

# Marie Stopes International One Call

## Quality Report

Zeta House  
Woodlands  
Bradley Stoke  
Bristol

B32 4JT

Tel: 0845 300 8090

Website: [www.mariestopes.org.uk](http://www.mariestopes.org.uk)

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

# Summary of findings

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# Summary of findings

## Overall summary

Marie Stopes International One Call is the contact centre for Marie Stopes International (MSI). It provides centralised booking and call centre facilities. It is open 24 hours every day of the week, including weekends. It is the first point of call for all patients and makes bookings at the appropriate centre. We inspected the MSI One Call centre as concerns were raised through our inspection of locations and the head office of MSI. We undertook an unannounced inspection of the MSI One call centre on 12 August 2016.

We have not published a rating for this service. CQC does not currently have a legal duty to award ratings for those hospitals that provide solely or mainly termination of pregnancy services. We found that local governance arrangements were in place and that the service was well led at a local level.

### Are services safe at this service

- Staff we spoke with were aware of how to report incidents and were aware of investigations and learning arising from incidents at the centre.
- The environment was visibly clean and had been made safe from trip hazards.
- Staffing was appropriate to the needs of patients calling the centre.
- We reviewed records which were clear and concise.
- Staff we spoke with knew who to approach if they or the patient had a concern.
- Safeguarding training to level 3 for children was not in place at the time of inspection but was planned.

### Are services effective at this service

- Care offered was based on national guidance.
- Pain relief was well managed as part of the telephone assessment and reassurance provided.
- Staff had received training and were assessed as being competent to fulfil the roles that they undertook.
- The service was offered 24 hours every day.

### Are services caring at this service

- Staff put the patient at the centre of care providing a compassionate non-judgemental service.
- Staff respected the confidential and sensitive nature of the service.
- Patients were treated with dignity and respect.

- Counselling was offered to all patients either via telephone or on a face to face basis in the clinics.

### Are services responsive at this service

- Services were planned to meet the needs of patients in that advice, support and booking facilities were available throughout the 24 hour period.
- Calls were answered in a timely manner and redirected as necessary.
- Outbound calls were made within agreed timeframes.
- The centre monitors complaints but we could not be assured that learning had been implemented as a result of complaints made.

### Are services well led at this service

- Senior staff understood the business of MSI and had a good appreciation of working in the call centre environment.
- Local governance arrangements were able to identify issues and resolve these quickly.
- There were systems in place to ensure that calls were handled appropriately through audits and where deficits were identified these were addressed.
- The different teams within the call centre worked well together to support patients using the service.
- Staff within the call centre felt supported by their managers.

Our key findings were as follows:

- The centre was well managed locally and teams within the centre worked well together
- Staff working at the centre put the patient at the centre of care. They experienced job satisfaction from helping women in difficult times.
- Senior managers understood the processes of the centre and were diligent in auditing and monitoring calls to ensure that patients received a good service.

However, there were also areas of where the provider needs to make improvements.

In addition the provider should:

- Review the level of safeguarding training to ensure that staff can fulfil their roles.
- Review the use of others to translate for patients to ensure best practice.

# Summary of findings

**Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

- Staff we spoke with were aware of how to report incidents and were aware of investigations and learning arising from incidents at the centre.
- The environment was visibly clean and had been made safe from trip hazards.
- Staffing was appropriate to the needs of patients calling the centre.
- We reviewed records which were clear and concise.
- Staff we spoke with knew who to approach if they or the patient had a concern.
- Safeguarding training to level 3 for children for all staff was not in place at the time of inspection but was planned.

### Are services effective?

- Care offered was based on national guidance.
- Pain relief was well managed as part of the telephone assessment and reassurance provided.
- Staff had received training and were assessed as being competent to fulfil the roles that they undertook.
- The service was offered 24 hours every day.

### Are services caring?

- Staff put the patient at the centre of care providing a compassionate non-judgemental service.
- Staff respected the confidential and sensitive nature of the service.
- Patients were treated with dignity and respect.
- Counselling was offered to all patients either via telephone or on a face to face basis in the clinics.

### Are services responsive to people's needs?

- Services were planned to meet the needs of patients in that advice, support and booking facilities were available throughout the 24 hour period.
- Calls were answered in a timely manner and redirected as necessary.
- Outbound calls were made within agreed timeframes.

# Summary of findings

- The centre monitors complaints but we could not be assured that learning had been implemented as a result of complaints made.

## Are services well-led?

- Senior staff understood the business of MSI and had a good appreciation of working in the call centre environment.
- Local governance arrangements were able to identify issues and resolve these quickly.
- There were systems in place to ensure that calls were handled appropriately through audits and where deficits were identified these were addressed.
- The different teams within the call centre worked well together to support patients using the service.
- Staff within the call centre felt supported by their managers.

# Summary of findings

## Areas for improvement

### Action the service COULD take to improve

- Review the level of safeguarding training to ensure that staff can fulfil their roles.
- Review the use of others to translate for patients to ensure best practice.

# Marie Stopes International One Call

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by:

**Inspection Lead:** Fiona Allinson, Head of Hospital Inspection, Care Quality Commission

The team included a further CQC inspector.

### Background to Marie Stopes International One Call

Marie Stopes International performs around 70,000 abortions (both medical and surgical) a year, which

represents around a third of abortions performed in England. Most of these are carried out on behalf of the NHS. CQC inspected Marie Stopes International's registered locations in England during a series of inspections, as part of CQC's planned inspection programme. The MSI One Call centre is the first point of contact with patients and books appointments and deals with enquiries.

### How we carried out this inspection

We reviewed the data provided at other inspections to inform our inspection at MSI One Call. We undertook an unannounced inspection on 12 August 2016. We spoke with the senior members of staff on duty and toured the call centre. We did not speak with patients calling the centre.



# Are services safe?

## Summary of findings

CQC does not currently have a legal duty to award ratings for those providers that solely or mainly provide termination of pregnancy services. However we found:

- Staff we spoke with were aware of how to report incidents and were aware of investigations and learning arising from incidents at the centre.
- The environment was visibly clean and had been made safe from trip hazards.
- Staffing was appropriate to the needs of patients calling the centre.
- We reviewed records which were clear and concise.
- Staff we spoke with knew who to approach if they or the patient had a concern.
- Safeguarding training to level 3 for children was not in place at the time of inspection but was planned.

## Our findings

### Incidents

- Staff we spoke with were aware of the incident reporting process. We spoke with staff who were able to identify incidents that had occurred within the call centre and they were able to describe the learning which had been implemented from these incidents. Whilst on inspection the telephone system suffered an issue where calls were dropped. A back up system was quickly identified and calls were resumed. This was reported as an incident through the incident reporting process.
- Staff we spoke with were able to provide examples of the types of incidents they would report. In general these were accidents to staff as no clinical work was undertaken at the centre.

### Cleanliness, infection control and hygiene

- No clinical interventions were conducted at the MSI One Call centre.

### Environment and equipment

- The environment appeared visibly clean. It was well laid out with different sections for individual teams.
- Each operating area was clean and tidy and cables were secured to prevent trip hazards.
- Headsets and microphones were provided to ensure that conversations were discreet and not distracting to others.

### Medicines

- No medicines were provided at the MSI One call centre.

### Records

- Electronic records, including pre assessment records were maintained for every patient who contacted the call centre.
- Staff working at the centre we spoke with were able to tell us how they maintained the confidentiality of these records.
- Every patient who contacted the call centre was asked for a personal identification number (PIN) and a password. The assisting staff within the call centre to ensure information was only given to the patient who was authorised with the PIN and password.

# Are services safe?

- Records were completed contemporaneously and were legible due to their electronic nature. Legal forms such as the HSA1 forms were generated but not completed for others to complete remotely.

## Safeguarding

- All staff we spoke with had received up to level two safeguarding training. However the call centre manager told us all staff had been put forward to undertake level three safeguarding training and this would be complete by 23 August 2016. All staff we spoke with were aware they were undertaking this training.
- Safeguarding training was at the time of the inspection undertaken every three years. The centre's management was aware that some of this training was out of date and would be reviewed following the level 3 training being implemented.
- All staff we spoke with knew who they should contact if they had any safeguarding concerns.
- A safeguarding record was generated for all patients who contacted the call centre and were under the age of 16 years.
- Although there was a script for staff to follow when patients contacted the call centre to enquire about a termination of pregnancy, the pre assessments screen did not include questions around consent and coercion to sexual activity or lifestyle to identify sexual exploitation, grooming, sexual abuse and power imbalances. However, we were told that this would be assessed by staff in the clinic locations.

## Mandatory training

- Mandatory training was undertaken on an annual basis. All staff we spoke with told us they were up-to-date with their mandatory training. We saw the centres' quality dashboard which reflected that in July 2016 96% of staff were up to date with their mandatory training requirements.
- Mandatory training included Health and safety training, display screen equipment training and assessment, information governance training and fire training. Apart from information governance these were undertaken every three years.
- All call centre staff received a comprehensive induction package lasting five days. This preceded a period of time listening into calls and then taking calls. Staff had the option to visit MSI centres to fully understand the organisation's role and function.

## Assessing and responding to patient risk

- Call handlers received initial calls to the call centre and directed them to either a health care assistant (HCA) or a nurse as appropriate with the aim of ensuring each woman was directed for the correct level of support. We observed a call handler transferring a call to a nurse because the patient had a medical question that could not be answered by the call handler or a health care assistant (HCA).
- At the call centre, women requesting a termination of pregnancy were screened by health care assistants who followed a script which included questions about the patient's past medical history and any conditions that might affect the choices of the patient seeking a termination of pregnancy.
- There was a clinical referral team who made referrals from the HCAs to the remote doctors. This was for patient who had been pre assessed and had presented with a clinical complication that required the input of a doctor.
- Registered nurses provided advice to patients who phone in. The nursing staff ensured that they followed up potential deterioration of a patient's condition by repeated phone calls at agreed intervals. They can refer to doctors for advice or to the patients GPs. If they were concerned about a patient they would be referred to either their own GP or to the local emergency department dependant on the nature of the situation.

## Nursing and non-clinical staffing

- Registered nurses were employed at the call centre and were available 24 hours a day, seven days a week to provide clinical guidance for women as required.
- Call centre staff were employed in appropriate numbers to meet the needs of callers. The lost call rate for the service was below the national average for call centres at less than 1%.
- Counselling staff were employed within the centre to meet the need of patients. There were agreed appointment times with patients and we saw that on the day of inspection patients expecting a call received them within the given time frame.
- Overnight numbers of staff reduced in line with call activity. Every team had at least one member of staff on duty to respond to appropriate calls.

## Medical staffing

# Are services safe?

- Medical support was available remotely Monday to Friday between the hours of 8am to 5pm and Saturday mornings. Doctors were based at different MSI clinics throughout the country. We spoke with a doctor at the Bristol clinic who told us that they had good communication with the MSI one Call centre. The remote doctors had a contract with MSI and their role was to review clients' electronic notes and medical histories prior to signing the HSA1 forms and prescribing medications for medical abortions.

## **Major incident awareness and training**

- Senior staff were aware of major incident planning for their service. The provider had established a decant base should the current office become unusable. This decant base was equipped to ensure that a service could be maintained in the event of a major incident at the MSI One Call centre. However this has not happened in recent years.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

CQC does not currently have a legal duty to award ratings for those providers that solely or mainly provide termination of pregnancy services. However we found:

- Nursing advice offered was based on national guidance.
- Pain relief was well managed as part of the telephone assessment and reassurance provided.
- Staff had received training and assessed as being competent to fulfil the roles that they undertook.
- The service was offered 24 hours every day.

## Our findings

### Evidence-based care and treatment

- The service offered health screening guidance to patients based on national guidance and as set out by clinical commissioning groups.
- Nursing staff received relevant information from professional forums and through attending practice updates.

### Pain relief

- Pain relief was discussed with women as part of their telephone pre assessment consultation. We also heard health care assistants respond to women who had expressed concerns about pain levels.
- Best practice guidelines were being followed as non-steroidal anti-inflammatory drugs (NSAIDs) were being advised for pain control.
- Registered nurses advised patients who were experiencing pain and referred them to the appropriate bodies if over the counter medications were not sufficient to manage their pain.

### Patient outcomes

- As the centre was the first point of contact information about patient outcomes was limited.
- Registered nurses dealt with women who experienced delays in medical abortions. Advice and support was offered in line with clinical guidance provided by MSI and national bodies.
- The centre did not participate in any national audits as these were not applicable to the services offered.

### Competent staff

- All staff we spoke with confirmed they received an induction when they first started employment. This consisted partly of e-learning and face-to-face classroom taught learning, some of which was tailor made and delivered by Marie Stopes international (MSI) trainers and some was delivered by external trainers.
- All staff at the call centre were given a period of supervised practice which enabled them to observe a more experienced call handler responding to incoming calls.
- Required Standard Operating Procedure (RSOP) 14 states that all staff involved in pre assessment counselling should be trained in counselling.

# Are services effective?

## (for example, treatment is effective)

Counsellors were available at the call centre and had been trained to diploma level. They told us they received peer to peer supervision and monthly personal supervision as part of their role.

- All call handlers working at the call centre received a one-to-one meeting where their buddy discussed their performance and gave them an opportunity to raise any concerns. All staff we spoke with confirmed these one-to-one meetings took place. We listened to some recorded calls where senior staff were able to articulate the deficiencies in the call handlers performance.
- Three calls for each individual call handler was reviewed each month. Random calls were selected for review by three different people who would then discuss their individual findings. This was then feedback to the call handler to ensure that their performance was of the expected standard and so that deficiencies could be addressed.
- All staff at the call centre were assigned a buddy who was responsible for monitoring their performance. All staff we spoke with told us they felt they had received enough support and training to undertake their roles.
- All staff we spoke with told us they only undertook the roles for which they had been trained. Staff were not expected to transfer between roles they had not been trained to undertake.

### **Multidisciplinary working**

- We saw good interaction between teams within the centre. Staff knew who to approach to resolve an issue with a patient.

- There was a specific team who dealt with requests to general practitioners or doctors internal to MSI. Staff referred patients to this team to gather further information about pre-existing conditions that patients may have.
- Staff reported good working relationships with individual doctors. We confirmed this when speaking to a doctor at a different centre.

### **Seven-day services**

- The call centre operated 24 hours a day, seven days a week and the telephone number for the call centre was clearly visible on the service's website. RSOP 3 states that women should have access to a 24-hour advice line which specialises in post termination of pregnancy support and care. An aftercare line was available 24 hours per day, seven days a week at the call centre. Callers to the aftercare line could speak to a registered nurse who gave support and guidance.

### **Access to information**

- Remote doctors had full access to the service's clinical record system and could see each woman's medical history, including ultrasound scan reports; however they were unable to access ultrasound scan pictures.

### **Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

- The call centre does not consent patients for treatment. However as part of an improvement programme registered nurses are to complete the eLearning consent package.

# Are services caring?

## Summary of findings

CQC does not currently have a legal duty to award ratings for those providers that solely or mainly provide termination of pregnancy services. However we found:

- Staff put the patient at the centre of care providing a compassionate non-judgemental service.
- Staff respected the confidential and sensitive nature of the service.
- Patients were treated with dignity and respect.
- Counselling was offered to all patients.

## Our findings

### Compassionate care

- We observed interaction between patients and call handlers at the call centre. All staff we spoke with and observed at the call centre displayed a non-judgemental, compassionate and caring manner. They recognised that it was a difficult decision for patients to seek and undergo a termination of pregnancy.
- Staff were polite and helpful to women contacting the call centre, who were treated with dignity and respect. Women were given time to express their concerns.

### Understanding and involvement of patients and those close to them

- Where patients preferred call handlers to speak with partners or those close to them staff ensured that patients gave permission for them to do so through use of the password and pin checking system.
- Staff offered patients options and ensured that they understood the treatments offered to them.
- The centre undertook a patient feedback survey each month. This demonstrated that over 93% of patients were satisfied with the way in which their call was handled. 97% of patients stated that they were treated with dignity and respect.

### Emotional support

- Counselling was offered to all patients regardless of their age and staff, including counsellors, told us that young people under the age of 16 years had to receive mandatory face-to-face counselling.
- Women were entitled to as many counselling sessions as they required prior to making a decision about their termination of pregnancy and they were entitled to six half hour counselling sessions post procedure should they require it. Although women were entitled to six counselling sessions post procedure, a counsellor told us they would continue to support the woman if this was required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

CQC does not currently have a legal duty to award ratings for those providers that solely or mainly provide termination of pregnancy services. However we found:

- Services were planned to meet the needs of patients in that advice, support and booking facilities were available throughout the 24 hour period.
- Calls were answered in a timely manner and redirected as necessary.
- Outbound calls were made within agreed timeframes.
- The centre monitors complaints but we could not be assured that learning had been implemented as a result of complaints made.

## Our findings

### Service planning and delivery to meet the needs of local people

- Services were planned and delivered in a way that met the needs of the population. The service offered flexibility, choice and where possible continuity of care. We observed this when patients contacted the call centre to make appointments.
- The service was open 24 hours a day to respond to meet the needs of patients who were concerned.
- Patients could access the service either via the National Health Service or through self-payment for treatment.

### Access and flow

- Appointments were booked via the Marie Stopes International (MSI) call centre, which provided a telephone booking and information service 24 hours a day, seven days per week.
- Women could self-refer into the service, as well as through other referral routes such as their General Practitioner (GP) or Clinical Commissioning Group (CCG).
- Women were able to choose their preferred treatment option and location, subject to their gestation and pre assessment.
- The contact centre provided a point of contact for women throughout, including post-treatment.
- Patients who wanted to book appointments were given an hour's timeslot in which to expect a call from a call handler. Should the patient not be available two attempts would be made to contact the patient.
- Call waiting times were low and lost calls were below 1%.

### Meeting people's individual needs

- A manager at the call centre told us that translation services were available for women who did not speak English.
- Where patients' first language was not English relatives and friends would be spoken with by call handlers at the patients' request.
- All patients were given a password and pin number to ensure that information was treated confidentially. If they rang in more than once this allowed access to previous calls or concerns.

# Are services responsive to people's needs?

(for example, to feedback?)

- Information was available on the service's website and information booklets could be sent out to women to back up information provided by telephone.

## **Learning from complaints and concerns**

- The centre monitors the complaints it received. The service only received one complaint in the previous year.
- Staff we spoke with were aware of the themes of complaints from patients.
- The centre benchmarked its performance against the MSI centres.



# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Summary of findings

CQC does not currently have a legal duty to award ratings for those providers that solely or mainly provide termination of pregnancy services. However we found:

- Senior staff we spoke with understood the business of MSI and had a good appreciation of working in the call centre environment.
- Local governance arrangements were able to identify issues and resolve these quickly.
- There were systems in place to ensure that calls were handled appropriately and where deficits were identified these were addressed.
- The different teams within the call centre worked well together to support patients using the service.
- Staff within the call centre felt supported by their managers.

## Our findings

### **Vision and strategy for this core service**

- Whilst there was no formal vision and strategy for the service, staff were able to articulate the vision of MSI.
- The senior team at the call centre were actively involved in monitoring and managing new contracts for the call centre.

### **Governance, risk management and quality measurement for this core service**

- The centre supplied a quality dashboard which was sent to head office on a monthly basis. The dashboard contained results of audits, incidents, governance meetings held on site and exception reports in respect of targets.
- Locally, governance meetings were held with senior managers, the service delivery managers and the manager responsible for training. There was a standard agenda used across MSI. Staff we spoke with were able to tell us what was on the agenda and about the outcomes of these meetings.
- All telephone conversations within the call centre were recorded and three calls per call handler were quality assured every month. Staff received a score based on the assessment of their calls and this was discussed in their one to one feedback. We reviewed two recorded calls, one which scored 100% and one which scored 0%. The line manager for these staff was able to tell us about the feedback given to the call handler.
- Staff at the MSI One Call centre do not undertake completion of the HSA1 forms but provide information used to base decisions on.
- A comprehensive script was provided to ensure consistency of information given across all teams at the call centre.

### **Leadership / culture of service**

- All staff we spoke with reported a positive culture within the call centre. All reported they felt supported by their colleagues and by their manager.
- Senior managers spoken to demonstrated that they understood the nature of the business and the effect it could have on staff working at the centre. They provided incentives and rewards for staff to assist in motivating staff.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- All staff we spoke to put the patient at the centre of care. Staff stated that they enjoyed their roles as every day they got to help a woman who was potentially distressed about finding themselves pregnant.