reviewed this pathway regularly with the hospital. The service transferred one patient to another healthcare provider between May 2018 and April 2019 in line with agreed transfer arrangements.
- Staff told us all patients were assessed for their suitability for general anaesthetic by the anaesthetist. The manager told us this process was not audited officially, however all patient records were checked for their medical suitability by the nursing team 24 hours before attending for surgical treatment.
- The consultant anaesthetist was responsible for reviewing each patient's medical history prior to admission to the treatment room.
- NUPAS had clear guidance in relation to suitability for treatment of patients with medical conditions or ongoing medication which included undergoing a general anaesthetic.
- The manager told us the service ensured a trained sonographer was present in the clinic on days where surgical termination of pregnancy was carried out.
- Staff weighed patients at initial consultation. Patients with a body mass index of over 40 were referred to the NHS for treatment.
- The service did not treat children under the age of 13. If any children under the age of 13 contacted the service staff liaised with appropriate authorities.
- Patients were given a copy of their discharge letter to ensure they could give any other providers details of their care and treatment should emergency treatment be required.
- We saw patients were asked about allergies at their consultation and again in the treatment room.
- Since the last inspection staff followed the policy and procedure for the completion of venous thromboembolism assessments (VTE). VTE stands for venous thromboembolism and is a condition where a blood clot forms in a vein. We saw staff completed a

venous thromboembolism assessment (VTE) for patients at initial consultation. Of the nine records we reviewed these all contained completed VTE assessments. The number of patients who underwent surgical abortion who were risk assessed for VTE in the last 12 months was 3056 (100%).

- Staff gave all patients information on signs of ectopic pregnancy during consultations. They told them what to look for and what to do and gave patients a leaflet to take away with this information.
- Staff had received simulation training on dealing with emergency situations. Staff were assigned their role in an emergency during the treatment room huddle which took place before the start of every treatment room list.
- Staff attended a daily safety huddle. This highlighted any known risks for patients attending clinic that day.
- The service employed an operating department practitioner who acted as a treatment room lead and had an additional scrub nurse who was trained as an anaesthetic assistant. This meant there was always a trained anaesthetic assistant present during treatment under general anaesthetic. The service did not carry out treatment under conscious sedation.
- The service had a 24-hour telephone helpline for patients to contact if they became unwell outside of clinic opening hours or had worries or concerns following their treatment. This was staffed by nurses between 8 am and 6 pm on a rota system and by the dedicated after care team out of hours.
- The service had an escalation process in place if either a scan nurse or sonographer identified concerns on a scan they referred the patient directly to the early pregnancy assessment unit of the local NHS trust.

Nurse staffing

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

- Staffing levels were planned and reviewed weekly by senior management taking into account the skill mix of staff and the senior management cover.
- Managers allocated staffing levels to each shift based on the type of treatment and clinic offered that day. On a day where treatment under general anaesthetic was carried out and consultation clinics the service had eight registered nursing staff, four health care assistants, one sonographer, one scrub nurse, one operating department practitioner, one surgeon, one anaesthetist and two doctors. When treatment was for early medical abortions, the staffing establishment was one nurse sonographer, two registered staff and a health care assistant. For treatment under local anaesthetic the establishment was one scrub nurse, four registered staff, three health care assistants, one surgeon and one other doctor.
- Managers made sure all bank and agency staff had a full induction and understood the service. Managers told us that they used the same bank and agency staff to fill shortages in shifts when needed to ensure consistency. In the last 12 months the
- We spoke to bank staff who had confirmed they had previously worked at the clinic and were familiar with it. Staff also worked flexibly from other local clinics to fill any shortfalls.
- The service had two vacancies for nursing staff. Managers told us they were in the process of recruiting to both these posts and staff were working extra hours to fill the vacancies on an interim basis.

Medical staffing

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

- The service had enough medical staff to keep patients safe.
- There was a protocol in place for each doctor which outlined their scope of practice. This was displayed in the reception area for staff to quickly reference when booking patients in.
- Three surgeons, five anaesthetists and four consulting doctors worked at the clinic under practising privileges.

- The service only utilised experienced doctors in the provision of termination of pregnancy treatments. The consultants were on the General Medical Council (GMC) Specialist Register for termination of pregnancy.

Records

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

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. We reviewed 12 patients records and saw they were generally legible, complete and up-to-date.
- We reviewed the treatment room register and saw it was complete and signed for each patient by the doctor, anaesthetist and scrub nurse.
- The service stored paper patient records securely in a room with key pad access. The code for the key pad was changed every three months.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

- The service had medicines management policies in place. At the time of this inspection the service were not offering home use misoprostol for medical abortions. The manager told us they were looking to introduce this in the future. This was Government approved in England on 1 January 2019 for the home use of misoprostol for medical abortions. We saw new up-to-date policies for antimicrobial prescribing and the safe and secure handling of controlled drugs.
- Staff reviewed patients' medicines regularly and provided specific advice to patients about their medicines.
- Since the last inspection improvements had been made to the management of emergency drugs. The clinic now held an additional emergency drugs box with a different expiry date.
- The service followed best practice when prescribing, giving, recording and storing medicines. The service stored medicines securely in clinic rooms and the treatment room. Staff monitored maximum and minimum fridge temperatures daily to ensure medicines were stored in line with manufacturers guidelines. We reviewed fridge temperature checks for January to July 2019 and saw they had all been completed.
- We reviewed the controlled drugs register and saw it was fully and accurately completed.
- We checked a random sample of controlled drugs. These were all in date and stored securely in a locked cabinet.
- All patients undergoing a surgical termination of pregnancy were prescribed antibiotic medicines.
- The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.
- The service ensured that the medication supplied was appropriately prescribed and dispensed in accordance with medicines requirements.
- The service used a preloaded prescription sheet. This was signed by the doctor to then be administered and signed by the registered nurse. The ten prescription sheets we reviewed included appropriate signatures, batch numbers, expiry dates, times and dates administered. We discussed with the manager, that for clarity it may be advisable to score through any medications that were declined or not administered.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

- Staff we spoke with told us they knew how to report incidents and gave examples of incidents they would report. Staff reported incidents on an electronic system and told us they were encouraged by managers to report incidents.

Good

Termination of pregnancy

- Managers shared learning from incidents at monthly team meetings. We reviewed minutes from the meetings between December 2018 and July 2019 and saw this was a standing agenda item and incidents had been discussed along with any changes in practice required. Learning from incidents was also highlighted in the company newsletter sent to all clinics and staff. This meant learning from other clinics was shared with staff working at South Manchester clinic.
- The service had acted on learning from incidents. For example, it had changed practice on administering cervical priming prior to treatment following a number of incidents. Cervical priming refers to dilating or softening the cervix by medical means prior to an intervention. They saw this had reduced the number of complications following treatment.
- The service transferred one patient to another healthcare provider between May 2018 and April 2019 in line with agreed transfer arrangements.
- 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. Staff we spoke with were aware of the term and the principle behind the regulation and could give examples of when the duty of candour would be applied.
- Since the last inspection the management had improved the approach to the reporting and investigation of incidents. Patients were kept informed of all incident arising from their care and treatment and the outcome of the investigation. Lessons learnt from the incidents were readily shared with staff both as the daily huddles and the team meetings.

Safety Thermometer (or equivalent)

The service continually monitored safety performance.

- The quality performance report for July 2019 showed that from April to July there were no failed early medical abortions, no failed surgical termination of pregnancies, no complications following a termination and no perforations of the uterus. There had been no clinic acquired infections.
- All patients on admission, received a venous thromboembolism risk assessment (VTE) after their initial consultation.

Are termination of pregnancy services effective?

Good

We did not previously rate effective. We rated it as **good.**

Evidence-based care and treatment

The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.

- NUPAS uses national guidance including that of the National Institute for Health and Care Excellence (NICE).The service was a registered stakeholder with NICE and the manager told us they were currently feeding back on the recent review of guidance for termination of pregnancy.
- Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.
- The patients received up to date information and advice in relation to sexually transmitted infections and contraception. The provider was funded by commissioners to undertake a sexually transmitted infection screening programme for under 25-year olds.
- At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.
- Patients were given prophylactic antibiotics to reduce the risk of infection post-surgery. The service closely monitored post-treatment complication/infection rates and failed early medical abortion treatments were audited to identify any trends.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

- Due to the nature of the service, food and drink was not routinely offered to women. However, patients were given hot drinks and biscuits after surgery to aid their recovery.
- Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Pain relief

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

- Staff prescribed, administered and recorded pain relief accurately. Five of the patients records we reviewed included a pain assessment. When identified as being in pain, staff gave pain relief medicine in a timely manner.
- Records showed pain relief medicine was given before a patient entered the treatment room and staff prescribed additional pain relief medicine as necessary.
- During a patient consultation we listened to a staff member who gave a patient advice on managing their pain during a medical abortion.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service monitored waiting times to ensure the service delivery was in line with best practice. The waiting times for consultation from initial contact and treatment were within the Royal College of Obstetricians and Gynaecologists' recommended timeframes. Managers used information from the audits to improve care and treatment.

- The service had clear standards agreed with commissioners for their service. Key performance indicators such as contraception uptake, complaints, waiting times, rates of complications and screening were recorded and presented at the monthly performance and quality meetings. From May 2018 to April 2019 the service carried out 1,112 early medical abortions and medical terminations of pregnancy. From April to July 2019 the service reported no infections, no failed early medical abortions and no failed surgical terminations of pregnancy.
- Staff offered sexually transmitted infection and chlamydia screening to all patients under 25 as part of a national screening programme. Managers told us screening for over 25's was not funded by local commissioners. We saw that the service set a target that 70% of patients should be screened in 2019 to 2020, an increase in performance from the previous year of 65%. From April to July 2019 the service had screened 77% of eligible patients.
- Patients were offered long acting reversible contraception (LARC). We saw this could be administered by the surgeon on the day of the procedure. Three nurses were enrolled on implant training at the time of the inspection, so contraception trained nurses can offer and provide the implant to more patients when they have achieved their competencies. The administration and documentation of long acting reversible contraception was monitored through the performance and quality report. Local commissioners had set targets for uptake of LARC for patients having repeat terminations. In July 2019, 54.5% of patients offered LARC had received it. This was an improvement from the previous year where 39.2% of patients had received LARC. This was currently on the services risk register to increase the uptake of LARC for patients.
- Patient feedback was analysed and evaluated monthly. Failed treatments were audited and monitored for any trends. These results formed the quality performance monthly discussion with senior management. The quality performance report measured each possible outcome of the patient's journey from initial contact to aftercare. Where targets were not met, specific audits were undertaken, and action plans drawn up to improve these areas.
- In addition, the service followed NUPAS programme of annual audits. Examples of audits undertaken in 2018 to 2019 included the pathways of care, to review the management of women whose needs could not be met

by their own service. Information provision, to review information provided to women at various stages of the journey and a pain management audit for clients undergoing surgical termination of pregnancy.

Competent staff

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

- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff were trained in core subjects such as infection control, safeguarding, consent, sepsis and health and safety.
- In addition, staff received role-appropriate professional training such as ultrasound scanning training, implant and contraception training, customer care training. Staff were supported in their continuing professional development. For example, at the time of the inspection, one member of staff was accessing mentorship and another staff member was starting leadership and management training.
- Since the last inspection improvements had been made to the system to monitor and re-assess staff competencies. Staff completed competency assessments and had reviews on their key skills and received training relevant to their specialty. For example, a competency assessment in early medical abortions and competencies in pregnancy options, which included; preassessment of patients, consent, post-operative management and discharge. We looked at five completed staff competency assessment records.
- All staff held the required professional registration and received notice as to when it was due to expire. Staff were supported to complete their nursing revalidation with the head of nursing for NUPAS.
- Managers gave all new staff a full induction tailored to their role before they started work.
- Staff we spoke with told us they received their annual appraisal. Prior to our inspection the service provided information that showed 100% of doctors, nurses and other staff including administrative staff
- Staff received supervision from a senior nurse or senior health care assistant every six weeks.
- A nurse who was signed off as competent to scan patients told us they had completed a yearly peer review of scans with the sonographer. Their last review was in February 2019.

Multidisciplinary working

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

- Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.
- Staff worked across health care disciplines and with other agencies when required to care for patients.
- We saw staff asked patients if they could share relevant information with their GP. Where the patient gave permission, staff sent a copy of the discharge letter to the patient's GP.

Seven-day services

Services were not currently available seven days a week.

- The standard opening hours of the service for treatment were five days a week Tuesday, Thursday and Saturday 7.30am -6pm and Friday 8am - 6pm
- Patients could access support from a dedicated after care telephone help line which operated 24-hours a day, seven days a week.

Health promotion

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

- Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.
- We saw information and leaflets displayed in communal areas for other health promotion services such as family planning and sexual health services. During our inspection we saw staff discussed contraception with patients and every patient left with some form of contraception. Managers audited that patients had been given contraceptive advice through the monthly quality performance report.

- Patients were signposted to local sexual health and advice support on the company. website.

Consent and Mental Capacity Act

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

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed service policy and procedures when a patient could not give consent, including referring patients who lacked capacity to consent to the relevant NHS organisation. Staff recorded decisions about capacity to consent to treatment in the patient notes.
- A patient advisor or nurse trained in customer care offered patients the opportunity to discuss their options and choices in line with Department of Health RSOP 14, which states counselling should take place as part of the consent process. All patients saw a member of staff trained in pregnancy counselling prior to treatment.
- The service made sure that women and young people were given time on their own with the nurse during their appointment. This was to ensure they were seeking an abortion voluntarily.The reasons why and how an individual had reached the decision to terminate their pregnancy was also picked up by the consultant before consent forms were signed.
- We saw staff explained the legal requirement to inform the Department of Health and Social Care of all terminations carried out to patients during the initial consultation.
- We reviewed eight patient records where we saw all had completed signed consent forms. Staff gained consent from patients for their care and treatment in line with legislation and guidance and clearly recorded consent in the patients' records.
- When patients could not give consent, staff would refer the patient to the NHS should a patient lack the ability to consent.
- Staff made sure patients consented to treatment based on all the information available. Fraser guidelines are used specifically for children requesting contraceptive or sexual health advice and treatment. Gillick competence is a term originating in England and is used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.
- An audit of consent from October 2018 to determine if NUPAS consent procedures were in accordance with National guidelines showed that all consent documents for medical and surgical procedures were signed and dated by both patients and clinicians and patients were given a copy of their consent. The audit involved a review of 89 patient's notes whose age range was 17 to 43 years, including early medical abortion, manual vacuum aspirations and surgical terminations of pregnancy from a few NUPAS clinics.

Are termination of pregnancy services caring?

Good

We did not previously rate caring. We rated it as **good.**

Compassionate care

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

- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.
- Patients said staff treated them well and with kindness. One patient told us how kind and understanding the staff had been.
- Staff followed policy to keep patient care and treatment confidential.
- We saw staff maintained patient's privacy and dignity. For example, the nurse made the point of allowing the patient to dress in private following a scan.
- Staff understood and respected the individual needs of each patient and showed understanding and a

non-judgmental attitude when caring for patients. Since the last inspection the service had carried out some renovation work to improve the privacy and dignity for patients.

- Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs
- Staff cared for patients with kindness and respect and we saw all staff treated patients with compassion and showed their professionalism.
- We saw universally positive feedback on comments cards with comments such as 'exceptional service', 'staff put me at ease throughout', 'I felt all my needs were met' and 'very supportive' being made.
- We saw a number of thank you cards which had been received from patients and displayed in the waiting room. These included comments such as 'thank you for all the kindness and caring that everyone had towards me, I love the fact everyone made me so comfortable' and 'I was blown away by the support and compassion I was shown by all the nurses'.

Emotional support

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

- Staff provided emotional support to patients to minimise their distress. We saw feedback from patients which confirmed this, such as 'I had anxiety and they were so patient with me'.
- In the treatment room, staff moved all anaesthetic equipment behind a screen when it was not being used so it was less intimidating for patients entering the room for treatment under local anaesthetic.
- Staff we spoke with demonstrated awareness of how to deal with patients who were distressed. They gave an example of stopping treatment for a very distressed lady and arranging for her to reattend a clinic where she could have treatment under general anaesthetic.
- The service had a chaperone policy and patients could request a formal or informal chaperone to accompany them to provide emotional support and reassurance during intimate examinations.
- All patients were offered access to post abortion counselling. Patients could access this at any time post abortion. Staff explained about the counselling service at initial consultation and it was advertised on posters throughout the clinic.
- Staff demonstrated empathy when having difficult conversations. Two staff told us how useful they had found customer care training and how they applied their learning in the clinic. At the time of our inspection the compliance with customer care training was 100%.
- Staff understood the emotional impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

- We observed an initial consultation and saw patients were given clear information. Staff listened to the patient and encouraged and answered any questions they had. We saw staff promoted patient choice through clear and concise information and opportunities to ask questions.
- Staff made sure patients and those close to them understood their care and treatment.
- All patients were provided give feedback on the service and their treatment. Completed feedback forms were sent to the head office and a monthly report was generated by NUPAS. Staff told us they received both positive and negative feedback which was raised during team meetings and at the monthly meetings with senior management. Their quality report showed the response rate to feedback surveys had increased from 28% in 2018-2019 to 63% in July 2019.
- During the assessment process the staff ensured women were informed that HSA4 forms were shared with the Department of Health.

Are termination of pregnancy services responsive?

Good

Termination of pregnancy

Good

We did not previously rate responsive. We rated it as **good.**

Service delivery to meet the needs of local people

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

- Women could access the service on line and request a call back or have an online chat by using the services website. In addition, the service provided a 24-hour telephone advice help line that patients could use for information, support or post-operative concerns. Several commissioning groups contracted with NUPAS Manchester to provide a termination of pregnancy service for the population of Greater Manchester and the surrounding area.
- The service provided same day consultation and treatment for women, where appropriate. Managers told us they would try to facilitate same day consultation and treatment if a patient requested this and it was safe to do so only after a consultation had been booked.
- The service was provided from premises approved by the Department of Health.
- The service offered telephone consultations, where appropriate, for patients who had long distances to travel to the clinic. The website had an internet live chat facility and the opportunity to arrange a call back could be made.
- The service received patients from a variety of referral methods. These included GP's, hospitals, family planning services, internet and self-referrals.
- The service minimised the number of times patients needed to attend the clinic, by ensuring patients had access to the required staff and tests on one occasion.
- Managers ensured that patients who did not attend appointments were contacted.
- The service actively sought ways to improve. We reviewed the minutes from the July 2019 general managers meeting which included an action plan. The organisation was meeting the majority of its key performance indicators however the long acting reversible contraception remained an issue. This was being addressed with a project to train three staff currently to have the competencies to provide women with contraceptive implants.

Meeting people's individual needs

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

- The building was accessed by a short set of steps. However, there was a side entrance accessed by a ramp and an accessible toilet on the lower ground floor. At our last inspection we raised that the waiting room on the top floor was small and cramped and supporters of patients were asked to wait on the ground floor because seating was limited. This area had now been made an area for staff only and a large waiting area on the ground floor was used by patients and their supporters.
- Wi-Fi was available for patients throughout the building and the access code was clearly displayed in public areas.
- We saw health promotion posters displayed throughout the clinic in other languages such as Hindi and Arabic.
- Staff could access interpreting and translation services for patients who did not speak English. Staff told us this was arranged prior to consultation and treatment by administration staff.
- The service had processes in place to manage the specific needs of women who sought an abortion for fetal abnormality. The service offered women counselling and a discussion about the options of burial services.
- The service respected the choice of all patients to dispose of the foetal remains in line with their wishes and guidelines. The service had an up to date policy on the management of pregnancy remains. Every patient received a leaflet 'Having an abortion' which states, 'Please rest assured that the fetal tissue removed during the abortion procedure will be disposed of in a sensitive

and respectful manner in accordance with the Human Tissue Authority guidelines'. Staff asked patients during the consultation if they wanted to know what happened to the pregnancy remains.

- The service was working towards patients being able to have the opportunity to take away and administer at home second stage medication for early medical abortions.

Access and flow

- **People could access the service when they needed it and received the right care promptly. Waiting times from initial referral, decision to proceed and treatment not exceeding 10 working days were in line with national standards.**
- People could access the service when they needed it. Arrangements to admit, treat and discharge patients were in line with good practice.
- National guidance states that abortion services must offer assessment within five working days of referral or self-referral and offer the abortion procedure within five working days of the decision to proceed. Therefore, the total time from seeing the abortion provider to the procedure should not exceed 10 working days.
- The quality performance report showed that from April to July 2019, 84.7% of patients received treatment within five days of the decision to proceed. This was an improvement from April 2018 to March 2019 where 80% received treatment within seven days of decision to proceed. The service had a target of 95% for April 2019 to March 2020.
- Data provided demonstrated that the service managed flow effectively. Required Standard Operating Procedures (RSOP) as specified by the Department of Health and the Royal College of Gynaecologists.
- Managers recorded the number of 'do not attends' on the quality performance report. This was reviewed quarterly with local commissioners. If a patient did not attend staff would attempt to contact them up to three times by the preferred method of communication chosen by the patient.
- Managers monitored the number of 'do not proceeds' and the reasons for this. We saw this was 18 in July 2019, with ten being because the patient was unsure about going ahead with a termination, two patients were not pregnant, two patients were too early to confirm pregnancy and four patients decided to continue the pregnancy.
- The service operated a call centre for bookings Monday to Saturday from 8am to 10pm. They offered patients a choice of dates and times ensuring that patients were able to access the most suitable appointment for their needs as early as possible.
- The service managed bookings through an online patient management system.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

- The service clearly displayed information in patient areas about how to raise a concern. Patients, relatives and carers knew how to complain or raise concerns.
- As far as possible, patients were kept updated of any delays in the clinic either verbally or by a board located in the waiting area.
- We reviewed records of three complaints received between January and July 2019 and saw all complaints were resolved, with action taken where appropriate and lessons learned shared. We saw all complainants received an email within 24 hours acknowledging their complaint and outlining how this would be dealt with. Staff understood the policy on complaints and knew how to handle them.
- The service's policy stated complaints would be responded to formally within 20 working days. We saw evidence that when a complaint took longer to investigate the service contacted the patient and informed them of the delay and the expected date the investigation would be completed.
- We saw all letters sent following a complaint contained an apology, an offer to contact for further information and details on how to contact the Public Health Service Ombudsman if they were dissatisfied with the outcome.
- The manager investigated complaints and identified themes and acted on learning from complaints. For example, we saw staff had completed mandatory

customer care training in March 2019, following a complaint regarding staff attitude. The service had established a 24-hour after care telephone line for patients following an analysis of themes of complaints. Staff told us the training had assisted them to look at the care and treatment from the angle of the patient and consider the patients state of mind when addressing their concerns.

- Managers shared feedback from the patient feedback forms with staff every month. All staff received a summary of the numbers of forms completed and key themes from comments made. Staff met to look at the comments and highlight actions to improve the patient experience and then learning was used to improve the service.
- Managers ensured positive feedback regarding individual staff was shared with that staff member.

Are termination of pregnancy services well-led?

Good

We did not previously rate well-led. We rated it as **good.**

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

- The manager had worked for the service for nine months and as the registered manager for four weeks at the time of the inspection. The former registered manager was still in post during the nine months and has now taken on a more senior position within the company. The registered manager operated an open-door policy to staff. Staff were aware of the company structure and who to contact in the absence of their immediate manager.
- The manager encouraged an open and transparent culture, engaged with staff daily and adopted a hands-on approach to the running of the clinic.
- Since the last inspection there was a new structure with a new head of governance, head of operations and head of nursing, having these additional senior managers in the infrastructure was making a positive difference.
- Monthly management meetings took place with members of the senior management team to discuss local issues, to ensure the delivery of high-quality care.
- The registered manager, head of operations, head of nursing and head of clinical services were knowledgeable and passionate about the service and were aware of the risks and challenges within the service. Since the last inspection the team had developed the
- The service maintained a register of people undergoing a termination of pregnancy for both surgical and medical terminations. The manager confirmed the records were retained for a period of not less than three years.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress

- We saw posters displaying the company vision and values displayed throughout the clinic. The service had a philosophy; this was to “provide quality, safe and affordable service in accordance with professional standards to both NHS and private patients for termination of pregnancy, contraception and sexual health”.
- Managers had engaged with staff to develop the vision for the clinic in the new premises. Staff spoke enthusiastically about changes and the future vision for the service.
- Staff were aware of the company structure and who to contact in the absence of their immediate manager.

Good

Termination of pregnancy

Culture

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

- Managers across the service promoted a positive culture that supported and valued staff, creating a common sense of purpose based on shared values.
- All staff we spoke with told us there was a positive culture with good team work across the service. Staff spoke positively about the clinic and were proud to work for the organisation. Staff told us they felt able to raise concerns if they observed poor practice or had any concerns.
- Staff were aware of planned changes to the service and they looked forward to the new premises. Staff told us they would be able to access staff counselling services if changes affected them emotionally.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

- The service had robust processes in place to ensure that
- A plan was in place to review and update the policies and transfer them to a new template. We saw this process had started including; the management of the deteriorating patient and suspected sepsis, the management of pregnancy remains, and medicines management policies had been updated since the last inspection.
- Since the last inspection the service had set up the clinical governance committee, which had been operational for 12 months at the time of this inspection.
- Monthly management meetings were held with members of the senior management team to discuss local issues, to ensure the delivery of high-quality care.
- Managers checked the correct completion and submission of HSA1 and HSA4 forms every month. The audit of HSA1 and HSA4 forms in June 2019 showed 100% compliance with completion and submission of the forms to the Department of Health and Social Care. The HSA4 forms are a legal requirement and must be completed and submitted no later than 14 days after the termination of pregnancy by the doctor that carried it out.
- Managers told us there were not always two doctors on site during clinics. However, so HSA forms could be signed in line with legal requirements the consultant saw patients in the assessment area and another consultant worked remotely. They reviewed the patients' information and signed HSA1 forms (legal forms which must be signed by two doctors who agree that a patient was suitable to undergo a termination of pregnancy as per the Abortion Act, 1967) after considering the individual circumstances.
- The service had robust processes in place to ensure that abortions followed the Abortion Act 1967. The HSA1 form was completed, signed, and dated by two registered medical practitioners before an abortion took place in line with the requirements of the Abortion Act, 1967. An HSA1 form is a legal form which must be signed by two doctors who agree that a patient is suitable to undergo a termination of pregnancy as per the Abortion Act, 1967. The reason for a patient's decision for termination of pregnancy was assessed against the criteria set out in the Abortion Act 1967. All HSA1 forms were stored with the patient's records in line with best practice guidance. Patients were made aware that the procedure was free on the NHS.
- A register of women undergoing a termination of pregnancy was updated and completed, this was kept on site for three years. The service held electronic record numbers of termination of pregnancies they performed which was updated onto a central database and was password protected.
- The Medical advisory committee (MAC) was held quarterly. The meetings were chaired by the medical director, surgeons, registered manager, head of clinical services and the governance manager. The role of this committee was to review any changes to best practice guidance, clinical incidents, audit findings and any changes to clinical process or policies.

- Practising privileges were reviewed by the medical director, registered manager and the head of HR. The service linked with the surgeons' NHS trust to raise any concerns with practice and to discuss their revalidation. If the service did have any concerns with a surgeon's practice the medical director would contact the surgeon's responsible officer to discuss.
- The head of clinical services confirmed that surgeons were contacted prior to renewal of practising privileges expired, requesting up-to-date copies of all documentation. If documents were not received, this would be escalated to the medical director and head of clinical services. Practising privileges would be suspended if necessary until all relevant documentation was received.

Managing risks, issues and performance

- The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected or unexpected.
- The clinic manager maintained, monitored and reviewed a local risk register. Managers we spoke with demonstrated a knowledge of what was on the risk register and the risks aligned with the challenges managers and staff told us about.
- We reviewed the risk register and saw all risks were scored and rated red or green. Control measures to mitigate the risk were identified and action plans were updated monthly. Managers monitored progress against the action plans and reviewed the risk score accordingly. All risks downgraded, removed or added to the risk register were reviewed and approved by the corporate clinical governance and risk management committee.
- Managers monitored performance through a monthly quality performance report. Targets for the service were forecast based on the previous year's performance and included statutory requirements outlined in the Required Standard Operating Procedures (RSOP) and key performance indicators set by local commissioners.
- Managers met quarterly with local commissioners to review progress against the key performance indicators. We reviewed the quality performance report for July 2019. We saw it tracked progress against key performance indicators each month.

Managing information

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.
- Electronic reporting and performance records were maintained on secure internal information technology systems. Since the last inspection the clinic undertook a monthly audit of patient notes to ensure that all mandatory fields were completed to ensure that robust practices were in place. This included to check compliance with the completion of the five steps to safer surgery. The audit showed that compliance rates were consistently 100%.
- Managers demonstrated a clear understanding of CQC requirements for notifications of specific incidents.
- We saw the service displayed the Department of Health and Social Care certificate giving the authority to carry out terminations in all consulting rooms and patient areas throughout the clinic.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

- The service sought feedback from patients through patient experience feedback forms and boxes which were placed around the clinic. There were posters advertising this in all communal areas. Managers were acting to improve the return rate for forms and encouraged staff to highlight this to patients. We saw last year 28% of patients had completed feedback forms, in July 2019 this was 63% of patients. Patients could also leave feedback online and by email.
- We saw the written feedback generated from SMPC's questions from head office for August 2019 which was exceedingly positive. Patients emphasised the kind and

comforting nature of staff, which enabled them to feel emotionally supported throughout treatment. Several patients expressed discontent with the building, which the service had plans to address. The manager told us this feedback did give them direction to take action on. We saw the notice board in the waiting area had a 'you said we did' section which outlined changes made because of feedback from patients.

- The service had held an informal session for staff to visit the new premises. At the session staff celebrated the move and were encouraged to contribute ideas about the furnishing of the building.
- Managers had set a steering group of staff of all levels and disciplines to input into changes in the staffing structure in the clinic.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

- There was a culture of learning and improvement in the service and a vision that the new management would improve services in the future.
- Staff has been provided with training and development opportunities to learn and develop new skills. For example, nurses were undertaking implant training, staff had completed sonography courses to assist with scanning.
- The decision to move the overall location due to the standard of the building had been acted upon as the service was going to relocate in 2020 to a more central location with modern facilities.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that medical gases within the clinic were stored securely.