Marie Stopes Birmingham

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

Overall summary

Marie Stopes International Birmingham is operated by Marie Stopes International.

The service provides termination of pregnancy as a single speciality service; We inspected this service using our focused inspection methodology. We carried out unannounced visits to Marie Stopes International Birmingham Centre on 21 June 2019 and 4 July 2019.

Marie Stopes International (MSI) Birmingham Centre, 4 Arthur Road, Edgbaston, Birmingham has five early medical units (EMUs):

- Central Birmingham Early Medical Unit, Suite 204, 2nd Floor, Guildhall Building, Navigation Street, Birmingham,
- Handsworth Early Medical Unit, Soho Road Health Centre 247-251 Soho Road, Birmingham
- Sandwell Early Medical Unit, Glebe fields Health Centre, St Marks Road, Tipton.
- Walsall Early Medical Unit Rushall Medical Centre, 107 Lichfield Road, Walsall.
- Wolverhampton Early Medical Unit, Duncan Street Primary Care Centre, Blakenhall, Wolverhampton.(This was closed at the time of the inspection).

MSI Birmingham Centre (4 Arthur Road Birmingham), Central Birmingham, Handsworth, Sandwell, Walsall and Wolverhampton sites each hold a licence from the Department of Health (DH) to undertake termination of pregnancy services in accordance with The Abortion Act 1967. Services are provided predominantly to NHS-funded patients referred by local clinical commissioning groups, as well as to private patients.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? This inspection focused on the safe and well led domains as a follow up to the previous inspection in July and August 2017 which was published in March 2018. Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. We did not rate this service as this was a focused inspection and the service had not previously been rated.

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

This was a focused inspection of a service which had not previously been rated and therefore was not rated.

Summary of findings

We found the following areas of good practice:

- The service provided mandatory training in key skills to staff and most staff had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it**.**
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer and record medicines. Improvement was needed to ensure safe storage of some medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

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

- Whilst the premises were mainly observed to be visibly clean some areas within the treatment room were found to be dusty.
- We were not assured appropriate stock rotation and monitoring of all medical devices was in place. Not all patient medical equipment was checked as required to meet legal requirements and provide assurance of patients' safety.
- Timely submission of notifications to external organisations was not always undertaken.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, to help the service improve. We also issued the provider with two requirement notices that affected Marie Stopes Birmingham. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy		This was a focused inspection and was not rated. Termination of pregnancy both surgically and medically was the main activity of the service alongside, family planning including long acting reversible contraception and sexual transmitted disease screening and treatment and counselling. Staff were trained to provide advice to confirm pregnancy and its gestation and give patients information about treatment options dependant on their gestation. Appropriate procedures were in place to ensure the requirements of The Abortion Act 1967 and subsequent amendments were met.

Summary of findings

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Marie Stopes International Birmingham

Services we looked at
Termination of pregnancy;

Summary of this inspection

Background to Marie Stopes Birmingham

Marie Stopes International Birmingham is operated by Marie Stopes International (MSI). The service opened in July 2012 and provides both medical and surgical termination of pregnancy. Surgical termination of pregnancy is provided up to 23 weeks six days and medical termination of pregnancy up to nine weeks and six days gestation.

The service is registered to provide the following regulated activities:

Termination of pregnancy

Surgical procedures

Family planning

Treatment of disease disorder or injury

Within the scope of these registered activities Marie Stopes International (MSI) Birmingham offers the following services to patients:

- Pregnancy Testing
- Unplanned Pregnancy Counselling/Consultation
- Surgical Abortion
- Medical Abortion
- Abortion Aftercare
- Sexually Transmitted Infection Testing and Treatment
- Contraceptive Advice
- Contraception Supply

The centre is open five days a week, Monday to Friday 8am to 5pm with some Saturday clinics available during increased demand.

MSI provide services for private patients and NHS funded patients. Patients may self-refer or be referred by a health professional. Birmingham centre treat patients from across the country but predominantly from the local clinical commissioning groups (CCGs).

The service has two registered managers the most recent registered manager was registered on 7 March 2019 .

We last inspected Marie Stopes International Birmingham in July and August 2017; the inspection report was published in March 2018. The previous inspection was undertaken in June 2016 and was published in December 2016. This service was not rated because previously we did not have the legal powers to rate termination of pregnancy services. Following the previous inspection, we issued the provider with a warning notice in relation to Regulation12, Arrangements for the safe care and treatment and Regulation 17 Good governance. We also issued four requirement notices in relation to Regulation 11; Need for consent, Regulation 12, Arrangements for the safe care and treatment; Regulation 17 Good Governance; Regulation 20 Duty of candour. We followed these up during the inspection and found the service was now compliant with Regulations 11,12 and 20. We followed these up during the inspection and found the service was now compliant with Regulations 11,12 and 20. The requirements of both warning notices were met. However, the service was not fully compliant with all aspects of Regulation 17 and 18 and further improvements were required.

Our inspection team

The team that inspected the service comprised a CQC inspector and CQC inspection manager with experience in termination for pregnancy and a specialist advisor with expertise in theatres. The inspection team was overseen by Victoria Watkins Head of Hospital Inspection.

Summary of this inspection

Why we carried out this inspection

This was a focused inspection reviewing the domains of safe and well led only. We followed up actions undertaken by the provider in response to the requirements made following the previous inspection of the service in July and August 2018. As this was a focused inspection of a service which had not previously been rated, the inspection was not rated.

Information about Marie Stopes Birmingham

The main registered location is known as Birmingham Centre. Birmingham Centre provides both surgical termination of pregnancy up to 23 weeks six days and medical termination of pregnancy up to nine weeks and six days gestation, contraception, and sexually transmitted disease screening.

The service has six consulting rooms, four waiting rooms and one treatment suite which includes eight-day care beds, a treatment room and post anaesthetic recovery. If complications arise which require an overnight stay; the patient is transferred to the nearest acute NHS hospital.

Birmingham Centre has five satellite locations which provide medical termination of pregnancy up to nine weeks and six days, contraception and sexually transmitted disease screening. The satellite locations are:

Central Birmingham

Handsworth

Walsall

Wolverhampton

Sandwell

During the inspection, we visited the Birmingham Centre. We spoke with 14 staff including registered nurses, reception staff, medical staff, operating department practitioners, and senior managers. We spoke with eight patients. During our inspection, we reviewed sixteen sets of patient records.

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

Activity (1 March 2018 to 28 February 2019)

In the above reporting period there have been:

- 6,106 medical abortions
- 3,246 surgical abortions (with 123 after 20 weeks gestation)
- No children under 13 years had been treated
- 31 children aged between 13 and 15 years old had been treated.
- More than 98% of all termination of pregnancies were NHS-funded patients.

Eleven registered nurses and eight administration staff worked at the service. Surgeons and anaesthetists are allocated to the service centrally from Marie Stopes International (MSI) head office and are employed either directly by MSI or as sessional doctors (10 doctors have worked in Birmingham from 1 Feb 2018 to 28 Feb 2019). The service has an agency sonographer three days each week. The accountable officer for controlled drugs (CDs) at provider level was the MSI clinical director and at the service level was the operations manager.

Track record on safety (1 March 2018 to 28 February 2019)

Track record on safety

- No Never events
- 285 clinical incidents, 234 no harm, 45 low harm, six moderate harm, zero severe harm, 0 deaths
- One serious incident

Summary of this inspection

- 18 transfers from the location to an NHS hospital
- Zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- Zero incidences of hospital acquired Clostridium difficile (c.diff)
- Zero incidences of hospital acquired E-Coli
- Eight complaints (three were upheld) and 37 informal complaints

Services provided at the service under service level agreement:

- Clinical and non-clinical waste removal
- Interpreting services
- Maintenance of medical equipment
- Sterilisation of equipment
- Water monitoring checks
- Fire alarm and extinguisher checks and maintenance.
- Emergency transfer of patients

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Are services safe?

We did not rate safe as this was a focused inspection and the service had not previously been rated.

We found the following areas of good practice:

- The service provided mandatory training in key skills to staff and most staff had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it**.**
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer and record medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses

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

- Some areas in the treatment room were dusty and did not meet infection prevention and control standards.
- Records did not show the anaesthetic trolley had been checked on 3 May 2019 prior to use to provide assurance of patient's safety.
- We were not assured appropriate stock rotation and monitoring of all medical devices was in place.

Are services effective?

This was a focused inspection we did not review the effective domain.

Are services caring?

This was a focused inspection we did not review the caring domain .

Summary of this inspection

Are services responsive?

This was a focused inspection we did not review the responsive domain.

Are services well-led?

We did not rate well led as this was a focused inspection and the service had not previously been rated.

We found the following areas of good practice:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

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

- The service must notify CQC in a timely manner of all reportable incidents of patient harm under the regulations.

Termination of pregnancy

Safe	
Well-led	

Information about the service

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MSI provide services for private patients and NHS funded patients. Patients may self-refer or be referred by a health professional. Birmingham centre treat patients from across the country but predominantly from the local clinical commissioning groups (CCGs).

The service has two registered managers the most recent registered manager was registered on 7 March 2019 .

Are termination of pregnancy services safe?

We did not rate this domain

Mandatory training

The service provided mandatory training in key skills to staff and most staff had completed it.

- Marie Stopes International (MSI) required all staff to complete mandatory training in a range of topics. Topics included safeguarding vulnerable adults (adults at risk) and children, basic life support, immediate life support, first aid, information governance, display screen equipment, fire safety essentials, fire warden training, fire emergency evacuation and drill essentials, control of substances hazardous to health essentials (COSHH), lone working, equality and diversity, informed consent, infection prevention and control, health and safety essentials, and moving and handling.
- The previous inspection report published in March 2018, identified the service was not compliant with mandatory training although compliance with all levels of safeguarding training was met.
- Information we received before the inspection identified overall staff compliance with mandatory training had improved and was 94%. However, some mandatory training modules did not meet the provider target of 85%, this included WRAP (training for staff to prevent vulnerable people being exploited and drawn into terrorism) 83%, Basic Life Support (BLS) 79%, Immediate Life support (ILS) 56%, Infection prevention and control (clinical) 73%. Senior managers said this had improved further since the submission of the provider information request. Information provided during the inspection identified overall compliance with

mandatory training was now 97% and all training except for ILS (69%) met the provider's target. There were plans in place to ensure those staff requiring ILS training received it.

- Staff told us they had protected time to undertake mandatory training which may be completed either on line or face to face.
- Staff said they received email reminders which identified when mandatory training was due. The email identified dates when training courses were available, and staff were able to book directly onto the course.

Safeguarding

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

- Staff and managers, we spoke with were also able to provide examples of when they had raised a safeguarding concern and told us they felt confident in the process and the way in which concerns were managed.
- There were up to date arrangements in place to protect patients from avoidable harm. MSI had reviewed and issued revised policies for safeguarding of children and safeguarding of adults at risk in March 2019.
- Staff we spoke with knew where to locate the safeguarding policies and correctly described the principles and processes they would follow in the event of a patient not attending their appointment or if they suspected abuse.
- In all the 16 patient records we looked at, and all consultations we observed, we saw a safeguarding assessment was carried out and recorded on a safeguarding proforma. In addition we saw staff completed a safeguarding assessment on every patient under the age of 18.
- No children below the age of 13 were treated in the reporting period. There was an established process in place for any children under the age of 13 to be treated at a local NHS provider and for notifications to be made to all appropriate authorities.
- Staff told us that any safeguarding concerns would be raised with the Birmingham centre safeguarding lead or with MSI national safeguarding lead. When required, referrals to social services or the police were managed in accordance with the MSI policy and recorded on the electronic incident reporting system. Staff were able to name the safeguarding leads and tell us where and how they could contact them.
- The centre clinical manager was trained to safeguarding level three and was currently receiving training to level 4.and was the safeguarding lead for the centre. Staff told us the safeguarding lead was supportive and helpful if they had any safeguarding concerns. Staff also told us they could also speak to the MSI national safeguarding lead for advice of the clinical manager was not available.
- Staff safeguarding training included child sexual exploitation, gang culture, honour-based violence, forced marriage, female genital mutilation, WRAP (radicalisation) and domestic abuse.
- The clinic manager had started regular supervision sessions during team meetings where safeguarding issues were discussed, and best practice and case experience were shared.
- Training in safeguarding adults at risk, and children was provided at level 2, level 3 and level 4 in accordance with the intercollegiate document Safeguarding children and young people, 2019. Information provided showed that there was 100% staff compliance with level 2 safeguarding adults at risk and 94% staff compliance with level 3 safeguarding adults at risk. There was 100% compliance with both level 2 and level 3 safeguarding children compliance.
- An electronic learning module was introduced for staff to cover the topics of child sexual exploitation, female genital mutilation and 'WRAP' training. The aim of 'WRAP' training was to provide staff with the knowledge to enable them to be aware of people who are at risk of becoming radicalised and to stop them from supporting terrorism or becoming terrorists. The training followed recommendations from Working Together to Safeguard Children (2015) and the Intercollegiate Document (2014 and 2015).

Termination of pregnancy

- Staff followed systems to safeguard the identity and confidentiality of patients. Receptionists and other staff did not announce patients' full names at reception and patients were offered the option of selecting a password which staff used to identify them over the telephone.
- Nurses saw all patients on their own for the initial consultation. This gave the opportunity to disclose any safeguarding concerns in a protected environment.
- The provider selected staff through a robust recruitment process, requested formal references from previous employers and investigated any breaks in employment.
- For professionals such as nurses and midwives, their professional registration was confirmed with the appropriate regulatory body (Nursing and Midwifery Council). In addition, all Marie Stopes Birmingham employees had a Disclosure and Barring (DBS) check.
- **Cleanliness, infection control and hygiene**

  The service mostly controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They mostly kept equipment and the premises visibly clean.
- During the last inspection in July and August 2017 we found some aspects Infection control required improvement. Some equipment in the day care room and treatment room were found to be dusty. We also found staff did not always decontaminate their hands immediately before or after direct patient contact. During this inspection we found staff washed their hands appropriately before and after patient contact.
- During this inspection we found electric plug housings behind computers were dusty. Two of the three computer keyboards in the treatment room did not have clinical wipeable key pads so were not infection prevention and control compliant. We also observed remnants of old sticky tape on the anaesthetic trolley.
- During this inspection we found staff washed their hands appropriately before and after patient contact.
- Infection prevention and control training was provided to clinical staff. Information provided before the inspection identified 100% of staff had received infection prevention and control (clinical) training.
- Staff followed infection prevention control (IPC) techniques to prevent the spread of infection such as hand-washing, use of antibacterial hand gel and the use of personal protective equipment such as gloves and aprons.
- Staff carried out a range of audits to monitor staff compliance with infection prevention control processes and techniques to ensure they protected patients, visitors and staff from the risk of infections.
- Marie Stopes infection control audit results showed 100% staff compliance with hand hygiene. The use of personal protective equipment and infection prevention and control was audited every three months with required compliance, however in February 2019 compliance was identified as 79%. The manager told us this was due to staff changes and compliance had since improved. The audit and its findings were shared with staff during the monthly team meeting. The subsequent audit in May identified 100% compliance.
- Clinical waste management practices were appropriate including disposal of waste and sharp objects. Rooms and cupboards were labelled as clean or dirty utility areas. We saw equipment had 'I am clean' notes on them to show they had been cleaned after patient use.
- The clinic had an infection control lead nurse. They cascaded new relevant infection control concerns and information to staff.
- During the last inspection we found pre and post-operative patients were sat in the day room in an open plan area. Staff said privacy screens were available should they have a young person and their chair would be screened from view. However, the open plan layout meant that conversations were easily overheard, and patient's privacy and dignity were compromised.
- During the last inspection we found anaesthetists had not checked anaesthetic equipment every day of use as required by the Association of Anaesthetists of Great Britain and Ireland (AGBI) guidance. During this inspection we found one incident of the anaesthetic machine log book not signed as checked prior to use to provide assurance of patient safety. In addition, there were no signatures at the beginning of the book confirming staff understood the guidelines for checking equipment as required by AAGI safety guidelines.

- Records we looked at showed equipment had been appropriately serviced and maintained.
- We saw three devices used to administer intravenous medicines which were sterile and had an expiry date recorded by when they should be used. However, we saw they were past their expiry date and may compromise patient safety if they were used. We brought his to the attention of the manager who immediately removed and disposed of them.
- MSI undertook a quarterly audit of fire and other safety arrangements and provided a record of these audits. We saw records which confirmed fire safety checks were also conducted weekly.
- There was access to resuscitation equipment including an automated external defibrillator (AED) within an emergency 'grab bag'. There were records to show the contents of the 'grab bag' were checked weekly. However, when we checked the contents we found two out of date items which may represent a risk to patients; a gel airway use by May 2019 and an intravenous cannula use by August 2018.These were immediately removed by the nurse in charge.
- **Assessing and responding to patient risk**

  Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Findings of the previous inspection found a termination of pregnancy early warning score (TEWs) had been introduced but was not embedded. Following the inspection, a warning notice in relation to regulation 12 was issued which identified a failure to escalate concerns when patients' observations identified increased risk of patient deterioration.
- Following our inspection, the provider told us staff had received ongoing training in TEWs and audits had identified improvement in completion and escalation of concerns. Records of audits we looked at confirmed this. During this inspection we observed the notes of 15 patients who had a surgical termination of pregnancy. We saw TEWs were appropriately recorded and required actions to escalate any identified concerns such as more frequent observations and escalation of concerns to the anaesthetist or other clinician or transfer to hospital.
- Staff told us they had received haemorrhage training and simulation. Information we saw during the inspection identified 100% of all staff who worked within MSI Birmingham had received this training.
- We observed the World Health Organisation (WHO) and five steps to safer surgery checklist was appropriately used. MSI undertook bi- monthly audits of completion of the surgery safety checklist. Information provided identified 100% compliance with the checklist since June 2018 when there was 86% compliance. Following the June audit an action plan was put in place and required improvements were made.
- Staff told us patients were recovered in the treatment room (conscious and able to maintain their own airway) before they went to the recovery area. This enabled the anaesthetists to be available should there be an emergency. During the inspection we observed patients and saw they were not rushed from the treatment room and were only moved when conscious and able to maintain their own airway.
- All patients received an assessment of venous thromboembolism (VTE) using a national clinical risk assessment tool. All patients received a VTE assessment between April 2018 and March 2019. During the inspection all records for patients who had surgical termination of pregnancy had a completed VTE assessment.
- Information during the inspection identified 88% of required staff had received basic life support (BLS) training and 69% of required staff had received immediate life support (ILS) training. Information provided by Marie Stopes International identified all anaesthetists were trained in advanced life support (ALS).
- Marie Stopes International had developed an in-house two-day course for anaesthetic and recovery which included airway management with competency checks. This course was in place to support the anaesthetists and other qualified theatre staff. Marie Stopes told us after the inspection they were planning for this course to be accredited.

Termination of pregnancy

- Staff made patients aware of the 24 hour aftercare line telephone number in case they had any questions or concerns following their treatment.
- Staff prioritised patients such as those with safeguarding issues, and those nearing the gestation limit for their chosen method of termination.
- Marie Stopes International Birmingham had no overnight beds. There was a service level agreement with another trust dated 2 October 2013 should patients require emergency or ongoing care. The registered manager told us about difficulties to update the policy and that they were now in negotiations with another trust for a revised service level agreement.
- Eighteen patients were unexpectedly transferred from the service to another health care provider between 1 March 2018 and 28 February 2019.
- **Nurse staffing**

  The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Marie Stopes Birmingham employed 13 nurses. Information received before our inspection identified there were four whole time equivalent registered nurse vacancies.
- Senior managers confirmed with the closure of MSI Coventry, staff would be redeployed back to Birmingham in addition a member of staff had recently returned from sick leave on a phased return basis.
- Managers told us they continued to fully staff MSI Birmingham, however staffing shortfalls had resulted in cancellations of clinics at some satellite centres.
- During the inspection we spoke with three staff employed within the last three months. All staff told us they were supernumery and received training and worked alongside other experienced staff for the first three months for a programmed induction. They told us they felt supported and had been impressed with the training they had received to undertake their new role.
- If an operating department practitioner was not available other staff who had undertaken training in airway management.
- At MSI Birmingham when there was a surgical list there were two nurses and a health care assistant (HCA) working in the day ward and an anaesthetic, operating department practitioner or experienced theatre nurse, a nurse and HCA between the treatment room and recovery area.
- Senior managers told us after our inspection all staff who scanned received regularly checks of their competency. They told us a sonographer had been appointed to provide ongoing checks in scanning competencies and work alongside staff who may require additional training.
- We spoke with the sonographer during our inspection who confirmed they worked three days each week to support the scanning service and update staff competencies in scanning.
- **Medical staffing**
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- There were no vacancies for medical staff at the time of our inspection. Medical staffing was provided by doctors working both remotely and within the centre. All doctors, including anaesthetists were employed under practising privileges.
- **Other staffing**
- The service employed a sonographer from an agency three days a week. We spoke with the sonography who confirmed they had been had been working at the location since January 2018.
- Senior managers told us they had difficulties recruiting and retaining operating department practitioners (ODPs). As a result of difficulties, they currently employed ODPs from an agency. Staff told us the ODPs had mostly previously worked for Marie Stopes and they knew the service well. However, staff who had not worked at the centre would receive an induction and other experienced staff would be available.
- The service had eight administration staff who supported the service.
- **Records**

Termination of pregnancy

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

- A combination of paper and electronic patient records was in place. Arrangements for the management of patient records were set out in MSI policies. Compliance with the policies was audited monthly. We saw this happened as part of the midlands MSI regional audit and that overall compliance with records standards for the year had been 94%.
- MSI policies stated that all records which included patient-identifiable information must be stored securely and kept strictly confidential within the establishment. We saw this to be the case.
- We reviewed 16 sets of patient records, including those of one patient who had undergone medical abortion and 15 who underwent surgical abortion. All the records we looked at were filed and maintained in accordance with national record keeping standards from the relevant professional regulators including the General Medical Council and Nursing and Midwifery Council.
- All patients records we looked at accurately recorded the patient's choices; risk assessments and care plans were clear and up to date and staff signed, dated and timed documents.
- Staff we spoke with told us, and we observed, that prior to the termination of pregnancy all patients had an ultrasound scan to confirm the gestational date, which is the term used to describe how many weeks pregnant the woman was. In all the patient records we looked at we saw a record of the ultrasound scan and the reported gestational date, and that a print out of the scan as well as an electronic copy were correctly stored and maintained.
- **Medicines**

  The service used systems and processes to safely prescribe, administer and record medicines. Improvement was required to ensure safe storage of some medicines.

- We found during our previous inspection in 2017 medicines, including intravenous fluids, were not securely stored.
- During this inspection we found all cupboards where medicines were stored were all locked. We found the medicines fridge temperature was not being monitored. When we visited again on the 4 July 2019 we found this had been addressed. Staff told us should the medicines fridge temperature be recorded outside the required range this would be reported to a manager and all medicines would be returned to the pharmacy for destruction.
- Despite medicines being securely stored we found six boxes of a control solution which were out of date. We showed the manager who immediately removed them.
- We saw there were appropriate arrangements in place for the storage and administration of controlled drugs (CDs). CDs are medicines that require additional security.
- Patients were initially seen by a nurse who discussed their medical history and treatment options. Information was then sent to doctor who worked remotely who reviewed all information provided and medicines were prescribed using an electronic system. Records we looked at showed that all medicines were supplied and administered against the doctors' prescriptions and were administered by nurses who signed for administration of each medicine electronically.
- In all 16 patients' records we reviewed staff had recorded allergies clearly and taken relevant action to ensure known allergies were acted upon.
- As part of the medicines administration process we saw the nurse checked each patient's identity and checked for any known allergies. We saw the nurse clearly explained to each patient the purpose and instructions for each of the medicines, including what to do if the medicines were not effective, and how the patient would identify this.
- At the time of the inspection home administration of abortion medicines was not availale. However, staff told us this there were plans to offer this treatment to patients shortly.
- MSI had an annual full external audit of both general medicines and CDs. The last full audits were undertaken in September 2018. Actions required were shared with the registered managers and actioned within the team.

- There were also bi-monthly audits of both general medicines management and CD management undertaken by a senior manager within the team. The results of these audits were included within the clinical dashboard for the organisation and shared during team meetings. Average compliance for general medicines between March 2018 and February 2019 was 91% for medicines management and 97% for controlled drug management.
- NICE QS 61 recommends that people are prescribed antibiotics in accordance with local antibiotic formularies. Records we looked at confirmed that there were local protocols and formularies in place that were correctly followed by prescribing doctors.
- Staff we spoke with confirmed antibiotics were prescribed in accordance with the local antibiotic formularies. We were told antibiotics were no longer prescribed for patients having a medical abortion as part of the antimicrobial policy which is in line with the latest national guidance.
- The incident log showed there had been six medicine errors/ incidents at MSI Birmingham in the last 12 months. The incidents included a failure to prescribe required drug (two), a dose missed in error and doses not signed for three times. Managers said they discussed these incidents with the staff.
- Managers told us and showed us that medicine reconciliation was recorded electronically and checked against medicines ordered centrally
- Managers told us that MSI had a centrally managed contract for the purchasing of medicines from an approved pharmacy supplier.
- We were told that orders for medicines would be placed electronically and checked centrally by an authorised person at MSI.
- Oxygen cylinders were stored safely and securely.
- **Incidents**

  The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, there were arrangements in place to ensure staff apologised and gave patients honest information and suitable support.
- Incident reporting policy dated August 2018 identified how staff should report incidents, classifications of incidents and follow up actions when incidents were reported.
- Staff reported clinical incidents, near misses, complications and never events through an electronic reporting system. Staff could refer to the incident reporting policy dated August 2018. Incidents and complications were reported during the monthly local integrated governance meetings.
- The process for reporting, investigating and learning from adverse events and near misses was covered in the Incident Reporting Policy.
- All staff understood their responsibilities to raise concerns, to record incidents and near misses and to report them.
- The provider reported no never events. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- Effective arrangements were in place to respond to relevant external safety alerts, recalls, investigations and reviews. This information was shared during the weekly Complaints. Litigation, Incidents and Patient feedback (CLIP) call and was also shared within regional, national governance meetings to ensure staff received timely information.
- Between 1 March 2018 to 28 February 2019 staff reported a total of 46 clinical incidents. 14 of these were classified as low harm, 30 as moderate harm and two as severe harm. There were no deaths.
- The provider reported three incidents between April 2018 and March 2019 to CQC. However, we found there was delay reporting these incidents and incidents were mainly reported when the full investigation had been concluded but this could be several months later. The

registered manager told us they experienced difficulties from the NHS receiving information about patients who required transfer to hospital and this was the cause of the delay. There is a requirement for the service to notify CQC in a timely manner to ensure we had immediate assurances of actions which were undertaken to ensure patients safety.

- We reviewed the root cause analysis investigations for three incidents. We saw the incidents had been thoroughly investigated, although there were delays to concluding the investigations due to difficulties obtaining information.
- There were systems and processes in place to ensure incidents were reviewed and investigated safely and duty of candour was considered. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- There had been two incidents in the last 12 months requiring a duty of candour process. However, staff identified the difficulties contacting patients who had requested no written correspondence. We saw the registered manager had been unsuccessful in their attempts to contact a patient by telephone so had been unable to offer an apology verbally or in writing.
- **Safety Thermometer (or equivalent)**

  The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- Staff were committed to providing a care environment free of harm for their patients.
- Staff used information within a clinical dashboard to record the prevalence of patient harms such as infections, transfers to hospital and other complications.
- All patients on admission received an assessment of VTE upon admission.
- There were no incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (c.diff) or E-Coli in the previous 12 months.
- **Environment and equipment**

  The design, maintenance and use of facilities and premises kept people safe. Not all equipment was checked as required to provide assurance of patients' safety.

Are termination of pregnancy services well-led?

We did not rate this domain

Leadership

Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

- Doctors were supported by the acting medical director who worked across the whole MSI organisation and was based at the provider's central office in London.
- The management team for Marie Stopes Birmingham included a clinical manager who was also the registered manager, supported by an operations manager and deputy clinical manager. The management team reported directly to the interim regional manager.
- The service did have two registered managers although MSI had notified CQC the other manager was away from the business. There were plans for the operations manager to apply to CQC as a second registered manager.
- The clinical manager oversaw MSI Birmingham and the five satellite clinics.
- There had been changes in the management and leadership team at MSI Birmingham in the previous 12 months. The registered manager, regional manager and deputy clinical manager had all been in post less than a year.
- Managers discussed and understood the challenges they faced in relation to quality and sustainability. They

told us with regret these challenges had made them take the difficult decision to not continue to provide a service within the central region from the end of December 2019 when the current contract comes to an end.

- We saw the certificate of approval issued by the department of health was displayed in the reception area.

Vision and strategy

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- The Marie Stopes mission was: 'Children by choice not chance' and had values to support their mission which included: mission driven, client centred, accountable and courageous. We saw during our inspection managers and staff consistently demonstrated the organisations values and we saw client centred care was embedded in all staff.
- Marie Stopes Birmingham had identified objectives for 2019 which included:

  Long acting reversible contraception (LARC) training being delivered to all nurses within an identified action plan, patient waiting time for clinics to be reduced, improvements in ultrasound scanning and increased availability of appointments. Managers told us, and we saw during the inspection, these objectives were being met. For example, availability of LARC training had improved, changes to appointment times and arrangements had been undertaken to increase access. The appointment of a sonographer within the Birmingham centre to both scan patients and provide additional support and scanning training to other staff to update their scan competency.
- Managers told us they had identified a previously high staff turnover. They had identified one contributing factor that frequently staff had left late which had affected their work life balance. They told us they had reviewed working arrangements including treatment lists, the treatment patients required and the number and time of appointments for these procedures to ensure suitable appointments were booked. Managers told us these initiatives had improved staff turnover. They also told us they had implemented 'stand by appointments'. Patients who were offered stand by appointments would attend in the knowledge there was a possibility they may not have the operation however, should another patient not attend they would be allocated to their appointment.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

- Staff told us they had seen an improvement in culture. Staff told us the management team were supportive and made them feel valued.
- Staff at all levels spoke highly about the current managers saying they were available, supportive and approachable. Staff told us the current managers had listened and acted upon their concerns and had made positive changes to the service such as longer appointment times to enable them to provide quality patient care and support.
- Staff told us they had been fully informed about the decision for closure of the service. Staff were confident the managers would continue to update them about information they received such as confirmation of the new provider and staff transfer arrangements.Whilst the service had been identified for closure managers told us about positive initiatives to ensure staff continuity. We were told about a number of staff engagement initiaitves such as a loyalty bonus and negotiation for staff transfer to other sites.
- Staff received rewards for good feedback and were nominated for the monthly newsletter. Exit interviews enabled the management team to understand any issues the staff had and to enable processes to be put in place to improve the work environment if needed.

Governance

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

Termination of pregnancy

- Marie Stopes International had a national governance team led by the director of quality and governance. Marie Stopes Birmingham had a governance lead who supported the managers and team.
- MSI had a system of governance meetings which enabled the escalation of information upwards and the cascading of information from the management team to front-line staff.
- Governance arrangements included a weekly complaints, litigation, incidents and patient feedback (CLIP) meeting which all managers could dial into. From February 2019 a monthly local governance meeting (which looked at the progress of identified actions); a quarterly local governance full meeting which considered all risks, and the quarterly quality subcommittee which was the national governance meeting for the board.
- The weekly CLIP meetings provided an organisational overview of all complaints, litigation, incidents and patient feedback to ensure the correct investigation and timely actions and remedial actions were in place.It also aimed to identify, emerging themes ensuring any risks were identified for inclusion on the risk register for onward management and mitigation. Representatives from the Birmingham Centre joined the meeting every week. The CLIP meeting also picked up any incidents that met the requirements of serious incident reporting and Duty of Candour. CLIP meeting minutes were circulated to all staff by email and added to the staff notice board.
- Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. There were clear and effective processes for managing risks, issues and performance. This was seen in the minutes from team meetings.
- There were monthly team meetings with an identified and consistent agenda. Minutes of meeting were available for all staff.
- For an abortion to be legal, two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination of pregnancy is met. They must agree that at least one and the same ground is met for the termination to be lawful. The two doctors must then complete, date and sign an HSA1 form, produced by the Department of Health, before the abortion is performed. In all the patient records, we looked at the HSA1 form was completed, and signed by two medical practitioners in accordance with the legal requirements and MSI policies.
- Staff achieved full compliance with completion of HSA1 forms. The operations manager told us they received a weekly update of any HSA1 forms which had been rejected for example for incomplete information and they would also discuss this with the staff and this would be addressed. HSA1 forms are legal forms which must be signed by two doctors who agree that a patient is suitable to undergo a termination of pregnancy as per The Abortion Act, 1967.
- Compliance with the requirements for the completion and submission of HSA4 forms, which are used to satisfy the legally requirement to notify the Chief Medical Officer of every abortion performed in England and Wales, was reported to be 100% from July 2018 to June 2019. Daily monitoring of the completion and submission of the forms was undertaken electronically through central administrative processes.

Managing risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

- The clinical manager and operations manager had weekly capacity calls to review patient appointment availability, staffing structures and activity levels to ensure the right approach in allocating resources was undertaken. Managers reviewed appointment availability and used 'stand by appointments' to ensure patients could be offered timely treatment.
- Managers received a monthly updated dashboard which identified performance and activity of the service. It provided a summary of type of treatment provided and outcomes including complications, uptake of long acting reversible contraception, patient transfers and a summary of incidents reported, top three identified risks and the number of complaints received and whether they were formal or informal.MSI Birmingham had an electronic risk register. The risk register for MSI Birmingham was sent to us before the inspection. There were 53 identified risks which had been graded as low,

moderate or high risk and there was a brief description of the proposed actions to mitigate against the risks. Managers told us their top risks were: retaining adequate staffing, waiting times for treatment for 14 week and over gestations and having enough ultrasound scanning trained staff.

Managing information

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Submission of notifications to external organisations was not always timely undertaken.

- A compliance monitoring programme was in place to audit clinical and non-clinical areas against Marie Stopes International (MSI) policy, these included hand hygiene, peripheral venous cannula, medicines and safeguarding. Any failings noted in the audits were addressed though the local service improvement plan. Results were shared at monthly centre team meetings, at quarterly local/regional integrated governance meetings and escalated to the quality subcommittee.
- There were weekly reports identifying availability of appointments across all Marie Stopes centres provided by the capacity and commercial and workforce planning manager. This information enabled the service to react to current wait time and provided national visibility to identify priorities and agree appropriate actions such as supporting centres where activity levels demanded it.
- There were daily calls between regional managers and capacity managers to identify activity levels and where actions were required.
- The management team were auditing the number of 'did not proceed' procedures (DNPs) to look for reasons for decisions to enable reviews of work flows, policy and any training needs.
- MSI had recently implemented a business intelligence dashboard (BI): A relatively new BI dashboard system had been introduced into the organisation with various key performance indicators (KPIs) available to assist with service provision decisions.
- The provider is required by the regulations to make notifications of incidents such as moderate patient harm and safeguarding concerns. We were not assured that the service was notifying CQC in a timely manner of all incidents of patient harm and abuse that are reportable under the regulations. For example, the service had not informed CQC of an incidence of abuse which it had identified as a missed safeguarding. In two other incidents there was delay in reporting until after the investigation had been completed.

Engagement

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

- Posters asking for patient feedback were displayed around the centre. These posters advised how a concern could be raised. This information was also included in the 'Abortion Care' booklet which was handed out to every patient on arrival at the centre.
- Patients attending each centre were given feedback forms, which asked for their opinion of the service. Before our inspection the provider gave us the results of the most recent patient satisfaction survey. Patients were asked: about the process of booking, how well the service had understood their needs, the way they were greeted on arrival and the privacy they were given during treatment. For all the questions asked 100% of patients responded positively (good, very good and excellent).
- Staff told us, and we saw copies of, the monthly clinical bulletin, safeguarding bulletin and a weekly staff newsletter which informed staff of key updates, focuses and achievements.
- Every Monday, a weekly manager movements rota was sent to all team members, so they could see who to contact for support and escalation of any issues.
- Staff had received a 'How Well Am I Doing' appraisal to reflect on what works well and set clear objectives for the year ahead. This offered an opportunity for one to one time between the line manager and employee.
- There were monthly team meetings to keep staff updated and communicate policy updates, incident reporting summary and trends, lessons learned and

patient feedback. At the end of the meeting, there was time to discuss any other business. This enabled staff time to discuss any issues they feel necessary that have not already been addressed under the standing agenda

- To assist staff to remember key points of information, they had been provided with a credit card style aide memoir, which listed the following:
- Caldicott Guardian
- Speaking Up Champion
- Top three Risks
- Safeguarding Leads
- Duty of Candour

Learning, continuous improvement and innovation

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

- We saw many improvements since the previous inspection. Staff reported 'excellent' management support to deliver high quality patient care. Staff reported improved quality following changes to appointments, improved training opportunities and improved work life balance.
- We saw governance arrangements had been embedded which provided information for managers and staff to improve the service and when needed learn from any incidents.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The service must notify CQC in a timely manner of all incidents of patient harm and incidents of abuse that are reportable under the regulations. Regulation 18(1)(2)(a)(ii)(iii)(e)
- Patient medical equipment must be checked as required to provide assurance of patient's safety. Regulation 17 (1)(2)(a).
- We were not assured process to monitor temperatures and stock rotation for some medicines to ensure patient safety

Action the provider SHOULD take to improve

- The service should ensure that all equipment, including those in less accessible areas, are kept visibly clean.

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
Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.** Regulation 17 (1)(2)(a)

Regulated activity	Regulation
Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The service was not notifying CQC in a timely manner of all incidents of patient harm and abuse that are reportable under the regulations.** **The service had not informed CQC of an incidence of abuse which it had identified as a missed safeguarding.** Regulation 18(1)(2)(a)(ii)(iii)(e)