Marie Stopes International West London Centre

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Marie Stopes International (MSI) West London is part of Marie Stopes International UK founded in 1976. Marie Stopes is a specialist reproductive healthcare organisation and registered charity. The west London centre is based in Ealing.

MSI West London provided medical and surgical termination of pregnancy services, screening for sexually transmitted diseases, contraception advice and counselling. The service was providing surgical terminations up to 23 weeks plus six days gestation, and medical abortions up to nine weeks plus four days gestation. They also performed non-scalpel vasectomies. The service treated NHS and private patients.

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008.

This inspection was planned as part of our scheduled inspection programme. The provider was given 11 days' notice of this inspection.

We visited by announcement on 7 and 8 June 2016 and undertook an unannounced visit on 13 June 2016. We also visited two early pregnancy units providing satellite services at Hounslow on 8 June 2016, and Camberley on 9 June 2016. At the time of our inspection, the centre manager was in the process of registering with the CQC.

We have not provided ratings for this service. We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities, which it provides.

We report on whether they are safe, effective, caring, responsive to people's needs, and well led. We have highlighted areas of good practice and areas for improvement.

Due to the number of concerns arising from the inspection of this and other MSI locations, we inspected the governance systems at the MSI corporate (provider) level in late July and August 2016. We identified serious concerns and MSI undertook the immediate voluntary suspension of the following services as of 19 August 2016 across its locations, where applicable:

- Suspension of the termination of pregnancy for children and young people aged under 18 and those aged 18 and over who are vulnerable, to include those with a learning disability.
- Suspension of all terminations using general anaesthesia or conscious sedation.
- Suspension of all surgical terminations at the Norwich Centre.

MSI responded to the most serious patient safety concerns we raised and was able to lift the restrictions on the provision of its termination of pregnancy services at this location on 7 October 2016.

CQC has also undertaken enforcement action for breaches of the following regulations, which are relevant to this location.

Regulation 11 Consent

Regulation 12 Care and treatment must be provided in a safe way for service users.

Regulation 13 Service users must be protected from abuse and improper treatment in accordance with this regulation.

Regulation 17 Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. (Good governance)

CQC is actively monitoring compliance with the above enforcement action taken in order to ensure that services are operated in a manner, which protects patients from abuse and avoidable harm.

Are services safe at this service

Summary of findings

- Infection prevention control (IPC) procedures did not always adhere to The Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance or associated national guidelines. Some of their systems to risk assess, manage, and monitor the prevention and control of infection were not fully implemented and acted upon in the operating theatre.
- Operating theatre staff did not follow the recommended dress code practices as outlined by The 'Association for Perioperative Practice' guidance (2011). Staff did not follow correct IPC practices in the operating theatre with regard to dress code and use of personal protective equipment.
- Not all staff the appropriate level of safeguard training to manage safeguarding issues. However, staff had a good awareness of safeguarding and their responsibility to report concerns.
- Staff we observed did not follow the World Health Organisation (WHO) 'five steps to safer surgery'. They had their own adapted version, but did not follow the pre-operative brief and post-operative debriefing stages.
- Staff we spoke with understood their responsibilities to raise concerns and report incidents and near misses. Incidents were centrally investigated however, staff did not always receive feedback on the outcomes.
- Staff we spoke with had a general understanding of duty of candour. They told us this involved being open and transparent; however, there had been no training on this regulation, and staff were unaware of the requirements of a formal written apology to patients.
- At the time of our inspection, staff we spoke with told us there was no official transfer agreement in place with local NHS hospitals; to ensure patients who required higher evels of medical attention had their needs met. However since the inspection, we have received information which shows there is an agreement in place.
- Not all equipment was serviced regularly and labelled correctly to show that safety and maintenance had taken place.
- Staff provided all patients with a private consultation without anyone else present to allow patients the opportunity to discuss information of possible abuse or coercion.
- Records we reviewed were of a good standard with assessments and observations recorded and we saw that records were stored safely and securely.
- Only anaesthetists were advance life support (ALS) trained. They often left the centre before patients had been fully discharged. This meant there was no ALS staff members present, should a patient require their assistance.
- At a national level we found that at the in-house training provided was not tailored for the specific needs of patients or to educate and enable staff to meet the requirements of their patient group.

Are services effective at this service

The services provided at the location were not always effective.

- The Required Operating Standard (RSOP) 14 were not sufficiently followed and the Royal College of Obstetricians and Gynaecologists guidelines related to consent were not sufficient. Nurses and healthcare assistants, training of which was provided corporately, took adult and child consent for treatment. Questions raised by patients during the consent process could not always be answered due to a lack of knowledge. This meant the medical practitioners were not following the General Medical Council (GMC) guidance with respect to deciding whether a young person was able to understand the nature, purpose and possible consequences of investigations or proposed treatments, as well as the consequences of not having treatment.
- Policies were accessible to all staff but were not always kept up to date. Staff we spoke with knew how to access the policies and told us about some of the guidance available to them.

Summary of findings

- Patient outcomes were benchmarked and monitored within the national organisation but not in line with Required Standards Operating Procedures (RSOP) 16 'Performance Standards and Audits'.
- Patients were routinely prescribed pain-relieving medication following their procedures or at the beginning of their medical treatment.

Are services caring at this service

The services provided at the location were caring.

- Staff we observed were compassionate and caring and provided a good standard of treatment and care.
- Patients told us they had been listened to, understood at every stage of their treatment what was happening and were treated with kindness and respect.
- Patients were encouraged to provide feedback on the service. This information was used to assist with forward planning of the service.

Are services responsive at this service.

We found the service was not always responsive to patient's individual needs for treatment and care.

- There was a policy for the disposal of pregnancy remains. However, at this service this was not being followed by staff in all cases. Patients were only offered a choice if they requested it.Patients were not offered the information about the disposal of pregnancy remains, in line with the Human Tissue Authority guidance of March 2015 and the Royal College of Nursing guidelines, which says patients should be provided with options before their treatment.
- Patients experienced long waits on arrival for treatment, often due to the late arrival of medical practitioners and nursing staff. This delayed the setting up of theatre equipment and subsequently delayed the surgery list.

However:

- The organisation offered patients an out-of-hours service and generally, patients received treatment at their preferred choice of location.
- There were good systems for the provision of interpreters and counselling services.
- Literature suppling advice on supportive care was available.
- Patients' individual needs were taken into account and the appropriate support was given so patients could proceed with their appointments and treatment.
- Complaints were acknowledged, investigated, and responded to within a specified time. Learning arising from complaints was communicated to staff.

Are services well led at this service.

The services at this location were not always well led.

- A central hierarchical approach meant local managers were unable to make the necessary local decisions and were limited in their ability to make change.
- Medical practitioners did not attend local team meetings, which meant multidisciplinary involvement was limited.
- Staff were happy to work at MSI and gave positive feedback of the new local management team at the Ealing centre.
- Patient feedback produced good results and the centre took advice from their patients for future improvement to services.

Summary of findings

- The new clinical operations manager had implemented new ideas and processes, which had received positive feedback from staff.
- The corporate vision and strategy underpinned the delivery of services, but not all staff were aware of the corporate goals.

Our key findings were as follows:

- Actions were required to ensure staff understood and carried out the correct infection control procedures in the theatre environment. The senior managers at the centre did not fully understand their roles and responsibilities in mitigating risks and providing safe care.
- The World Health Organisation (WHO) 'five steps to safer surgery' was not followed. Staff had their own adapted version, but did not follow the pre-operative brief and post-operative debriefing stages.
- Record keeping was good.
- Staff were following the corporate policies and procedures.
- Care was mostly provided in line with national best practice guidelines. Although safeguarding level three training for children was not provided in accordance with professional guidance.
- Staff we spoke with understood their responsibilities to raise concerns and report incidents and near misses. Incidents were centrally investigated and we were not assured the learning from such investigations was shared across the organisation.
- Local managers were supportive of their staff, and the culture encouraged openness and honesty.

We saw areas of good practice including:

- Staff we observed were kind, caring, and non-judgemental.
- The service was responsive to the individual needs of patients.
- Patients' privacy was respected. They received a private consultation without anyone present, which afforded them the opportunity to talk through any issues with the patient in a safe environment.
- Local managers were supportive, the culture encouraged openness and honesty, and there was an 'open door' policy to the centre manager's office.

However, there are areas where the provider must make improvements. The provider must:

- Ensure staff treat and manage the theatre as a sterile environment and wear the correct theatre attire in line with national guidelines.
- Address infection prevention control measures in line with national guidelines, so a consistent approach is adopted amongst all staff.
- Ensure safeguarding level three training is provided in accordance with professional guidance.
- Cascade the new updated safeguarding policies to staff.
- Review the servicing and maintenance policy to ensure staff can clearly see when a piece of equipment was last serviced.
- Make sure a pre-operative briefing and post-operative briefing takes place as part of the World Health Organisation (WHO) 'five steps to safer surgery'.

Summary of findings

- Establish a formal service level agreement for transfer of patients who require urgent or further medical intervention from the local hospital.
- Have a clear documented anaesthetist checklist for staff to complete prior to treatment.
- Make sure all staff are aware of the location of resuscitation equipment within the theatre environment.

In addition the provider should:

- Review the policy on disposal of pregnancy remains, to allow patients the information for disposal prior to treatment. This should be in accordance with The Human Tissue Authority's guidance on the disposal of pregnancy remains following pregnancy loss or termination March 2015.
- Make sure the WHO surgical checklist is followed for all vasectomy treatments.
- Make sure medical practitioners arrive on time at the start of the day, so the patient treatment list is not frequently disrupted.
- Make sure the covers on the patient chairs are of a material, which can be cleaned in-between patients.
- Make sure staff at the Hounslow satellite clinic complete and log all daily checks for fridge temperature checks and clinic checks prior to treatment.
- Give staff more advance notice of changes to their roster, to allow staff to make child cover arrangements.
- Allow sufficient time between patient treatments, so staff do not feel rushed and pressurised.
- Train staff directly involved with testing for HIV to conduct post-test discussions, including giving positive test results to patients.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

Overall, we found patients received a responsive level of service, delivered by caring staff. However, improvements were required to ensure a safe and effective service was always provided, and to improve overall leadership. This was due to:

- Infection prevention control (IPC) procedures did not always adhere to The Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance or associated national guidelines. Systems to risk assess, manage, and monitor the prevention and control of infection were not fully implemented and acted upon in the operating theatre.
- Operating theatre staff did not follow the recommended dress code practices as outlined by The 'Association for Perioperative Practice' guidance (2011). Staff did not follow IPC practices in the operating theatre in terms of dress code and use of personal protective equipment.
- Although staff had a good understanding of safeguarding and how to report incidents, they were only trained to safeguarding adults and children level two, which was not in line with best practice outlined in the 'Intercollegiate Document' (Royal College of Paediatrics and Child health 2014). Recommendations state level three training for staff working with children in this type of service.
- Local management were not fully engaged in mitigating risks and due to hierarchical governance, local managers were not empowered to make decisions and changes.

Summary of findings

- Patients were not given information for the disposal of pregnancy remains in line with the Human Tissue Authority guidelines 2015, prior to their treatment. Staff were unaware of the correct procedures to follow. They told us they did not provide information and options unless the patient requested.
- The theatre procedures list was often delayed at the beginning of the day due to the late arrival of staff. This caused unnecessary delays for patients.
- Staff did not complete the pre-operative and post-operative briefings in accordance with The World Health Organisation (WHO) 'five steps to safer surgery'.
- Staff were frustrated with the last minute changes made to their rosters, which led to low staff morale.
- Not all equipment was serviced regularly and labelled correctly to show that safety and maintenance checks had been undertaken.
- The covers on the patient recovery chairs were unclean. There was dust on the covers and staff told us they were difficult to clean. The covers were removable but were difficult to replace once washed.
- Staff trained to advanced life support (ALS), often left the premises when patients were still in recovery. This meant no ALS staff were present and available should a patient require further assistance.

However positive findings included:

- Sufficient staff were available to support the service. Staff were able to work at different locations, which allowed flexibility for staffing cover.
- Records adhered to national guidelines and were correctly completed.
- Staff demonstrated compassionate and kind care. They were sensitive to the patients' needs and made non-judgemental decisions.
- The privacy of patients was respected throughout their pathway of care.
- The staff we observed offered the appropriate pain relief for patients and managed this well even though a pain score was not recorded in patients records. They were able to offer good advice to support patients when they were discharged from the centre.
- A good selection of information was available to patients on support services and the treatments provided at the centre. They had a good variety of leaflets, were able to have face-to-face discussions and access to their website.
- The service was open six days a week and patients were often able to choose an appointment time that suited their needs. Good arrangements were in place for out of hours' access with a 24-hour contact line. Patients had the opportunity to provide feedback and make suggestions on the service and care they received from the centre.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy		Inspected but not rated. We have not provided the ratings for this service. We have not rated this service as we do not currently have a legal duty to rate this type of service or the regulated activities which it provided. Although we do not currently have the powers to rate these services, we report on whether they are safe, effective, caring, responsive to people's needs and well-led. We have highlighted areas of good practice and areas for improvement.

Summary of findings

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Summary of this inspection

Background to Marie Stopes International West London Centre

Termination of pregnancy (TOP) refers to the treatment of termination of pregnancy, by surgical or medicine methods. Marie Stopes UK International (MSI) West London is part of the provider group Marie Stopes International, a not for profit organisation that was founded in 1976.

Ealing, Hounslow, Hillingdon, Hammersmith & Fulham, Brent and Harrow Clinical Commissioning Groups (CCGs), contracted Marie Stopes West London to provide a termination of pregnancy service for the patients of West London and surrounding areas. The service was set up as Ealing being the main centre with six Early Medical Units (EMU) in Camberley, Earls Court, Finsbury Park, Hillingdon, Hounslow, and Wembley. The service also treats a small number of private patients.

In 2015, Marie Stopes West London was selected, but had not yet started to become the MSI Centre for Excellence, a model centre, which will serve additionally as a nurse-training academy and a hub of research. The centre was undergoing building works to accommodate this.

The service was registered as a single speciality service for termination of pregnancy and was registered for the following regulated activities:

- Diagnostic & Screening Procedures
- Family Planning Services
- Treatment of Disease, Disorder and/or Injury
- Termination of Pregnancy
- Surgical Procedures

The services provided under these activities were:

- Pregnancy Testing
- Unplanned Pregnancy Counselling/Consultation
- Medical Abortion
- Surgical Abortion, Vacuum Aspiration, General Anaesthetic, Conscious Sedation
- Abortion Aftercare
- Miscarriage Management
- Sexually Transmitted Infection Testing and Treatment
- Contraceptive Advice
- Contraception Supply
- Vasectomies

We carried out this announced inspection as part of our inspection programme. The Manager for the location has been in the post since 7 March 2016, and was currently undergoing the registration process with us to become the Registered manager.

Our inspection team

Our inspection team was led by four inspectors from the Care Quality Commission.

Why we carried out this inspection

We carried out this announced inspection as part of our inspection programme.

Summary of this inspection

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Prior to the inspection, we requested a provider information report, which was analysed and considered both in the planning and as part of the evidence gathering process.

We visited by announcement on 7 and 8 June 2016 and undertook an unannounced visit on 13 June 2016. We also visited two Early Medical Units, Hounslow on 8 June 2016 and Camberley on 9 June 2016.During our inspection visits, we spoke to 14 members of staff, including clinical staff, doctors, nurses, and health care assistants. We also spoke with administrative staff and three patients using the service. We looked at the care records of 15 patients, which included a range of surgical and medical treatments. We observed interactions and communication with patients and reviewed 57 responses made via feedback cards left prior to our inspection. We reviewed performance data submitted by the centre before and after our visit.

Information about Marie Stopes International West London Centre

The location is registered with the Care Quality Commission as a provider of termination of pregnancy services. Registration began in 1988. The main service offered is termination of pregnancies (TOP), either medically or surgically. The centre also provided vasectomies, sexual health screening and contraceptive advice. The service did not provide feticide.

The Ealing centre provided medical abortion up to nine weeks and four days, and surgical abortions until 23 weeks and 6 days gestation.

The centre operated five days a week, (Monday to Wednesday, Friday, and Saturday). Medical terminations were offered five days per week. Surgical terminations were performed on Mondays, Wednesdays, and Saturdays for terminations up to 24 weeks and Wednesdays for terminations up to 14 weeks. In addition, vasectomy procedures were performed every other Tuesday. Medical terminations were offered at the Satellite clinics.. The service at the Ealing location consists of:

- Two operating theatres
- Three recovery wards
- Five consultation rooms
- Waiting area
- Administration and office areas

Marie Stopes Ealing has six satellite clinics located in, Camberley, Earls Court, Finsbury Park, Hillingdon, Hounslow, and Wembley. These locations are fully accessible and offer medical terminations.

All locations held a licence from the Department of Health to undertake termination of pregnancy services in accordance with The Abortion Act 1967. Services were provided to both NHS and privately funded clients.

Patients of all ages except those of 13 and under were treated at all locations. Between May 2015 and April 2106, 7269 patients accessed the service. Of the services provided, surgery accounted for 5177 (71%) of activity. Medical abortion accounted for 1864, (26%) of activity, including 228, (3%) abortions after 20 weeks gestation. 260 vasectomies procedures were performed in the same period.

Summary of this inspection

What people who use the service say

The three patients we spoke with, commented on the caring nature of the staff. We were told how staff were "attentive to their needs" and one patient said they had been "well supported".

Patients told us they were provided with good information about their procedures and staff responded well to questions asked.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

Marie Stopes International (MSI) West London is part of Marie Stopes International UK founded in 1976. MSI purpose is to make family planning services available to women and men around the world. Marie Stopes is a specialist reproductive healthcare organisation and registered charity. The West London centre is based in Ealing.

MSI West London provided medical and surgical termination of pregnancy services, screening for sexually transmitted diseases, contraception advice and counselling. The service was providing surgical terminations up to 23 weeks plus six days gestation and medical abortions up to nine weeks plus four days gestations and non-scalpel vasectomies. The service treated NHS and private patients. Six satellite clinics at Camberley, Earls Court, Finsbury Park, Hillingdon, Hounslow, and Wembley supported the Ealing centre. Medical abortions were provided at these clinics.

The Ealing centre had two operating theatres, a first stage recovery room, and second stage recovery ward containing 21 reclining chairs. There were four rooms used for consultations and screening. There was a separate recovery lounge and consultation room for patients having vasectomy treatments. The satellite clinic in Hounslow and Camberley each had a consultation room and shared waiting areas within a GP practice.

There were three consultants covering the main service in Ealing, West London. Eight registered nurses were employed at the service. Five staff provided administrative support. A registered nurse, sometimes with the help of a healthcare assistant, covered each of the EMU locations across West London.

The location was previously inspected under our former methodology in December 2013, where it was found to be meeting all the required regulations.

Termination of pregnancy

Summary of findings

Overall, we found this was not a well-led service and improvements were needed to ensure a safe, effective, and response service. However, staff provided a good standard of care. This was because:

- The staff we spoke with understood how to report adverse incidents, errors, or near misses. They were aware that such matters would be investigated. However, actions required of staff to minimise risks to patients were not always addressed promptly.
- Patients were not always informed where an incident occurred, which may have affected them. They did not always receive information about this or the outcome, including any actions taken. The reporting of serious incidents was not always made to the CQC.
- The duty of candour regulation was not embedded in the culture of the service. Staff were not sufficiently aware of the regulatory requirements, especially providing a written apology.
- Learning from the investigation of adverse events, near misses and complaints was not evident. Staff could not provide any significant examples of such learning or changes in practices.
- Staff did not undertake a pre-surgical brief or de-briefing following surgery. These practices are recommended as part of the World Health Organisation (WHO) 'five steps to safer surgery'.
- Infection prevention control (IPC) procedures did not adhere to The Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance or associated national guidelines. Systems to manage and monitor the prevention and control of infection were not fully implemented and acted upon. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them. Further, systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection were not sufficiently robust. Staff did not follow correct IPC practices in the operating theatre with regard to dress code and use of personal protective equipment.
- Policies were accessible to staff but these did not always reflect the most recent professional guidance.
- Safeguarding policies were not up to date and did not include the latest requirements, and published guidance. This included the new Care and Support Guidance published in March 2016, chapter 14 of which replaces the 'No secrets' guidance. Additional guidance within the aforementioned document includes for example, coercion in domestic abuse, safeguarding adults training, and the Modern Slavery Act 2015.
- Although staff had completed the corporate mandatory required safeguarding training, they had not completed level three safeguarding training, in regard to statutory guidance; 'Working Together to Safeguard Children. (2015). This references the intercollegiate document 2014, Safeguarding Children and Young People: Roles and Competences for Health Care Staff. Level 3 training is required of clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.
- Throughout the patient's pathway of care, they were not given information for the disposal of human remains, in line with the Human Tissue Authority guidelines March 2015. There was no evidence that discussions took place and staff told us they did not provide this option for patients, unless they raised the matter.

  There was no local pharmacist input into monitoring medicines optimisation or audit processes. Expired and unused medicines were not disposed of correctly, and there was no auditing check compliance with the required practice. Medicine top up arrangements at satellite locations did not follow the corporate medicines management policy in full.

Termination of pregnancy

Staff were given induction training and additional training to specialise in areas of treatment, such as undertaking scans and providing contraception. However, staff were not provided with advanced paediatric life support training. Further, staff did not receive training in the Mental Capacity Act (2005), and as a result had limited knowledge with regard to this matter.

- Required Operating Standards (RSOP)14 and Royal College of Obstreticians and Gynaecologists guidelines related to consent were not sufficient. Adult and child consent for treatment had been devolved to nurses and healthcare assistants. Questions raised by patients during the consent process could not always be answered due to a lack of knowledge, which indicated training had not been sufficiently detailed. Further, this devolved responsibility meant the medical practitioners were not following the General medical Council (GMC) guidance with respect to deciding whether a young person was able to understand the nature, purpose and possible consequences of investigations or proposed treatments, as well as the consequences of not having treatment.
- With the exception of anaesthetic risk assessments, patients received nursing assessment of risks prior to procedures and following treatment.
- There was a corporate vision and strategy; however, staff were not fully aware of what this was and the part their role-played in the company's success.
- There was a lack of oversight of local professional practices, staffs adherence with professional guidance and monitoring of standards. Further, the location manager was not empowered to make decisions on behalf of the centre. Therefore, it was difficult for staff to be innovative and inspired.
- Lone workers at satellite sites often felt vulnerable when dealing with difficult situations. Staff were able to tell us of incidents where their safety was compromised.
- Appointments times were sometimes booked for several people. Waiting rooms were not always large enough to accommodate all attendees, and there were lengthy waits for planned appointments.

However positive findings included:

- Sufficient staff were available to support patients using the service. There was minimal use of bank and agency staff. Staff were able to work at different locations when demand was high, which allowed flexibility for staffing cover.
- An early warning score system was used to assess patients. Procedures were set up to transfer women to a local NHS hospital, should they deteriorate.
- Other Required Operating Standardswere generally followed by the staff, although such standards were not explicitly stated in the information we reviewed.Accessibility, gestational limits and treatment options, patient confidentiality, maintenance of equipment, counselling, and information provision broadly met the RSOP. The service also participated in regular monitoring to monitor patient outcomes such as individuals who did not proceed with treatment, failed abortion rates, and infections.
- Staff showed compassionate and kind care and treated clients with dignity and respect. Patients told us staff were understanding and non-judgemental.
- Staff generally respected the privacy of patients during their treatment and gave them time to make informed decisions. Patients were not pressurised and were given time to consider before consent was taken.
- Staff were mostly knowledgeable about medical and surgical treatment options, and were able to provide patients with the appropriate information. They had a comprehensive understanding of contraception and were able to offer choices and support patients with their decisions.
- Staff monitored individuals for pain and offered the appropriate pain relief when required. Staff would seek the advice of senior staff if they felt patients were becoming distressed.

Termination of pregnancy

- Staff told us they enjoyed working for Marie Stopes International. They liked working in different locations and felt they had the chance to develop their skills.
- The centre operated a six-day week service. Patients were offered a selection of appointment times to suit their needs. Flexible, alternative arrangements at other centres were available to accommodate their requirements. There were good arrangements in place for out of hour's access, with a 24-hour contact line available for individuals to use.
- A selection of information was available to patients, in the form of leaflets, booklets, the company's website, and face-to-face discussions with staff. Such advice included abortion treatment, the different types of contraception available, and support groups.
- People who used the service had the opportunity to provide feedback and offer suggestions for improvement.

Are termination of pregnancy services safe?

We found improvements were needed to ensure a safe service was consistently provided. This was because:

- Infection prevention control (IPC) procedures did not adhere to The Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance or associated national guidelines.
- Systems to risk assess, manage, and monitor the prevention and control of infection were not fully implemented and acted upon in the operating theatre. Operating theatre staff did not follow the recommended dress code practices as outlined by The 'Association for Perioperative Practice' guidance (2011).
- Staff had not completed level three safeguarding training, as outlined in statutory guidance; 'Working Together to Safeguard Children. (2015), and the intercollegiate document 2014, Safeguarding Children and Young People: Roles and Competences for Health Care Staff.
- Staff trained to advanced life support (ALS), often left the premises when patients were still in recovery. This meant no ALS staff were present and available should a patient require further assistance.
- The service followed a modified version of the World Health Organisation (WHO) 'five steps to safer surgery'. The brief and de-briefing stages were not completed. A checklist was not used for any patients undergoing vasectomy procedures.
- Staff reported incidents well but did not always receive outcomes from investigations. Incidents were centrally investigated, and sometimes information was not cascaded down to staff.
- Not all equipment used for treatments had been subjected to safety and maintenance checks. As a result, there was a risk that the equipment may not have been functioning to the required level.
- At the time of our inspection, the resuscitation trolley was empty and equipment was placed in various locations throughout theatre. Nurses did not know where this equipment was.

However;

- Staff completed all records and stored them safely in line with the Data Protection Act (DPA) 1998.
- Staff we spoke with demonstrated a correct understanding of safeguarding for adults and children and were able to report such matters to the appropriate person.

Incidents

- There was one never event reported on 23 March 2016. Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- The incident related to a retained gauze swab. The incident was still under investigation at the time of our inspection. The centre manager told us although the incident was still under investigation, staff had been informed of the incident, and theatre staff were routinely counting swabs pre-operatively and post-operatively. We observed staff count and record the number of swabs during our inspection.
- There were five serious incidents reported within the last 12 months, which required investigation. We viewed the incident logbook, which showed the investigative process and actions taken. One incident (although not logged as a serious incident) dated 10 November 2015 did not show the actions taken from a potential safeguarding matter. The staff member who reported the incident had detailed the events and demonstrated they had a clear understanding of reporting safeguarding concerns, but there was no follow up of any action taken. No written actions taken were logged, and therefore it was not clear if there had been any sharing of learning from this.
- The centre manager had limited knowledge of incident outcomes prior to his appointment in March 2106.
- The centre manager had yet to receive root cause analysis training and had no information of when the training would take place.
- Staff we spoke with felt confident in reporting incidents to the new centre manager. Incidents were initially completed on paper form then given to the centre manager who raised the incident through the central electronic system.
- Incidents were investigated centrally rather than locally. This meant that feedback was not always cascaded down to staff and therefore, information and lessons learnt was not shared.
- Since the appointment of the new centre manager, staff we spoke with told us they felt more confident in reporting incidents and had received better feedback on outcomes. They told us they were encouraged to report incidents including minor and moderate events. The incident logbook showed a more robust reporting of incidents since the appointment of the new centre manager.
- The local team meeting minutes of 11 March 2016 and 31 May 2016, demonstrated discussions took place on incident reporting, encouraging staff to report all incidents of all types.
- We saw from the local team meeting minutes of 31 May 2016, incident trends were discussed with staff and learning was shared.
- Staff told us there was no sharing of incidents or leaning from events from across the different MSI Centres.
- Staff did not have a full understanding of the duty of candour. There had been no official training although there had been a discussion in the context of medicines' management at the centres last training day. The centre manager had identified that staff were not fully aware or understood the finer details.
- Staff told us the duty of candour meant being open, honest and frank, but did not mention apologising to the patient and formally apologising in writing.

Cleanliness, infection control and hygiene

- We observed all clinical areas and non-clinical environments. They were generally kept clean and clutter free.

Termination of pregnancy

- A director of infection prevention and control (DIPC) was based at Marie Stopes' head office. They led the organisation's infection control team and were part of the organisation's clinical governance and patient safety teams and structures.
- The centre had an infection prevention control (IPC) link nurse. IPC link nurses were responsible for sharing good infection control practice amongst team members and undertaking infection control audits, and acted as a role model for infection control. This was a newly appointed role and as of yet the staff member had not received the relevant training. Therefore, at the time of our inspection we were unable to assess their impact.
- An operating theatre is a facility within a hospital or designated surgical facility where surgical operations are carried out in a sterile environment. The centre did not regard the operating theatre as a sterile environment and did not follow best practice guidelines for cross infection in a sterile setting.
- Infection prevention control (IPC) procedures did not always adhere to The Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance or associated national guidelines. Not all of their systems to risk assess, manage, and monitor the prevention and control of infection were implemented and acted upon in the operating theatre Operating theatre staff did not follow the recommended dress code practices as outlined by The 'Association for Perioperative Practice' guidance (2011) for the following reasons. Theatre staff wore the recommended clothing and shoes but the surgeon did not cover their hair with a cap during treatment.
- We found during our inspection nursing staff left the theatre environment without covering their theatre uniform with a clean over jacket or changing their theatre clogs.
- Nursing staff told us that non-clinical staff often entered the theatre environment without wearing the appropriate theatre attire. All staff who enter the restricted area of theatre should wear the intended scrub uniform, which was included in the corporate policy guidelines.
- Clinical staff, including the centre manager told us a senior theatre staff member often wore their watch during treatment. This had been escalated to the regional manager but no actions had been taken.
- The surgeon was the only theatre staff member who wore an apron and visor during patient procedures.
- There were no scrub sink facilities in the theatre. Just a small hand was basin. The surgeon used the sink in the sluice room where the dirty instruments were taken to wash their hands after treatment. According to Department of Health HBN 26 'facilities for surgical procedures', a dedicated scrub sink is required for each operating theatre.
- Infection control audits had been carried out. We viewed the audits from April 2016, which showed an overall score of 100%. Hand hygiene audits of April 2016 showed 83.3% against a target of 100%. The centre manager told us infection control concerns were discussed during team meetings and staff we spoke with confirmed this.
- There was an onsite maintenance staff member. They checked and ensured the upkeep of equipment and facilities. We viewed the records that showed the water systems were compatible to Health Technical Memorandum (HTM) 04-01 'the control of Legionella'.
- A contracted cleaning company was hired centrally. They carried out cleaning services throughout the centre twice in the morning and evening. Staff told us there had been patient complaints regarding the cleanliness of the toilets particularly in the afternoon when there was no cleaning cover.
- Staff told us they were not happy with the level of cleaning provided by the company. They had fed back their issues to both the contractor and escalated their concerns to MSI regional managers. To date they had not received any reply. Staff said they had taken photographs to evidence their concerns. We observed the staff kitchen area; the floor was dirty and thick with dust behind the units.
- Theatre staff were responsible for cleaning theatres and all areas of the theatre environment were noted to be

visibly clean. We viewed logbooks, which showed the areas cleaned, date and staff signatures. Theatres had a deep clean every three months by a contracted cleaning company.

- Protective personal equipment (PPE) used to prevent and control infection, such as disposable gloves and aprons were readily available, correctly stored and generally worn by staff.
- Hand washing sinks, soap and alcohol hand rubs were in good supply, and we saw instructions for their use clearly displayed. We saw staff use them in accordance with local policy.
- Staff adhered to the management of clinical waste policies and disposal of sharp objects. We saw staff dispose of clinical waste and used medicines into the correct disposal bins in the first stage recovery area. Clinical waste management policies were in accordance with national guidelines and staff segregated clean and dirty waste appropriately.
- We saw spillage kits for the safe disposal of body fluids were provided, but staff were unsure of where they were stored.
- The two satellite clinics we visited in Hounslow and Camberley were visibly clean and clutter free and staff adhered to local infection control policies.
- All staff were observed to be complying with the bare below elbow policy, which enabled good hand washing techniques and reduced cross infection.
- Nurses on the wards were able to access gloves and aprons when required.
- Nurses in theatres were seen to be following good hygiene practices with regards to wearing gloves and washing their hands in between treatments and activities, However nurses in consultation rooms, did not wear gloves or wash their hands when providing ultrasound scans to women.
- The covers on the patient recovery chairs were unclean. There was dust on the covers and staff told us they were difficult to clean. The covers were removable but were difficult to replace once washed. This issue had been raised centrally, but no solution had been reached.
- Staff cleaned the chair covers with antibacterial wipes. The covers were not changed in between patients.
- All staff had received infection control training in line with the three yearly mandatory training requirements.

Environment and equipment

- The Ealing clinic was based in a large Victorian house and was undergoing refurbishment. Rooms were spacious and there was sufficient space for emergency services and access for patients with disabilities.
- The theatre environment was spacious and well laid out, with separate areas to prepare clean equipment and a separate room for dirty instrument cleaning. There were no separate anaesthetic or scrub facilities.
- There was a dedicated theatre room and a first stage recovery suite adjacent. A second stage recovery ward was located across from the theatre on the same floor.
- Not all of the clinical equipment in the operating environment we saw had recent maintenance checks. There were missing stickers on equipment to indicate when these checks had been undertaken. These included a scanner and capnography machine. A bag of airway equipment had a sticker indicating it was last checked in April 2015. This could lead to faults remaining undetected and a risk of ineffective treatment.
- The anaesthetist undertook safety checks on the anaesthetic machine and logged the details in a book as' OK'. This meant there was no indication of what checks were made.
- The theatre resuscitation trolley was not fully stocked. The centre manager explained they had just received the trolleys and were awaiting the appropriate equipment. Sufficient resuscitation equipment was available throughout the theatre, but was not placed in a designated area, which made it difficult to locate. A theatre nurse was unaware of where the equipment was.
- During our unannounced inspection, we found the resuscitation trolley had not been fully stocked as expected, due to equipment delivery delays, although we were subsequently notified this has now happened.
- During the inspection, we raised concerns with the centre manager, regarding the layout of adrenaline medication in the resuscitation trolley. We asked that the two types of strengths of adrenaline, which were stored together be separated, as would usually be the

case. During our unannounced visit, we found the medication had not been separated, as requested, which gave concern about a general lack of understanding to the issues raised. We requested again that the manager separate the medication and observed the manager do this. Differing strengths of adrenaline medication should be separated in an emergency trolley, as they are identical in appearance, but can potentially be catastrophic to a patient, if mistakenly administered incorrectly during an emergency.

- There was a difficult airway management trolley, which was kept in a closed cupboard next to the anaesthetist and not easily accessible.
- There was access to resuscitation equipment in other areas of the clinic and we noted staff had carried out the appropriate regular checks.
- The centre manager advised us they had no issues with the decontamination company who sterilised equipment and were satisfied with the service they provided. However, we were told there were no agreements in place to audit the checking of equipment with the contractor.
- Equipment at the satellite clinics of Hounslow and Camberley was sufficient but staff at the Hounslow site did not know where the oxygen was stored. There was no piped oxygen in the consultation room and the staff did not know where to access this within the building. The centre manager was informed and told us they would inform the staff members concerned of where they could access the oxygen.
- Daily checklists at the Hounslow satellite clinic were incomplete on various dates between February 2016 and May 2106 for immediate life support equipment and hemocue equipment. Fridge temperature checklists and room temperature checks were not completed for every clinic.
- Evidence of stock rotation was in place and all stock we checked was in date and stored in an appropriate manner.

Medicines

- A designated registered nurse was responsible for medicine stock ordering and ensuring there were adequate supplies. They were kept in a secure room and access was limited to registered nurses using a secure combination.
- At west London, the minimum and maximum temperature of fridges used to store medicines were monitored and recorded daily to ensure medicines were kept at the required temperature. We did not see if there was a proforma available in the event of out of range recordings.
- Fridge temperature checklists were not completed for every clinic at Hounslow. This was highlighted to the centre manager. Fridge temperature checks were correctly completed at the Camberley satellite clinic.
- During our visit to the Hounslow satellite clinic, we observed that medicines were not stored in lockable cupboards. However, during the inspection a suitable safe storage system was made available.
- Doctors using a secure electronic prescribing system prescribed medicines remotely. We were told medicines used in the treatment of abortion were only prescribed and administered once the legal requirements for obtaining the opinions of two doctors that the abortion could go ahead were met.
- Staff told us they made sure patients whilst in their presence took prescribed abortifacient medicines.
- We observed staff administer medication to patients and log the details in their records.
- We observed contraceptive implants and injections given in accordance with good medicine administration guidance.
- The centre dispensed prescriptions for antibiotics, and contraceptives.
- There were no controlled drugs kept at the centre.
- There were three medication errors reported from 14 March 2015 to 27 April 2016. They related to staff incorrectly administering Mifepristone before the patient had an ultrasound, the surgeon leaving the premises before they had prescribed analgesia and an implant, and the incorrect prescribing of an antibiotic

the patient was allergic to. The errors had been recorded and investigated and the centre manager told us information was shared with the appropriate staff members and during team meetings.

- Latest audits viewed showed medicine optimisation was 100% for the month of February 2016. However, there was no pharmacist input into these audits.
- Medication we viewed was within the expiry date and storage of medication was rotated so the nearest expiry date was used first.
- Drug cupboard keys were kept by the nurse in charge and locked away when the centre was closed.
- We heard staff ask patients prior to treatment if they were allergic to any medication and this would be recorded on the patients notes
- The discharging registered nurse provided antibiotics prescribed by the doctor and contraceptive medications and checked with patients they understood what the medication was for and the importance of taking them.
- Health Technical Memorandum 07-01: Safe Management of Health Care waste requires colour coded sharps bins are used to dispose of out of date or unused medicines. We observed staff using the correct colour coded sharps bin to dispose of used medication.

Records

- Patient records were a combination of paper and electronic. Paper records consisted of consent, safer surgery checklist and HSA1 forms where a signature was required. Storage of paper records were kept on site in secure areas in line with the Data Protection Act. Electronic records were password protected and only staff requiring access were able to do so.
- Electronic records consisted of the patient's pathway of treatment, which included venous thromboembolism (VTE) assessments, sexual health, and records of medication given.
- The centre manager regularly checked random sets of records to ensure staff completed them appropriately.
- We observed that the theatre had a computer terminal and the surgeon accessed records to clinically assess and prescribe for patients, prior to treatment.
- Records completion audit had been carried out in March 2016, with a compliance score of 95% for the 30 sets of records reviewed. The manager told us venous thromboembolism (VTE) assessments not correctly completed had contributed to the deficit. During the inspection, we saw the manager had displayed reminders and information on the importance of completing the VTE assessments correctly on the staff display board. Staff told us since the manager had highlighted the importance of completing the VTE forms correctly they were making more effort to ensure there were no mistakes.
- We reviewed 10 electronic sets of notes and three sets of paper notes, which included both medical and surgical treatments and included patients less than 18 years of age. All records were well completed. Risks assessments, consent and contraception discussions were recorded and an under 18 proforma was in evidence for those patients.
- We observed a registered nurse in the stage two recovery ward complete the discharge information into the patient's records before they were allowed to leave. Details included all the information from the paper notes.
- The paper records were kept in folders to protect patients privacy and staff we observed ensured that records and patient information was not accessible to the public.

Safeguarding

- The national staff training programme for safeguarding vulnerable adults and children did not meet the requirements of all patient groups
- Although staff had a good understanding of safeguarding and how to report incidents, they were only trained to safeguarding adults and children level two, which was not in line with best practice outlined in the 'Intercollegiate Document' (Royal College of Paediatrics and Child Health 2014). Recommendations state level three training for staff working with children in this type of service. The centre clinical operations manager and clinical team leader were trained to safeguarding level three/four.
- New safeguarding policies and procedures had just been introduced at the time of our visit. There were

separate adult and children safeguarding policies. The policies set out how staff working within the company worked together to protect and promote the welfare of people at risk. For example, the Safeguarding Children at Risk Policy and Procedures gave clear guidelines on Female Genital Mutilation, (FGM), child sexual exploitation, and Mental Capacity Act.

- There was a new under 18 pro-forma tool for staff to use, but this had not been implemented during our inspection.
- Staff we spoke with were all aware of their responsibilities and had access to appropriate safeguarding policies for adults and children. There were two safeguarding leads trained to level three/four safeguarding children and adults. They included the clinical operations manager and the clinical team leader.
- There were 14 reported safeguarding issues in the past year, 11 of those since the new manager started in March 2016, which suggests there may have been a culture of under reporting before the arrival of the new manager.
- The centre had a clear escalation pathway for the reporting of safeguarding incidents to local Clinical Commissioning Groups (CCG) and Local Authorities.
- Staff told us they had received training for (FGM) via e-learning from the Home Office and we reviewed the company's policy, which gave guidance for staff to follow. Staff were aware of how to identify FGM cases and understood their responsibilities to report FGM where the individual was less than 18 years of age. However, we found the national staff training programme did not provide sufficient knowledge on these subjects.
- Training was not provided for identification of child sexual exploitation; however, staff we spoke with had an understanding and awareness of signs and situations to identify such cases.
- The centre did not treat children under the age of 13 and staff told us they would raise a safeguarding referral in line with the 'Sexual offences Act 2003' should a child present themselves at their clinic.
- The centre manager told us they had good communication links with local authorities and social workers and were able to get guidance and support from them.

Mandatory training

- Staff told us they completed a range of topics for their mandatory training. Subjects included, manual handling, health and safety, fire, information governance infection prevention and control, children and adult safeguarding, informed consent, equality and diversity. However, we found at a national level that safeguarding and consent training did not equip staff accordingly regarding the needs of all patient groups.
- Staff completed mandatory training annually for life support and information governance. All other modules were three yearly.
- All staff were up-to-date with mandatory training for health and safety, fire safety, manual handling, care of substances hazardous to health (COSHH) and infection control. Five staff members had not completed their yearly life support training. However, we saw dates had been arranged for these staff members to attend training. Safeguarding level two training had been arranged for one staff member returning from maternity leave and another who had just joined the company.
- The corporate training requirement was that reception staff and health care assistants undertook basic life support; nursing staff undertook intermediate life support and anaesthetists advanced life support.
- The nurses who operated from the satellite clinics were intermediate life support trained.

Assessing and responding to patient risk

- Records we viewed confirmed that prior to treatment; patients were assessed for their medical fitness by registered nurses and health care assistants. Assessments included blood pressure, pulse, and temperature. Checks for heart conditions, diabetes, asthma, epilepsy, history of thrombosis and allergies were recorded.
- Staff had to indicate whether a patient needed to be referred and used pre-existing guidelines. If a patient's body mass index was higher than 35 they were referred to the NHS for further treatment. All ectopic pregnancies were referred for further treatment. Other further investigative assessments were made to the patient's GP after the patients consent had been obtained.

Termination of pregnancy

- At the patient's initial assessment a blood test was taken to show the patients Rhesus factor. It is important that all patients with a Rhesus negative blood group receive treatment with an Anti-D injection. This treatment protects the patient from any future pregnancy complications. All records we viewed showed this had happened.
- With the patients consent, other relevant blood testing was taken which included chlamydia, HIV, and haemoglobin level testing. Patients were offered screening tests for sexually transmitted diseases.
- The World Health Organisation (WHO) Five Steps to Safer Surgery Checklist is a recommended practice for staff to follow for every surgical activity. These are safety steps staff are expected to follow prior to, during and after surgery, to check patient safety throughout their surgical pathway.
- The centre followed three of the five steps to safer surgery, sign in, time out and sign out. The brief and de-brief steps were not followed. We did observe the counting of patient swabs after two procedures.
- The WHO surgical safety checklist was completed on paper form. We saw no electronic recording of this on the patient's records.
- The WHO surgical checks were not followed for vasectomy procedures.
- We observed staff checking and confirming the patient's identity and medical fitness prior to treatment.
- A registered nurse monitored patients post-operatively in recovery until they were fit for discharge. Patients had observational checks including blood pressure, heart rate and monitoring of pain and were not discharged to the day ward until the nurse was fully satisfied of their condition.
- We observed three patients transferred from the recovery area adjacent to the theatre to the recovery ward. Twice the recovery nurse had to inform theatre staff they were not ready to accept the next patient as they were still attending the recovery of another patient. The staff informed us that at times they felt they were being rushed, due to the busy theatre list but felt confident to tell the surgeon and anaesthetist they were not ready. However, staff we spoke with said there was not enough time between patient treatments and they felt under pressure to perform their duties.
- The number of women who underwent a surgical abortion and who were correctly and appropriately VTE risked assessed in the last 12 months on average was 87%. The centre manager explained the figure was low due to staff incorrectly completing forms, for example, not signing the form. During our inspection, we noticed the new centre manager had placed importance on VTE assessments, by discussing the topic in staff meetings and displaying a VTE assessment reminder on a white board near the staff area for staff to see.
- At the time of our inspection we were told by several members of staff, there was no formal transfer agreement in place with a local NHS hospital should a patient require further assistance. Since the inspection, information provided showed there was a formal transfer policy in place with a local NHS, trust should the patient deteriorate to an extent where they required further assistance. Staff were aware of processes to follow if a patient deteriorated. The organisation had a policy and procedure for escalation guidance. Staff told us they would first contact the clinical practitioner and then emergency services. In cases where the senior clinical practitioner was not present staff would call emergency services and all patient observational check details and medical history would be given to emergency staff. The discharge process was seen to be nurse led and staff we spoke with were able to tell us of the escalation process should a patient require further assistance.
- Staff told us senior clinical practitioners including the anaesthetist often left the premises before patients were fully discharged, including those under the age of 16 years. This meant the centre was regularly left unattended without any advance life support (ALS) staff, as anaesthetists were the only staff members trained in ALS. Registered nurses were intermediate life support trained and health care assistants were basic life support trained.
- In the past 12 months, two patients had been transferred to other healthcare services.

- Staff in the first and second stage recovery wards monitored patients vital signs. These included, blood pressure, temperature, heart rate, and respiratory rate checks. Respiratory rates checks had only been recently introduced as part of the observation checks by the new centre manager. Records we viewed showed observations were routinely made at regular intervals.
- Patients were not discharged until they had passed urine.
- There was a regular audit programme, which included, hand hygiene, infection control, medicine management and record keeping. Results were compiled centrally for benchmarking so recommendations for improvement could be made.
- If the centre needed to contact the patients GP, they needed to gain consent from the patient. If this consent was, denied women were given a letter to give to a health care professional in case of complications.
- For those patients who were unsure of their decision, staff encouraged them to seek counselling and re-booked appointments to ensure the patient had made a firm decision before proceeding with treatment.

Nursing and health care staffing

- The centre manager told us after staff had received the appropriate training, they were able to work in the different areas of the centre, from consultation to working in the theatre. We were told there were three anaesthetist trained nurses to support in theatres. According to the training matrix we viewed, the nurses had received the training in 2013. However, we were unable to establish what level of training they had received.
- By training staff to work in different areas, enabled the centre to have flexibility in covering the service requirements. Staff were therefore able to work in all areas covering sickness and providing cover at the satellite clinics.
- Registered nurses covered the satellite clinics, sometimes assisted by a healthcare assistant.
- The service employed eight registered nurses (5.6 full time equivalents) and five bank (1.5 full time equivalents). At the time of our inspection, there were no vacancies.
- The total number of shifts of agency cover for registered nurses in the last three months was 28.
- Six healthcare assistants (HCA) worked for the centre. Their role included consultations with patients, providing information on treatments, taking ultrasounds to determine gestations dates and gaining consent for all patients including those under 16.
- Non-clinical staff planned staff rotas centrally. Local managers did not have input into the staffing for their centres. Rotas were managed centrally across the London region. The provider informed us that there were weekly calls with the local managers and central rota team to discuss staffing. However, we were informed there were occasions that occurred where the team were having to phone the central team to make changes to the rota when there were changes at short notice. This impacted upon the delivery of the service and was raised as a risk to us by staff management.
- Staff told us they were frustrated with the last minute changes made to their rosters. Changes were often made the day before in the late afternoon. Staff said this often caused difficulties with finding child cover.
- The centre manager said problems often arose with the business centre rostering staff to areas where they had yet to receive training. This resulted in the manager having to converse at a late stage with the business support team to rearrange plans.
- A general lone worker policy and risk assessment was in place for those staff who worked at the satellite locations.

Medical staffing

- The service employed three doctors (0.9 full time equivalents) and five bank staff (0.8 full time equivalents).
- At the time of our inspection, there were no vacancies.
- There were no shifts of agency cover for medical doctors in the last three months.
- Surgeons were employed by MSI under the direction of the organisational lead surgeon who carried out their appraisals. Their internal processes for monitoring licences to practice were kept centrally.
- A surgeon and anaesthetist were present during all surgical activity.

- Anaesthetists worked on a sessional basis under practising privileges.

Major incident awareness and training

- The service had a contingency business plans in place in case of an emergency. Staff were aware of emergency and evacuation procedures and the actions to take in such events.
- There was an emergency backup generator at the location that was regularly tested although we did not see the records to confirm this.

Are termination of pregnancy services effective?

We found an effective service was not always provided. This was because:

- Required Operating Standards (RSOP) 16 'Performance Standards and Audits was not fully adhered to. The organisation did not routinely collect data for all the subjects listed under RSOP 16.
- Staff we spoke with did not have a full understanding of the Mental Capacity Act (2005). Although small booklets were available to staff, they did not receive training from the company.

We found, however:

- Organisational policies were accessible for all staff including bank and agency and care was provided in line with national guidelines.
- Surgical patients were offered the appropriate pain relief in a timely manner.
- Precautionary antibiotics treatment and post abortion contraception was provided in line with local guidelines.
- Patients were able to access a 24-hour helpline, seven days a week.

Evidence-based care and treatment

- Required Operating Standard (RSOP) 9 relates to the gestational limits with respect to termination. We were told the maximum gestational age accepted for termination was 23 weeks and six days. The service prescribes and administers abortifacient medication for early-medical abortion, that is where a pregnancy is up to nine weeks and three days gestation. They also provided early surgical abortion, up to 14 weeks gestation, offering no anaesthesia (up to 11 weeks gestation), sedation or general anaesthesia, according to the patients choice and needs. Surgical abortions were undertaken under general anaesthetic where the gestation was between 14 and 23 weeks and six days. Late surgical abortions were performed from between 20 and 23 weeks and five days. Professional guidance indicates two main surgical methods for TOP, which includes; vacuum aspiration, recommended at up to 15 weeks gestation and dilatation and evacuation (D&E), which is recommended where gestation is greater than 15 weeks.
- Staff were able to access company policies through the MSI intranet and hard copies kept at the centre. Team meetings and centre closure days were held to enable the organisation to keep up to date on the latest guidance.
- NICE guidance on strategy, policy and commissioning on HIV testing and prevention (2014) suggests staff directly involved with testing for HIV should be able to conduct post-test discussions, including giving positive test results. Staff had no training for this.
- All patients were treated with prophylactic antibiotics to prevent infection in accordance with local and national guidelines.
- If patients needed to contact the service for support, this was provided in the form of a 24 hour helpline. We were told this service was maned by a registered nurse, provided corporately.
- Blood was tested at the initial assessment to determine Rhesus factor and Anti-D immunoglobulin administered to clients who were found to be rhesus negative. This was in accordance with RCOG guidance 6.7.
- In line with RCOG guidance, the centre offered patients early medical abortions with a six, 24, 48 or 72 hour delay between the two procedures.
- Patients undergoing medical terminations were given a pregnancy test kit to take with them and complete four to five weeks after treatment. This was to determine if treatment had been successful. Patients were asked to contact the MSI after care line if they had concerns or a positive pregnancy test.
- If patients consented to Long Acting Reversible methods (LARC) contraception, they were offered the devices at the same time as their treatment.

Termination of pregnancy

- Discharge support was provided to all patients in the form of a 24-hour helpline should they feel the need to contact the service. We were told a registered nurse covered this service.

Pain relief

- Non-steroidal anti-inflammatory drugs (NSAIDs) were usually prescribed both before and after treatment and were recorded in the patient's records.
- A pain score tool was not used or recorded on the patients records. However, staff we observed were attentive to patients needs and frequently asked them if they were in pain and needed pain relief. The pain relief medication administered was recorded electronically.
- Patients were given advice on discharge regarding the type of pain relief to take.

Patient outcomes

- The centre was unable to provide evidence of how they benchmarked themselves against the Department of Health abortion statistics. They were unable to provide outcome results on all the subjects in place under RSOP 16 'Performance Standards and Audit', as they did not routinely collect the data. For example, no audits were completed for the number of women who had repeat abortions and whether they had left the service with suitable contraception and the availability of a female doctor for women who wished to consult with a woman. Information for the number of women who have had repeat abortions has since been provided but was not available at the time of our inspection.
- We saw from incident data January 2016 to May 2016 there were 25 incidents of retained products of conception. Four of these occurrences were due to simultaneous treatment, which had since been stopped. In the same period, there were ten incidents of ongoing pregnancy related to simultaneous treatment.
- The service performed 5177 surgical terminations and 1864 medical abortions between May 2015 and April 2016. 260 vasectomies procedures were performed in the same period.
- Did not proceed rates for the months of March 2016 were 17%, April 2016 19%, and May 2016 they were 20%. These numbers were also converted into rates, which allowed the service to trend against previous results.
- Patients undergoing a medical abortion were asked to take a pregnancy test four to five weeks after their procedure. The centre provided women with two pregnancy tests to take home with them. They were asked to contact the 'One Call' centre, whereby they were invited back to the centre if they had any concerns.
- Individual staff members were set key performance indicators (KPI's) against the patient's uptake of contraception. Monthly targets were set. MSI West London had the highest Long Acting Reversible method (LARC) rate uptake in London, at 60% exceeding their target of 50%.
- Since March 2016, the centre had regularly exceeded their target of 70% of patients receiving sexual health screening during their care. They had reached a target of 95-100%.
- The centre held regular team meetings to discuss patients' care and the correct procedures to follow for the best possible outcomes.

Competent staff

- The induction programme for new staff included three days at the 'One Call' centre covering health and safety, human resources and listening in to patient calls. New staff completed the necessary training.
- Both registered nurses and health care assistants performed ultrasound scans. We were told but did not see any evidence that staff undertook in house training and assessment of competence in ultrasound scanning. For accreditation, staff were required to take 100 trans abdominal scans for the first trimester of pregnancy. For the second trimester, 15 transabdominal scans and 25 transvaginal scans. We were told training had been provided by Birmingham University, and they were mentored and assessed by the 'head of scanning'. We did not see any formal evidence to corroborate this.
- We noted from the senior management team (SMT) minutes of 23 March 2016, discussions took place on recommendations for Ealing HCA's to become scanning mentors.
- HCAs were trained to carry out consultations, take consent, scan, and perform point of care testing.
- The centre manager told us that as part of staff training in clinical areas, staff members were mentored in

contraceptive provision and counselling by existing staff and given informational leaflets to read on all forms of contraception but this was not a structured learning course. All registered nurses underwent training to become certified by the Faculty of Sexual and Reproductive health to fit subdermal contraceptive implants. Part of the training involved completing e learning by the Faculty and sitting an electronic knowledge assessment, which included not only implants but also all forms of contraception, as well as sexually transmitted diseases and other aspects of sexual health. We saw no evidence of this training during our inspection.

- RSOP 14: Counselling states; all staff who offer counselling should be trained to diploma level. We were told counsellors were trained to level four and five in professional counselling and all were members of the British Association for Counselling and Psychotherapy. They all renewed their memberships annually; however, we did not see any evidence to support this.
- Information received prior to our inspection told us the proportion of nurses who had undergone an annual appraisal for the last full appraisal year (December 2015) was 20%. The new centre manager told us the appraisal rates were being rectified for the current appraisal year, whereby staff would receive two appraisals in June and December 2016. Staff were able to meet every six to eight weeks with their line manager to discuss any issues or concerns. Appraisals were based on the organisations values, goals, and personal development.
- The lead surgeon managed surgeons' appraisal and revalidation centrally. We were told all surgeons had received an annual appraisal. The centre manager and other staff who worked closely with the surgeons had no input or involvement in the appraisals. The centre manager was unable to tell us what checks or training agency staff completed as this was managed centrally. Nurses we spoke with were aware of revalidation. They told us MSI would provide support but it was not centre driven and it was the nurses own responsibility to ensure they were up to date.

Multidisciplinary working (related to this core service)

- All staff had a clear understanding of their roles and responsibilities and how to work as a team. During our inspection, we observed clinical and non clinical staff interacting well with each other and respecting each other's roles.
- The service had links with local authorities, safeguarding teams and GP's to support their service.
- Senior clinical practitioners had their own doctors' meetings and did not attend the centre's team meetings. We did not see any of the minutes for these meetings.

Seven-day services

- The Ealing location did not operate seven days a week, but patients had access to the Marie Stopes International 24 hour helpline in line with RSOP guidance number three on 'post procedure'.
- The centre was open five days a week. From the middle of June 2016, the centre was opening another full day, offering patients access six days a week.
- The satellite centres were open six days a week.
- There were no plans to offer a seven-day service at the centre.

Access to information

- Patients were provided with a contact number for the 24-hour call centre, One Call. They were able to get guidance and access to healthcare professionals.
- Patients were handed discharge information, which gave advice on their treatment and recovery. In line with RSOP 3: Post procedure, the booklet gave the 24-hour advice line number.
- Staff were able to access the company's policies and procedures kept in the centres main office.
- Staff had access to relevant guidelines, policies, and procedures in relation to termination of pregnancy services.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The organisation had consent policies and guidelines in place for staff to follow. Nurses and HCA's were able to obtain consent. We were told staff had undertaken consent training and were observed for competency for

consent and assessed against a number of standards. These included record keeping, understanding the needs of patients and an understanding of medical and surgical treatments.

- All care records reviewed contained signed consent forms. Records were audited and monitored to ensure staff were following correct company policy and procedures.
- Selections of consent forms were available, such as surgical abortion treatment, vasectomy treatment, and Depo-Provera injection. Each consent form was tailored so that patients were made aware of the risks involved.
- We saw the anaesthetist and surgeon check the patient's records and consent form before treatment. The registered nurse checked the consent form and signature with the patient and the surgeon verbally confirmed the procedure with the patient.
- Staff used the under 16 pro-forma for consent and to determine if the patient was competent using the Fraser guidelines for Gillick competency.
- Staff told us patients under 16 who attended a satellite service and had not received face to face counselling, would not be allowed to proceed with treatment until they had this.
- Staff did not use the new under 16 pro-forma form for consent, devised in April 2016 and which was attached to the organisations updated children's and young person's safeguarding policy. Staff still used the old pro-forma form. The centre manager informed us the new form was still undergoing the implementation stage.
- Staff told us if a patient had a learning disability, they would check their ability to understand and make informed consent decisions. If staff were unable to determine consent, the patient would be referred to the NHS hospital or their GP.
- The monitoring of consent was undertaken in the medical records audit but was not audited separately.
- The Mental Capacity Act (MCA) was discussed at staff meetings and a small pocket booklet was published for staff, giving guidance on MCA issues but no formal training was given.

Are termination of pregnancy services caring?

By caring, we mean that staff involved and treated people with compassion, kindness, dignity, and respect.

- Staff we observed treated patients attending for consultations and treatment with compassion and dignity.
- Staff we observed were non-judgemental and gave patients time to consider their options.
- Women told us staff had been kind, caring, and considerate of their needs.
- Support groups and counselling services were available for patients to contact.

Compassionate care

- Staff we observed were kind and polite to women throughout their pathway of care. We observed compassionate care towards patients during consultations, in theatres and in recovery wards.
- Patients we spoke to found staff kind, non-judgmental, and attentive to their needs.
- A recent patient satisfaction report from January to March 2016 showed 95% of patients found the service good or excellent. However, we were not provided with details of the response rate for this figure. Comments from patients included "staff were kind and caring", "they were attentive to my needs," and "I felt very well supported".
- We reviewed 57 patient comment cards provided prior to our inspection. Patients were positive about the care they received. Staff offered a good service and treated patients with dignity and respect. Negative comments related to lengthy waiting times.
- The vasectomy service was held on a separate day to the termination of pregnancy services. This meant men and women did not meet during their treatments.
- We observed staff ensuring patients dignity was respected by covering their legs and body with sheets and gowns when the patient was unable to do so.

Termination of pregnancy

Understanding and involvement of patients and those close to them

- We found staff explained to patients the available methods for termination of pregnancy, whilst considering gestational age and other clinical requirements.
- Women were not told of the statutory requirements of the HSA4 forms and where they were sent.
- Staff we spoke with told us if they felt a patient was unsure of treatment, they would advise them to seek counselling. Staff explained to us that the patient's decision was always their priority.

Emotional support

- Emotional support was offered to patients at the initial consultation and was available throughout their pathway of care. Staff were able to determine the level of support women required. This ranged from counselling to safeguarding and access to other supportive groups.
- Counselling was provided on site two days a week for face-to-face discussions and women were able to contact counsellors by telephone at other times to suit their requirements.
- Women under 16 were required to have a face to face counselling appointment prior to treatment.

Are termination of pregnancy services responsive?

We found staff needed to make improvements in order to provide a fully responsive service. This was because:

- Patients were not offered information throughout their pathway of care on information for disposal of pregnancy remains. This is not in line with the Human Tissue Authority published guidance of March 2015 and the Royal College of Nursing guidelines, which states, women should be provided with information and choice before their treatment.
- Patients awaiting surgical abortions were frequently delayed due to the late start of the theatre list. This was often due to the late arrival of senior clinicians.

However

- Patients were generally able to choose their appointment times and the location of their choice.
- The service was accessible for advice 24 hours a day, seven days a week.
- Translation services were available and the service had a good working relationship with local interpreters.
- There were good accessible services for those patients with disabilities.
- Complaints were managed centrally in accordance with MSI policies. Lessons learnt from complaints were shared during local team meetings.
- The service was easy to access using public transport.

Service planning and delivery to meet the needs of local people

- Marie Stopes had a dedicated team who pro-actively monitored and managed capacity on a daily basis via their wait times monitoring system. Internal targets indicated surgical appointments were available within three working days, and medical abortion appointments within one working day.
- To meet a surge of increased demand, we were told staff were multi-skilled and were able to work at various locations. Bank staff were available to meet unplanned and planned staff absences.
- Services were planned with cooperation and discussion from Clinical Commissioning Groups (CCGs). This was in accordance with RSOP 7: The Care of Clients Requesting Induced Abortion, which states, local strategies should provide patients and healthcare professionals with information on access including self-referral.
- In 2013, Marie Stopes was approved as a provider on an Any Qualified Provider (AQP) basis in London. This covered their CCG contracts for Ealing, Hounslow, Hillingdon, Hammersmith and Fulham, Brent and Harrow. All other CCG contracts feeding into West London were on a shared basis with other providers.
- The west London centre was open five days a week with plans to open Thursdays from mid-June 2016 to meet patient demand.
- The six satellite clinics offered access six days a week and women had the option of choosing the location they wished to visit.

Termination of pregnancy

- The centre was easily accessible by public transport and the satellite sites were located in GP surgeries or medical centres providing easy access to the local communities. Men could attend the Ealing service for vasectomy treatment on alternative Tuesdays. No other clinics operated on those days so men and women received their treatments separately.

Access and flow

- Marie Stopes International provided a 365-day service 24 hours a day. Patients were able to contact their 0345 number whereby they were offered a choice of times and suitable locations for their visits.
- RSOP 11: Access to Timely Abortion Services indicates women should be offered an appointment within five working days of referral and should be offered the abortion treatment within five working days of the decision to proceed. Records we viewed confirmed this happened.
- MSI Business Support Team provided daily reports on wait times and these were disaggregated by treatment type and gestation. Any wait times beyond three working days for surgical procedures and one working day for medical treatment was highlighted and centre lists were modified to create an appointment for the patient.
- Within the last 12 months, no patients waited longer than 10 days from first appointment to termination of pregnancy.
- Patients awaiting surgical abortions were frequently delayed due to the late start of the theatre list. On 48 occasions for the period March 2016 to May 2016, the theatre list did not start on time at 8.30am. Of these 48 occasions, 19, were due to the senior clinicians arriving late. Other delays were due to staff sickness, staff rota problems, and patients arriving late. Theatre nurses we spoke with felt pressurised to 'catch up' during the day and often did not have their lunch break until late. Concerns have been raised to central office and the regional team but at the time of our inspection, the issues had not been addressed. Senior clinicians were not managed locally, and therefore the centre manager was limited in their ability to resolve the problem, other than refer to the regional team.
- Patients had 15 minutes for their consultation appointments. During this time, staff discussed treatment options, consent, confirmation of pregnancy gestation by ultrasound scan, point of care testing for rhesus status, sexually transmitted infection screening, arranging an appointment for treatment, administration of medication and administration of contraception if required.
- Staff told us they would prefer longer consultation appointments, as although they gave patients the time they required they were aware this affected patients who were waiting.
- MSI employed doctors were able to access patients records remotely, in order to approve treatment in line with legal obligations, and to sign the HSA1 form. This afforded more flexibility, in that doctors met patient demand at more than one location without having to be present.
- Staff told us sometimes patients had to wait for the HSA1 form to be approved and on occasion this took up to two hours. This had an impact on the waiting areas, especially in the small Early Medical Units where there was limited space.
- The service was easily accessible by public transport and was supported by good local community services.

Meeting people's individual needs

- Patients were provided with a personal pin number for staff to use to confirm identity and to maintain confidentiality.
- Patients were provided with a 15 minute private consultation where treatment was discussed and any concerns were raised. During the 15 minutes, as well as treatment discussions, staff had to discuss contraception methods, take an ultrasound, and take the relevant blood tests. At times, during our observations consultations seemed to be rushed.
- Staff told us that following a private consultation vulnerable patients were asked to attend the service with a friend or advocate who would be allowed to stay with them throughout their treatment pathway, depending on the wishes of the patient.

Termination of pregnancy

- Patients were offered a translation service from their initial point of contact. The centre had an established service and a good relationship with the translators. During our observation, we were able to see a translator attend to the patient's needs.
- There was no provision of a female doctor at the centre. A female staff member was present at all stages of the patient's pathway.
- Staff we spoke with told us patients with severe learning difficulties were referred to their GP or the NHS for further treatment. Good arrangements were in place to escalate unsafe patients to the Local Authority or Police.
- The vasectomy clinic ran every other Tuesday. The clinic was kept separately from the women's clinic and a separate theatre and recovery area was used.
- The treatment unit was accessible to wheelchair users and disabled toilets were available.
- Staff we spoke with told us patients under the 16 years of age were provided with compulsory face to face counselling before they were able to proceed with treatment. This was to ensure they were fully aware and informed of their decisions. The records we viewed included information made by the counsellor prior to patient treatment.
- Leaflets were available for a selection of topics, ranging from guidance on ectopic pregnancy to advice on Sexually Transmitted Diseases (STIs). All leaflets were in English with no alternative languages to accommodate those patients who did not have English as a first language.
- The Human Tissue Authority published guidance in England, Wales, and Northern Ireland in March 2015 for practitioners to follow, regarding the handling of pregnancy remains following pregnancy loss or termination.
- The guidance states that should a woman prefer not to make a decision about disposal, she should be told of what method of disposal will be used. The woman's decision as to whether she wishes to discuss the options should be respected at all times, but she should be made aware that information is available to access.
- There was a corporate policy, which described the standard process for the management of fetal tissue.
- Staff told us information would be given to the patient on the options for fetal disposal, but only if they requested it. If a patient requested information, a leaflet was provided that gave detailed guidance. There was no literature visible to women providing information on this issue. There was no awareness within the centre of the Human Tissue Authority guidance and the importance of considering the needs and wishes of women and providing information prior to treatment.
- Abortion protestors were continually present outside the premises. Patients were informed of their presence when they initially contacted One Call. The centre ensured the main entrance was secure and access was only allowed from the authorisation of reception staff. CCTV cameras were positioned so staff were able to see the outside environment. Staff told us protestors were mainly peaceful, but they would contact the police if they felt it was necessary.
- The wards were suitably laid out, although the recovery chairs were very close to each other, limiting patient privacy.
- The centre did not offer the provision of a female doctor for those women who wished to be treated by one.
- In the last 12 months, no patients waited longer than 10 days from first appointment to termination of pregnancy.
- The centre provided two private purpose non-clinical rooms, where women, including young and vulnerable adults could be taken to if they preferred privacy. Counselling was provided on a one to one basis for all young women under the age of 16.
- Translation services were offered to patients who did not have English as a first language. We observed a translator with a patient in the recovery ward. The translator stayed with the woman throughout their pathway of care from initial consultation to discharge.
- Records we reviewed recorded the discharge support available, including the 24-hour telephone support service.

Learning from complaints and concerns

- The service received 11 complaints in the last 12 months. Information provided told us there were two upheld.

- We viewed the complaints register for west London. Details were taken of the patient's date of complaint, the date of their procedure, the nature of the complaint and the outcome. The centre manager said complaints were discussed in team meetings and issues were discussed to encourage staff engagement. Minutes from the 31 May 2016 team meeting showed that a failed procedure complaint was discussed amongst staff. Discussion involved what improvements could be made in the future.
- Issues could be raised via the client feedback questionnaire. The centre manager dealt with patients concerns on a one to one basis or via the telephone, if the issue was raised before the patient left the premises.
- The centre recorded patient verbal concerns on the central electronic system and a client feedback book. For issues that were more complex the patient was encouraged to write, so a full investigation could be made centrally.
- One Call complaints were put through to the central manager for local resolution. The complaints and actions required were logged on to a specialised spreadsheet to ensure follow up was made.
- Staff told us they would deal with patient concerns if they were raised and knew how to escalate the complaint if needed

Are termination of pregnancy services well-led?

We found the service was not well led:

- At a national and corporate level, we found that the service was not well led. CQC have issued a warning notice to the service regarding the need for immediate improvements to its leadership, governance, management of incidents and risks, compliance to RSOPs and the competence of its managers in local centres.
- The hierarchical structure of the organisation meant local managers were limited in decision making and the leadership of the service was not always clear.
- The manager of the centre had not received the relevant training and support to fully lead the service.
- There was a clear strategy and vision, but not all staff were fully engaged in the organisation's corporate goals.
- The medical practitioners did not attend local team meetings.
- Not all risks indicated by the centre manager were listed on the local risk register.

However;

- Patient feedback demonstrated they were happy with the service provided at the centre.
- Marie Stopes west London had been selected to become the MSI Centre for Excellence. They had yet to start as a centre of excellence but the idea was to become, a model centre that will serve additionally as a nurse training academy and a hub of research.
- Staff we spoke with found the new centre manger approachable and supportive with an open door policy.

Vision and strategy for this this core service

- The organisation had clear defined values and goals to deliver high quality care. The senior managers at the centre were clear in their strategy and the vision of the organisation.
- The service shared the values and objectives of the organisation with staff and they had a general understanding of the overall strategy but were not so fully engaged in the corporate goals.
- In 2015 Marie Stopes west London was selected, but had yet to become the MSI Centre for Excellence, a model centre that will serve additionally as a nurse training academy and a hub of research. The centre was currently undergoing major building works to accommodate this.
- Legislation requires all non-NHS locations, must have approval from the Secretary of State to carry out terminations of pregnancy. The certificate of approval was on display in the reception area at Ealing, as required, as well as in the satellite locations visited.

Governance, risk management and quality measurement for this core service

- MSI Ealing had Department of Health (DH) certificates of approval were displayed in the reception area.
- The centre had an integrated governance framework. This comprised of a corporate central governance

committee and local integrated governance committees to oversee risk and quality management. Although there were local, meetings at different levels, it was clear that information sharing and escalation processes were disjointed with no clarity throughout the organisation. We found at a national level that there were poor governance arrangements.

- We were unable to establish if there was local management representation at such meetings, for example infection prevention control (IPC) and clinical lead meetings.
- We were told national clinical governance reports were cascaded to the central governance committee. We viewed minutes from the April 2016 meeting, which showed topics discussed included incidents, complaints, risk register, medicines update the update of new policies. Minutes from regional manager meetings, steering committee and clinical lead meetings were discussed. The organisation monitored processes, which enabled them to measure risks and quality of the service. Information was said to be collected in a number of ways. This was said to include incident reporting and trending and the 'did not proceed' report, which took place at corporate level. This would include for example, surgical complications, failed medical abortions. At a local level, they also identified certain outcomes, for example, did not attend appointment, client flow, LARC, STI, case mix and occupancy. The Ealing centre was performing well with their LARC targets and staff were aware of performance as this was discussed in local team meetings.
- West London MSI held a local risk register. The local management team at west London knew what the top risks were and knew how to escalate any problems that arose. We viewed the local risk register and saw the replacement of the air handling unit was their top risk. We saw there was an action plan with review dates on the register.
- We noted (IPC) was a low risk on their register. In light of what we saw during our inspection in the theatre environment, we would expect IPC to be a high risk, which indicated there was no awareness of the correct guidelines to follow for IPC. We saw risks were discussed in the central governance committee meeting of 20 April 2016.
- Clinical and non clinical staff we spoke with had limited knowledge of the risks listed on the risk register.
- Legislation requires that for an abortion to be legal two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination is met. They must be in agreement that at least one and the same ground is met for the termination to be lawful. The HSA1 certificate is only signed when the two doctors have agreed in good faith that all requirements of the Abortion Act 1967 and Abortions Regulations 1991 have been met. The 30 sets of records we checked showed the HSA1 form had been completed correctly with the reason for termination and the two required signatures.We observed that nurses checked the HSA1 forms were completed correctly
- In line with the requirements of the Abortion Act 1967 and Abortion Regulations 1991, the medical records audit process, evaluated compliance with the arrangements to ensure two medical practitioners signed the HSA1 certificates of opinion. The medical records audit of February 2016 indicated 100% compliance with HSA1 form completion.
- The HSA4 form showing data were completed appropriately and sent electronically on time to the Department of Health. The centre's electronic system automatically flagged any errors on the HSA4 forms. Any errors that were not caught electronically were returned in paper form for correction.

Leadership

- The west London centre was set up as a hub with spoke model with six satellite clinics. The west London centre manager was in the process of registering with the CQC to become the registered manager.
- The centre manager supported by a clinical team leader, operations team leader, and clinic controller led the management team at West London. The team were new and had recently been appointed to their roles at MSI. They were still adjusting to their roles during our inspection.
- A regional manager from central office visited the West London centre to provide support to the local management team.
- Staff gave us positive feedback on the new management team.

- Staff told us the new centre manager was very approachable, visible, and supportive and had an open door policy. Staff said they were able to approach them with concerns.
- Local managers understood the challenges staff faced. The centre manager expressed concern that staff morale was low due to the constant last minute changes to the staff rota. As staff rotas were managed centrally, the manager was frustrated that they were unable to support the staff.
- The centre manager was motivated, had innovative ideas but had not been given the appropriate training and guidance and was limited in their ability to make change, due to centralised governance.

Culture within the service

- The culture within the service was seen to be top-down and very centralised. This resulted in less local staff engagement and local leadership were restricted in their capabilities to make change.
- The centre manager had little input in managing the clinical service for areas such as, doctors' appraisals, rotas, training, and revalidation. Sometimes the information was not cascaded down locally and during our inspection, the centre manager was unable to provide information regarding appraisal and training competency for doctors as the information was kept centrally.
- Staff showed compassion and kindness to patients. Staff were calm and non-judgemental and recognised termination of pregnancy was a difficult decision for women to make.
- Staff enjoyed working at the centre. They understood their position within the company and were happy with the support they were able to provide women.
- The new clinical operations manager recently introduced a 'culture of reflective practice'. Staff were asked on a monthly basis to reflect on their own individual practice and that of the centre as a whole. This involved a staff team meeting whereby staff reflected back on a particular specific patient or incident and related their learning to either the nursing code of conduct or MSI core values. The purpose was to share experiences and see if improvements could have been made.

Public engagement

- Patients were provided with a client satisfaction questionnaire, which contributed to a quarterly report produced by an external company. Results from January to March 2016 showed the centre scored good or excellent overall. Feedback showed 95% of patients were satisfied with the service they received. Patients were happy with the professionalism, competence, and amount of time they were given. Concerns were flagged by the regional office and cascaded down to local locations where issues were discusses in the team meeting.

Staff engagement

- A staff awards scheme was operated throughout the organisation and staff were able to nominate other staff members who would be recognised nationally throughout the organisation.
- There had been a regional conference in December 2015, where staff met other members from other locations. They were able to share issues and concerns and engage in discussions on policies and procedures.
- An internal staff magazine provided the organisation with an opportunity to feedback important staff issues and allowed staff the chance to raise their concerns.
- The organisation held staff awards, whereby staff were able to nominate a member of staff they felt the company should be proud to employ.

Innovation, improvement and sustainability

- The new centre manager had introduced a weekly three key reminders for staff called 'big three'. There were key themes displayed on a white board near the staff area. For example the week we investigated themes on display were venous thromboembolism (VTE) and incident reporting under the title 'if it's wrong, make it right'. The idea was for staff to focus on the themes, making them become more engaged in the topic.
- The centre was undergoing extensive building improvements. Once completed, a training centre hub for staff would be made available, for staff to use from across the organisation.
- The centre had recently introduced a new quiet room, for patients who required more privacy and attention. For example, if there was a safeguarding concern the room could be used to hold private conversations.

Termination of pregnancy

- The west London Ealing centre has the highest rate of long acting reversible contraception (LARC) provision in London. Since the introduction of the new centre manager in March, the target of 50% has been exceeded every week sometimes by 60%.
- Since March 2016, the centre has one of the highest rates of sexual health screening in London. Their target of 70% has been exceeded each month and they have reached targets between 95% and 100%.
- The centre had recently refurbished the roof deck to provide staff with an outdoor area they could use.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- Ensure staff treat and manage the theatre as a sterile environment and wear the correct theatre attire in line with national guidelines.
- Address infection prevention control measures in line with national guidelines, so a consistent approach is adopted amongst all staff.
- Ensure safeguarding level three training is provided in accordance with professional guidance.
- Cascade the new updated safeguarding policies to staff.
- Review the servicing and maintenance policy to ensure staff can clearly see when a piece of equipment was last serviced.
- Make sure a pre-operative briefing and post-operative briefing takes place as part of the World Health Organisation (WHO) 'five steps to safer surgery'.
- Establish a formal service level agreement for transfer of patients who require urgent or further medical intervention from the local hospital.
- Have a clear documented anaesthetist checklist for staff to complete prior to treatment.
- Make sure all staff are aware of the location of resuscitation equipment within the theatre environment.

Action the provider SHOULD take to improve

- Review the policy on disposal of pregnancy remains, to allow patients the information for disposal prior to treatment. This should be in accordance with The Human Tissue Authority's guidance on the disposal of pregnancy remains following pregnancy loss or termination March 2015.
- Make sure the WHO surgical checklist is followed for all vasectomy treatments.
- Make suremedical practitioners arrive on time at the start of the day, so the patient treatment list is not frequently disrupted.
- Make surethe covers on the patient chairs are of a material, which can be cleaned in-between patients.
- Make sure staff at the Hounslow satellite clinic complete and log all daily checks for fridge temperature checks and clinic checks prior to treatment.
- Give staff more advance notice of changes to their roster, to allow staff to make child cover arrangements.
- Allow sufficient time between patient treatments, so staff do not feel rushed and pressurised.
- Train staff directly involved with testing for HIV to conduct post-test discussions, including giving positive test results to patients.

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 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control • Ensure that staff adhere to the dress code policy and follow the correct procedures within the theatre environment. • Staff working in theatres were not following recommended dress code practices as outlined by The Association for Peroperative Practice. Hair was not always covered during procedures. • When theatre staff left the environment they did not cover their theatre uniform with a clean overjacket. • The scrub sink facilities in the theatre were not appropriate. The hand wash basin was not located away from the area containing laid instruments and staff used the same sink where dirty instruments were stored.