

Marie Stopes International - MSI Bristol Centre

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

MSI Bristol Centre is operated by Marie Stopes International. The Bristol service provides medical terminations up to nine weeks and four days gestation and surgical terminations up to 17 weeks and six days gestation. The Bristol centre is open four days per week and is supported by four satellite clinics in Gillingham, Poole, Bournemouth and West Mendip. Marie Stopes Bristol Centre also provides counselling, contraceptive services, including vasectomy and tests for sexually transmitted infection (STI). The satellite clinics offer: early medical terminations, medical terminations and surgical terminations counselling, STI screening and contraception. The satellite services are provided out of rented consultation rooms within GP practices. The services are provided to both NHS and private patients.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection of Marie Stopes Bristol Centre on 17 and 18 of August 2017 along with an announced inspection of the Poole satellite clinic on 22 August 2017.

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? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

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

CQC undertook enforcement action following an inspection of the governance systems at the Marie Stopes International corporate (provider) level in late July and August 2016. There were breaches in regulation that were relevant to this location. These were reviewed as part of the Marie Strophe International Brisol clinic inspection.

The breaches were in respect of:

- Regulation 11 Consent
- Regulation 12 Safe care and treatment.

Summary of findings

- Regulation 13 Safeguarding service users from abuse and improper treatment.
- Regulation 17 Good governance.
- Regulation 20 Regulations relating to termination of pregnancies.

We found the following areas of good practice:

- Staff were patient focused, kind and caring and demonstrated that the individual needs of each patient was at the forefront of treatment and care provided.
- Patients consistently reported all staff treated them with kindness and compassion and that they felt involved in all aspects of their treatment and care.
- Staff demonstrated collaborative and supportive team working practices.

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

- Improvements were required to the main surgical recovery area to improve the privacy and dignity of patients.

- Improvements were required to the governance, audit and quality measures at MSI Bristol clinic. There was a lack of evidence of analysis of incidents, risks and of actions taken and learning shared to make safety and quality service improvements.
- Chaperoning requirements were set out in the MSI chaperone policy 2017. However, the policy was not followed as nurses normally worked as lone workers at the satellite clinics.
- Not all nurses had completed the providers mandatory training on consent. This meant there was a risk that not all registered nurses taking patient consent had completed the required training

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected MSI Bristol clinic. Details are at the end of the report.

Amanda Stanford

Interim Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Termination of pregnancy

Rating

Summary of each main service

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

Summary of findings

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Marie Stopes International - MSI Bristol Centre

Services we looked at

Termination of pregnancy;

Summary of this inspection

Background to Marie Stopes International - MSI Bristol Centre

MSI Bristol Centre is operated by Marie Stopes International. The service opened during November 2009 and is based in the city of Bristol. The centre primarily serves communities spanning five clinical commissioning groups in the south west of England. Marie Stopes International (MSI) Bristol Centre also accepts patient referrals from outside this area.

The service has had a registered manager in post since 2009. At the time of the inspection, there was significant organisational change and the two most senior managers had been redeployed to other areas of the service. The service was being supported by the regional director and deputy chief nurse for an interim period whilst additional recruitment plans were completed. This was planned to include a new registered manager application.

MSI Bristol Centre is a nurse led service with medical input which provides early medical abortion (abortion pill) and surgical termination treatments. The clinic also provides: counselling and tests for sexually transmitted infections (STI) and contraceptive services, including vasectomy. The Bristol Centre is supported by four satellite clinics in: Bournemouth, Gillingham, Poole and West Mendip. The satellite clinics provide: early medical terminations, medical terminations and surgical terminations, counselling, STI screening and contraception.

Regulation 20 of the Health and Social Care Act 2008 Care Quality Commission (Registration) Regulations 2009 applies to all non NHS bodies that carry out a termination of pregnancy. Regulation 20 sets out the specific legal requirements in relation to termination of pregnancy that must be met. In addition, every independent place where treatment for termination of pregnancy is carried out must be an Approved place (meet specific requirements) and is required to follow all (28) of the Department of Health's Required Standard Operating Procedures (RSOPs).

We inspected MSI Bristol Centre on the 17 and 18 August 2017 and the Poole satellite service on 22 August 2017.

MSI Bristol Centre is registered to provide the following regulated activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.
- Family Planning.
- Surgical Procedures.
- Termination of pregnancies

The service had previously been inspected during November 2015. At this time the service was meeting all standards of quality and safety it was inspected against.

We inspected MSI Bristol Centre using our comprehensive inspection methodology.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, Katharine Lewis and one other CQC

inspector. Both inspectors had completed specialist CQC training for termination of pregnancy services. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Information about Marie Stopes International - MSI Bristol Centre

The Marie Stopes International (MSI) Bristol clinic building was purpose built and is detached, extending over two floors with parking for staff and visitors. The building is owned by Marie Stopes International. On the ground floor is one treatment room equipped to provide

surgical procedures using conscious sedation or a general anaesthetic with a linked single recovery area. Next to the treatment surgical room is a larger recovery room with eight lounge chairs and a nurse's station. On both floors are patient waiting areas, patient consultation

Summary of this inspection

rooms and staff meeting rooms. In addition, there are sluice and stock rooms. No overnight accommodation is provided and the Bristol Centre is open four days per week.

The four satellite clinics were run by MSI Bristol Centre registered nurses who worked out of GP practices in Gillingham, Poole, Bournemouth and West Mendip where consultation rooms were rented. The satellite clinics were open dependent upon need, but typically, each satellite clinic was open twice per week. Marie Stopes International provided and maintained the medicines and equipment used for screening, tests and treatments at the satellite services.

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the service. This included four Clinical Commissioning Groups (CCGs) who commission MSI Bristol Centre to provide a sexual health and pregnancy advisory service for Bristol, North Somerset and South Gloucester areas.

During the inspection, we visited the MSI Bristol Centre and Poole satellite clinic. We spoke with 18 staff including; two senior managers, six registered nurses, two health care assistants, four reception staff and four medical staff. We spoke with and observed how care and treatment was provided to 10 patients. We also received 18 'Tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we looked at the environment and equipment, policies and procedures and 10 sets of patient records.

The service has previously been inspected three times. The last inspection took place during in November 2015 and found that the service was meeting all standards of quality and safety it was inspected against.

MSI Bristol had been granted a licence from the Secretary of State to provide termination of pregnancy services in accordance with The Abortion Act 1967. We saw this licence was in date and displayed in the main reception area of the clinic.

Activity for the reporting period of 1 June 2016 to 31 May 2017.

- MSI Bristol main activity is termination of pregnancy. Medical terminations were provided up to nine weeks and four days gestation and surgical terminations up to 17 weeks and six days gestation.
- The service provided 3,145 terminations of pregnancy. Of these, 1,695 (54%) were medical terminations and 1,450 (46%) were surgical terminations with sedation or general anaesthetic.
- Of those patients who attended for treatments, an average of 43% were provided with long acting reversible contraception.
- Between 5% and 16% of patients accepted testing for sexually transmitted infections.
- Between April 2016 and March 2017 there had been 34 vasectomy procedures completed.
- Of the patients that attended MSI Bristol clinic, 90% were NHS patients and 10% privately funded patients.

Track record on safety

- There were no never events recorded between 1 June 2016 and 31 July 2017. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- On 1 February 2017, a new electronic incident reporting system had been introduced by the provider. From 1 February 2017 to 31 May 2017, 66 incidents had been reported. These had not been categorised according to severity in order to distinguish if they had caused: no harm, low harm, moderate harm, severe harm, or death. Senior managers told us there had been no serious incidents relating to severe harm or death between 1 June 2016 and 31 July 2017.
- Between October 2016 and December there had been one recorded incident that required a patient to be immediately transferred to a local NHS hospital. This was due to the patient refusing medical advice.
- From January 2017 to July 2017 there had been two formal and one informal patient complaints received.

A telephone counselling service was available 24 hours per day, seven days per week. A trained counsellor was available for face to face consultations one day per week at the MSI Bristol Centre.

Summary of this inspection

Services provided under a service level agreement:

- Clinical and or non-clinical waste removal
- Central sterilisation services
- Maintenance of medical equipment
- Maintenance of the grounds
- Interpreting services

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently have a legal duty to rate termination of pregnancy, services where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Records showed staff were 100% compliant with most mandatory training. This included safeguarding vulnerable adults and children. Staff demonstrated an understanding of processes to follow, including specific pathways for young people aged below 16 years.
- The environment appeared clean and infection control audits had been completed. Equipment was maintained in line with safety guidance.
- Medicines were managed safely. Audits were completed every two months and reviewed. This included: stock checks, refrigeration, disposal and review of medicines policy.
- Patient records had been reviewed and were found to be complete and in line with the legal requirements, policy and best practice guidelines. This included the use of the World Health Organisation (WHO) and five steps to safer surgery checklist.

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

- A new electronic incident reporting system had been introduced and staff demonstrated they understood how to use this and what type of issues to report. The numbers and types of incidents were collated. However there was less evidence of how incidents were reviewed and scrutinised for learning and safety improvements.
- Whilst records confirmed the resuscitation equipment was checked twice per week, this did not conform to the providers resuscitation policy. This stated equipment should be checked at the start of every shift.

Are services effective?

We do not currently have a legal duty to rate termination of pregnancy, where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

Summary of this inspection

- Treatment was managed in accordance with national and professional guidance. Policies and guidelines were accessible to all staff and were developed to comply with: the Abortion Act (1967) and Abortion Regulations (1991)

Patients were supported to give informed consent and staff demonstrated understanding of the providers consent policy which was based on national guidance.

- MSI Bristol had locally agreed standards and monitored performance every month. The service had completed audits to monitor the safety and effectiveness of treatment and care provided.
- Staff had appropriate qualifications, skills and experience and confirmed policies were easily accessible.
- We observed positive and effective team working practices. Staff worked cohesively together as a team and were clear regarding their own and others responsibilities.

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

- Clinical failures and complications were monitored. However, details and actions taken as a consequence were limited.
- Not all staff had been supported to have an annual appraisal of their performance and learning needs.
- Consent training had not been completed by all nurses who were required to do this.

Are services caring?

We do not currently have a legal duty to rate termination of pregnancy, where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Clinical staff were consistently praised by patients for being caring, kind and compassionate.
- Patients told us staff were non-judgmental and respectful and that they felt informed of their options and involved in their treatment and care.
- Reception staff were polite, friendly and helpful both on the telephone and when patients arrived at the clinic or used the waiting areas.
- Trained counsellors were available to assist with emotional support and there was a telephone support line which could be accessed 24 hours a day, seven days per week.

Summary of this inspection

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

- Improvements were required to the surgical recovery area. This was a small area with little space between patients and there were no screens, curtains or partitions between patients. Patients sat close by each other and we observed privacy and dignity was compromised. These issues had been identified during our previous inspection in November 2015.

Are services responsive?

We do not currently have a legal duty to rate termination of pregnancy, where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- The service offered a counselling service to patients with appropriately qualified counsellors who were available for either face to face or telephone consultations.
- A range of services and appointments were available to meet patients' needs. The commissioners of the service reported they had no concerns with the services provided.
- An advice and support helpline was available to patients' before and after procedure 24 hours, seven days per week. The helpline was staffed by registered nurses who were able to provide clinical support and advice.
- Patients were provided with specific information and resources related to their treatments. An interpreting service was available as required and the ground floor area was wheelchair accessible.

Are services well-led?

We do not currently have a legal duty to rate termination of pregnancy, where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Processes were in place and evidenced as followed by staff to ensure that clinical practice was provided within the scope of the law (Abortion Act, 1967, Required Standard Operating Procedure 1 and 2).
- The completion of the legally required HSA1 forms were reviewed and monitored for completion. Records showed 100% compliance with the necessary standards.
- Patients were encouraged to provide feedback on their experiences of services which were reviewed for service improvements.

Summary of this inspection

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

- Improvements were required to the governance, audit and quality measures at MSI Bristol clinic. There was a lack of evidence of analysis of incidents, risks and of actions taken and learning shared to make safety and quality service improvements.
- Chaperoning requirements were set out in the MSI chaperone policy 2017. However, the policy was not followed as nurses normally worked as lone workers at the satellite clinics.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are termination of pregnancy services safe?

Incidents and safety monitoring

- A new electronic incident reporting system had been introduced in February 2017. Staff we spoke with knew how to report incidents using the new electronic system. Although senior staff demonstrated how incidents were reviewed for safety improvements and learning, analysis for incident trends or themes was not yet embedded or effective.
 - Between 1 February 2017 and 31 July 2017 staff had reported 66 incidents. These had been categorised into nine types of incident. These related to: service delivery (27), clinical complications (19), not following clinical procedures (6), medication (4), equipment (4), security (3), information governance (1), discharge (1) and violence and aggression (1).
 - Between June 2016 and July 2017 the service had not reported any Never events. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
 - Between January 2016 and July 2017 MSI Bristol had not reported any serious incidents. Serious incidents are largely preventable patient safety incidents that should not occur if the available preventative measures had been implemented. Between October 2016 and December 2016 the service had recorded one incident that necessitated an immediate transfer to a local NHS hospital. This occurred when the patient had refused medical advice following a surgical procedure. Appropriate actions had been recorded and taken as a consequence.
- The MSI UK serious incident management policy stated that all serious incidents and never events should undergo a comprehensive investigation using root cause analysis (RCA) methodology. Senior staff confirmed incidents identified as serious were escalated through to and discussed at the providers corporate review panels and integrated governance meetings. At time of our inspection changes to the leadership of the service meant some governance information had not been fully attended to.
 - Processes were in place to enhance and improve staff understanding and management of a range of issues related to incidents. We saw in the team meeting minutes dated 9 August 2017 that two staff had been nominated to attend an external course on root cause analysis training. This would include: understanding of how an incident occurred, interviewing staff involved, review of policies and processes to manage incidents.
 - Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires services to be open and transparent with people who use services and other 'relevant persons' in relation to care and treatment. Known as duty of candour. This includes specific requirements that providers must follow when things go wrong with care and treatment. MSI Bristol staff demonstrated an understanding of the principles of duty of candour. This included being honest if treatment had gone wrong. However, staff were less understanding about the specifics of the regulation, such as the requirement to provide support to patients.

Mandatory training.

- We saw records which showed MSI Bristol staff were in date with most of the required mandatory training updates for their role. The provider set a compliance target of 85% for staff mandatory training. Records showed staff were 100% compliant for the following training: health and safety, display screen equipment,

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information governance, fire safety, equality and diversity, incident reporting, medical gases and manual handling. The rate of compliance in date training for infection prevention and control was documented as 80% compliant.

- The registered nurses were also required to be trained for anaesthetic and recovery care and to an intermediate level for: safeguarding vulnerable adults and children and for life support. Training records for these showed 100% compliance. The registered nurses were responsible for obtaining informed patient consent. Mandatory training on consent was recorded at 60%.
- Senior staff told us action plans were in place to improve staff mandatory training where compliance levels were below the 95% standards set. At time of our inspection changes to the leadership of the service meant some governance information had not been fully attended to.

Safeguarding

- MSI Bristol complied with the Required Standard Operating Procedure 7 to have policies and systems in place to promote the safety of young people. Staff had been appropriately trained to safeguard children. National guidance (Intercollegiate Document, 2014) recommends staff should be trained to one of five levels of competency, depending upon role and interaction with young people. Records showed all nurses (100%) working at MSI Bristol had in date training to level three and all other staff (100%) had been trained to level two.
- The regional safeguarding lead had been trained to level four and organisations national lead was trained to level five. These people were responsible for providing more expert advice and for ensuring services met the statutory requirements to safeguard children and vulnerable adults from abuse.
- Staff demonstrated an understanding of what types of issues might alert them to make a safeguarding referral, the processes to follow and whom to contact. Safeguarding prompter questions were part of each patient's clinical assessment. Staff we spoke with about safeguarding explained how they would escalate any issues with senior staff.

- Staff demonstrated an understanding of the organisations policy with regard to safeguarding young people. Any person aged 13 years or less was referred to the local authority and the patient's information was escalated to senior staff.
- Nurses told us they encouraged and supported patients aged 16 years and younger to discuss issues with their parents or legal guardians. Counselling for patients aged 16 years and younger was a mandatory and organised on a separate day to treatments. Each younger patient's after care was also reviewed to ensure there was a responsible adult available to provide support.
- Staff understood changes in the law with regards to female genital mutilation (FGM) and new mandatory responsibilities to report this to the police if identified in young people aged below 18 years. FGM questions had been incorporated into clinical assessments. We saw this documented in records and observed this assessment during patient consultations.
- Records demonstrated 100% of staff had completed training on child sexual exploitation, female genital mutilation (FGM) and 'PREVENT' training. The aim of 'PREVENT' was to educate staff about people at risk of becoming radicalised in relation to terrorism. The training followed recommendations from national guidance (Working Together to Safeguard Children, 2015 and the Intercollegiate Document 2015).

Cleanliness, infection control and hygiene

- Processes and systems were in place to keep the storage and use of clean equipment separate from contaminated equipment. Any reusable instrumentation was sent off site for decontamination and sterilisation. We observed stocks of equipment and sterile packs were well organised and stored in cupboards accessible only by staff.
- Whilst the treatment procedure room was equipped for surgical procedures it was not required to be as sterile as an operating theatre. We observed that staff wore sterile scrubs and specialist footwear during treatments to minimise the risks of and spread of infections.
- We observed there were stocks of patient protective equipment, such as gloves and plastic aprons. Staff were seen to be bare below the elbow and washed their hands and used antiseptic hand gels in between providing patient care. We saw staff wearing protective equipment before providing patient treatments to minimise the risks of spreading infections.

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- The environment and equipment in all areas was visibly clean. MSI Bristol contracted an external service to clean the environment. We observed clinical staff cleaned equipment in between consultations with patients. We observed the service had an in date waste assessment and waste management plan in place. This covered how all waste materials were to be stored and disposed of including: clinical, general, pharmaceutical and sharps. We observed staff followed the correct procedures.
- During March 2017 MSI Bristol had been assessed as part of nationwide service audit regarding a range of infection prevention and control policy and practice issues. This included infection prevention and control related to: governance and risk management, the management of sharps and other equipment, adherence to uniform and the use of personal protective equipment and waste management. MSI Bristol had been found to be 82% compliant with standards. An action plan had been put in place which included revising the audit to better assess the service. In addition, the provider had recently appointed an infection prevention and control lead nurse. This person's responsibilities would include reviewing policies, systems and procedures.
- Staff were compliant with the World Health Organisation's '5 Moments for Hand Hygiene' (revised August 2009). Only one hand hygiene audit had been completed during 2017. This recorded that staff were 100% compliant with the recommended practice. It was planned that when senior staff were in post, hand hygiene audits would be completed every month. The same audit reviewed the facilities and equipment available to support the prevention and spread of infections. This recorded a compliance rate of 89%. Senior staff stated as soon as the leadership issues had been stabilised, action plans would be implemented to improve compliance levels.
- We reviewed records which showed 100% of staff at MSI Bristol had in date mandatory infection prevention and control training.

Environment and equipment

- MSI Bristol complied with the Required Standard Operating Procedure 22 to regularly check and service equipment. A maintenance assurance audit tool was completed every three months. This evidenced that equipment was maintained in line with the manufacturer's guidance and that safety checks of the

environment had been completed. This included tests for example: for the gas boiler and heating plant, electrical systems, air conditioning systems and emergency lighting. We reviewed the audit tool dated January, April and July 2017. The maintenance checks were recorded as between 94% and 97% compliant.

- The resuscitation trolley was set up and included the necessary items to be compliant with the provider's policy (dated December 2016). Whilst records confirmed the resuscitation equipment was checked twice per week prior to the surgical list starting, this did not conform to the providers resuscitation policy. This stated equipment should be checked at the start of every shift. The defibrillator (used in the event of cardiac arrest) had a tag to confirm it had been serviced in line with the recommended guidelines.
- Processes were in place and followed by staff to ensure the correct equipment was available and safe to use. We reviewed audit records for the month of July 2017 of equipment checks which had been completed for the surgical treatment room. These included: the treatment trolley, scanning and suction machines, blood pressure machine and room temperature. A back up battery pack was in place and available in the event of power failure.
- In the main surgical recovery room, we observed a pre operation checklist was used by staff before the start of clinics. This included checks of: the vital signs machine, wheelchairs, oxygen and emergency call systems.
- Anaesthetic equipment checks were completed in accordance with the safety guidelines from The Association of Anaesthetists of Great Britain and Ireland (AAGBI, 2012). This included: performing an automatic machine check, and checks of: power and gas supply and suction, breathing systems, ventilator, scavenging (safely removing surplus anaesthetic gas), monitors and airway equipment. We spoke with the anaesthetist who confirmed they completed these checks before the start of any surgical list. We reviewed the records for August 2017 confirming this.
- A freezer used to store pregnancy remains had records to show daily temperature checks had been completed (January to July 2017). The freezer, storage area for oxygen and clinical bins area were all locked and the keys remained with senior staff.
- Processes were in place and followed by staff to minimise the risks of Legionella through the clinics water systems. Audit records confirmed hot and cold

Termination of pregnancy

water outlets were checked every month. Water samples were sent to an external company for analysis and records dated January, April and July 2017 recorded no adverse issues had been detected.

- Fire alarm tests were recorded as checked every week. A routine test was completed during the inspection. Fire prevention equipment was documented as maintained in accordance with the manufactures guidelines. An annual fire risk assessment had been completed by an external provider and senior staff were familiar with action plans.
- The building was secure. Windows were lockable and entrances and areas within the clinic were only accessible by key coded entry. CCTV cameras were operational and monitored by administrative staff. Internal call systems and staff alarms were checked every day before the start of clinic.

Medicine Management

- Some medicines were required to be stored in a fridge. We observed the minimum and maximum temperature range had been recorded every day. Opiate medicines and anaesthetic medicines were on site. All medications were stored securely in a locked cupboards and the keys were held by the senior registered nurse on duty.
- Medicines prescriptions were completed by doctors remotely via an electronic system. Medication was given as per prescription and signed for electronically. We reviewed 10 sets of patient records and saw each had been asked about allergies to medicines. Patients were prescribed antibiotics in accordance with local antibiotic formularies.
- Processes were in place to ensure medicines were managed safely in satellite services. Staff confirmed secure metal boxes were due to be delivered for the use when medicines were transferred into or out of satellite clinics. We visited one satellite clinic based in a GP practice. We observed medicines were organised and stored in a lockable box in a lockable cabinet. The medicines key was stored in a key coded box.
- During our last inspection in November 2015 improvements had been identified with regards to the systems used to audit the use of medicines and the processes followed for the disposal of medicines. During this inspection we observed improvements to the management of medicines as the service had started to complete medicines audits every two months. This

included review of how medicines had been ordered and received, storage, stock checks, refrigeration, disposal and review of medicines policy. We reviewed the audits dated February and May 2017. Both audits recorded compliance of 91% with medicines standards and policy.

- Between 1 February and 31 July 2017, there had been four medicines incidents reported by staff. The records did not detail what type of issues had been identified or the actions taken as a consequence.

Records

- Patient paper records were stored securely in lockable cabinets. Records were a combination of paper records and electronic records. Electronic records were password protected and access was limited to those staff with a right to access them. Records generated at MSI Bristol were uploaded to the provider's central database system.
- Processes were in place to maintain patient's confidentiality and to safely maintain records. This complied with the Required Operating Procedure 6. We reviewed 10 Records and saw they were organised and included relevant completed risk assessment personal details, allergies, medical history, observations, ultrasound pictures, consent, and treatment and care action plans.
- Processes were completed to review patients' records and take any necessary actions to ensure medical records were fully completed and compliant with the law and policy. Audits were completed by senior staff every two months. We reviewed audit outcomes and actions dated January 2017 and March 2017. Each audit reviewed 30 sets of patient records and had six headings covering: use of call booking, records system workflow, ultrasound scans, pre-and post-operative care and information relating to procedures. Under each of the headings were a number of other questions relating to the main topic. Both audits had been evaluated at nearly 100% (99%) compliant. Small deductions in compliance had been calculated when a single detail had been seen to be missing from a record. For example: the patients NHS number or preferred language.

Assessing and responding to patient risk

- Processes were in place to support safe and appropriate patient care. The MSI Bristol clinic was a nurse led

Termination of pregnancy

service. We spoke with six registered nurses who told us they followed MSI clinical guidance in order to assess the suitability of each patient for either a medical or surgical termination procedure. This included consideration and evaluation of existing medical conditions and treatments. We observed this was followed for the 10 patient consultations we observed. Medical staff reviewed each patient's assessment before prescribing treatment. If the nurses clinical assessment identified it was unsafe to treat a patient at MSI Bristol staff worked to identify a suitable alternative service.

- Processes were followed by all staff to maintain the safety of patients. Nurses and healthcare assistants escalated identified patient risks and concerns to medical staff for their assessment. Medical staff were based at MSI Bristol twice per week. During other times 'remote' doctors could be contacted by phone or email. A rota of the each doctor's availability was maintained at MSI Bristol. We observed nurses consulting doctors for advice.
- Prior to terminations, patients' were tested and staff provided treatments to prevent rhesus disease in future pregnancies. A test was completed to identify those patients who had rhesus negative blood type. A treatment was provided when this was identified and documented in records.
- All patients had their individual needs risk assessed by a nurse. We saw this was documented in the 10 patient records we reviewed and observed during 10 consultations. Staff used a termination of pregnancy early warning score (TEWS) to record routine physiological observations, such as blood pressure, temperature and heart rate. The TEWS had been adapted from an obstetric early warning system (MEOWS) used nationally as standard best practice. The TEWS had been designed to alert staff to any deterioration in a patient's condition and prompt a timely clinical response.
- We observed venous thromboembolism risk assessments (VTE) had been completed in all of the 10 of the patient records we reviewed. These risk assessments informed staff if prophylactic (precautionary) treatments were required to minimise the risk of VTE. The assessments and evaluations were checked prior to treatment and also recorded within the electronic patient records.
- All registered nurses completed intermediate life support training and this included training on managing anaphylaxis (an extreme sensitivity and/or reaction to a substance or medicine). We observed patients were asked about any known allergies. We saw patients identified with allergies were provided with red wristbands. The allergy information was written on the wristband and documented in the patients care plan.
- Staff followed best practice guidance to promote the safety of patients having surgical treatments. On the days surgical procedures were booked staff completed a treatment room checklist. This followed the guidance recommended in the World Health Organisation (WHO) five steps to safer surgery checklist. We observed a team brief (step one) taking place. Staff were introduced and each person's role and responsibilities for the duration of the surgical list were confirmed and documented. For example: which staff would be responsible for swabs, surgical instruments and medications, and who would take the lead in the event of an emergency.
- Staff were observed completing all other stages of the World Health Organisation (WHO) five steps to safer surgery checklist surgical checklist appropriately for each patient. This information was recorded on written, paper records and within each patient's electronic record. There had been two patient records surveys completed during January 2017 and March 2017. Part of this was a review of the World Health Organisation (WHO) five steps to safer surgery checklist. The audit reported 100% (46) of the surgical records reviewed had WHO checklists fully and documented.
- Transfer protocols and processes were followed to maintain patient safety. Between October 2016 and December 2016 MSI Bristol had transferred one patient. This had been done in line with the procedure for the service.
- Processes were in place and understood by staff with regard to the recognition and management of sepsis. Information had been added to the clinical practice guide for registered nurses and midwives. This had been issued to staff during October 2016 and reviewed in December 2016.
- Senior staff confirmed the entire MSI Bristol clinic staff had recently attended a one day training session on the

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emergency management of haemorrhaging patients. This bespoke training had been developed out of learning from a serious incident at a different MSI service.

- Equipment was available for use in the event of an emergency. We saw there was adult resuscitation equipment available. Records showed this equipment was checked and maintained appropriately. Medicines for use in an emergency situation were noted to be within the defined expiry dates.
- Patients' needs were planned for in advance of procedures to reduce risks following discharge. Patients were informed prior to surgical treatment of the likely support they would need post procedure. This included the types of activities that in the short term they would not be permitted to do, for example: driving. Young patients aged 16 and less were encouraged to involve their relatives early in the care pathway as it was necessary that a responsible and competent adult was available to provide care and support post treatment.

Staffing

- There was enough staff to meet the requirements of the Required Standard Operating Procedure 18 to have sufficient staff with the right qualifications, skills and experience. At MSI Bristol there were 5.6 whole time equivalent (WTE) registered nurses, four WTE health care assistants, and 1.6 WTE administration staff. Staff confirmed this was sufficient staff to meet the needs of patients.
- There were no staff vacancies and gaps in service provision were covered by part time staff who increased their hours or staff from other clinics provided supplementary support. This meant no agency staff had to be used.
- We reviewed the personnel files of nursing staff and saw all relevant employment checks and references had been completed. We saw confirmation of registration with the Nursing and Midwifery Council
- Medical staffing was provided by doctors working both remotely and within the centre. The remote doctors were employed by Marie Stopes International (MSI). Their role was to review patients' notes and medical history prior to signing the compulsory HSA1 forms. Remote doctors were also responsible for prescribing medications and for providing clinical support and advice where required.

- An anaesthetist was always present at MSI to assist with surgical treatments. The anaesthetists worked at NHS trusts and other MSI sites which employed them on a sessional basis.

Major Incident awareness and training

- There was a contingency plan in place in the event of an emergency. The centre had a backup emergency battery should the power fail and was classed as a priority for restoring services with the power company should the need arise.
- Fire evacuation plans were seen across all areas of the centre and fire alarms were tested weekly.

Are termination of pregnancy services effective?

Evidence-based treatment

- Treatment was managed in accordance with national and professional guidance. Policies and guidelines were accessible to all staff and were developed to comply with: the Abortion Act (1967) and Abortion Regulations (1991) and Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (DH, 2014) and other national guidance. For example, the service followed the Royal College of Obstetricians and Gynaecology (RCOG) guidelines for: The Care of Women Requesting Induced Abortion (2011) and Best practice in comprehensive abortion care (2015).
- The RCOG guidance for 'The Care of Women Requesting Induced Abortion' makes a range of good practice recommendations. These included: assessment and provision of contraception, screening for sexually transmitted infections and access to support, advice after procedures. We saw staff had been compliant in following these recommendations during the 10 patient consultations and treatments we observed, and were documented in the 10 care records we reviewed.
- Female patients were tested for Rhesus disease. This disease could cause health issues in future pregnancies. All women who tested positive were offered treatment. We saw tests completed and results recorded in each patient's records.
- MSI Bristol complied with the Required Standard Operating Procedure 16 which requires that patients are informed of choices and potential complications. We

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observed staff had detailed discussions with patients. In addition, patients were provided written information detailing possible side effects and actions to take in response.

- The methods of termination of pregnancy and gestational limits at MSI Bristol were clear and carried out in accordance with RCOG (2011) guidance. This also complied with Required Standard Operating Procedure 9. Medical terminations were available up to nine weeks and four days gestation and surgical terminations up to 17 weeks and six days gestation. The service provided 3,145 terminations of pregnancy. Of these, 1,695 (54%) were medical terminations and 1,450 (46%) were surgical terminations with sedation or general anaesthetic.
- MSI Bristol prescribed and administered two different types of medication (mifepristone and misoprostol) for medical terminations. These were provided at intervals and patients had the option to take the second set of tablets either six, 24, 48 or 72 hours apart. Patients left the clinic to pass products of conception in a place of their choice.
- An assessment and evaluation of each patient's general health, gestation and preference was used to determine if a surgical termination was provided using either conscious sedation or a general anaesthetic. We observed MSI policy was followed by clinical staff to ensure relevant patients received appropriate cervical preparation prior to surgical procedures starting.
- We observed anaesthetic equipment was checked in accordance with national safety guidelines (The Association of anaesthetists of Great Britain and Ireland Safety Guideline. Checking Anaesthetic Equipment, 2012). This was completed by the anaesthetist at the start of each operating session.
- An audit of compliance to the World Health Organisation (WHO) five steps to safer surgery checklist was completed during March 2017. This included observations of how the checklist was used by clinical staff and a review of 25 sets of completed WHO records. MSI Bristol was rated as 85% compliant with standards. An action plan was produced to improve compliance. Outcomes of further audits were planned to be monitored through the organisations clinical effectiveness group.

Pain relief

- Processes were in place to assess physical pain. We observed patients were asked about their pain during consultations and treatments. Appropriate pain relief was prescribed for each treatment. We observed medicines prescribed for pain relief were appropriately documented in the 10 care records we reviewed.
- Pain relieving medicines were provided for use before, during and after treatments. This included non-steroidal anti-inflammatory drugs which were prescribed as recommended by RCOG guidelines. We saw abdominal heat pads were provided for patients to help reduce discomfort following surgery.
- Patients were supported to manage pain when discharged after treatment. We observed during consultations, staff explained what level of pain was typically associated with each procedure and what medicines could be taken. Patients were advised whom to contact and when in the event of persistent pain following discharge.

Patient outcomes

- MSI Bristol had locally agreed standards and monitored performance monthly using a clinical dashboard. This was in line with the Required Standard Operating Procedure 16. Performance standards were influenced by what each locally based clinical commissioning group (CCGs) purchased on behalf of local communities. The clinical dashboard was maintained by senior staff and used to monitor patient outcomes and uptake of services
- We reviewed the clinical dashboard dated March 2017 to July 2017. The monthly outcomes reviewed included: total number of patients, type of procedure, number of empty clinical slots, rates of patient's who did not attend appointments, MSI Bristol clinic opening hours, surgical procedure start and finish times, average time patients were in the clinic, uptake of sexually transmitted infection screening and uptake of long acting reversible contraception.
- An annual audit programme had started during January 2017. This included: hand hygiene, infection prevention and control, medicines management, safeguarding and medical records, maintenance assurance and health and safety. Various audits had been completed each month between January and May 2017. However, the data provided did not clarify the frequency each audit was required nor did it include any action plans as a result of audit outcomes already completed.

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- Incident data provided (not dated) by senior managers showed there had been six clinical failures reported and 19 clinical complications. The information did not include any clinical details or actions taken as a consequence.
- MSI Bristol was compliant with the Required Standard Operating Procedure 13. This states providers should be able to supply all reversible methods of contraception and offer testing for sexually transmitted infections (STIs).
- The uptake rate of long acting reversible contraception (LARC) by patients was below the provider's target of 50%. We looked at records dated 1 June 2016 to 31 May 2017. These showed the uptake of LARC ranged between 36% and 50%, the average was 43%.
- There was no defined target uptake rate for the screening of sexually transmitted infections (STIs). Bristol maintained a record of patients who consented to screening and reported this back to the CCGs. Records dated 1 June 2016 to 31 May 2017 showed the average percentage of patients having STI screening was 9%. Senior staff stated as soon as the leadership issues had been stabilised, action plans would be implemented to improve compliance levels.
- There was a process in place to ensure patients received appropriate cervical preparation depending on the person's age and gestational period. This was completed in line with national guidance (Royal College of Obstetricians and Gynaecologists, 2011, 2015). We observed this taking place appropriately during our inspection.

Competent staff

- Staff confirmed that policies were easily accessible. This complied with the Required Standard Operating Procedure 10. Action had been taken at provider level to review and update those policies that were out of date. This included a clinical practice guide for nurses and midwives (dated December 2016) which had been provided to all relevant staff. This set out evidenced based best practice related to: all types of consultations, medical and surgical terminations of pregnancy, vasectomy and post-operative care and consultation.
- An accompanying policy was also provided to staff: clinical competencies, measuring and recording vital signs observations. This included a competency checklist that had to be signed off by senior staff to confirm relevant staff demonstrated compliance with standards.
- Staff demonstrated they had the necessary skills, experience and competences to provide treatment and care at MSI Bristol clinic. During our inspection staff from other MSI services outside of the region attended the MSI Bristol to support with the surgical treatment lists. We observed the clinical procedures and all patient care ran smoothly despite some staff never having worked at MSI Bristol previously.
- MSI Bristol clinic staff had received additional training and assessment to competently scan patients. Nurses we spoke with told us the training was thorough and comprehensive and they felt it enabled them to develop their skills. Staff competencies were maintained as there was a requirement to complete a minimum of 30 scans per month and complete annual scanning competency update training. Scan reports were monitored and reviewed by a national lead sonographer for MSI. These were checked and reported back to staff if issues regarding accuracy were identified. If required, additional training was provided.
- Staff supporting with surgical terminations had appropriate skills and experience. An experienced anaesthetist and doctor were present during all surgical lists. Nurses who had completed additional training in anaesthetic and recovery supported medical staff.
- Systems were in place to monitor that each doctor had met the General Medical Councils (GMC) requirements to have an annual appraisal and to revalidate. The doctors had either been employed directly by the MSI or worked on a sessional basis. We reviewed records which showed these requirements had been met and were in date for all doctors working at MSI.
- The Required Standard Operating Procedure 14 defines a trained pregnancy counsellor as someone trained to Diploma level. We saw the certificates of diploma qualifications of the counsellors to confirm this requirement had been met. The counsellors were accredited and registered with the professional standards authority British Association for Counsellors and Psychotherapists (bacp). The counsellor's received independent support from an experienced senior counsellor.

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- Nursing, health care assistants and administrative staff had not been fully supported to have an annual appraisal. We requested records to confirm that all staff had an annual appraisal of their performance and development learning needs each year. This was not provided and the regional director confirmed not all staff had in date appraisals. Senior staff stated as soon as the leadership issues had been stabilised, action plans would be implemented to improve compliance levels.
- Records showed the nursing, health care assistants and administrative staff were in dated with annual mandatory training updates. Records were not available for the medical staff at MSI Bristol. However, senior staff said these were maintained at the providers head office. Staff we spoke with told us if they had any concerns regarding any issues they would not hesitate to discuss with colleagues or senior staff.
- We spoke to one member of staff who had been employed by MSI during the past year. This person told us the induction programme had been thorough and covered all aspects of the legal framework for all types of termination of pregnancy, patient safety, policy, procedure and guidance. This person told us they received additional support in practice until competencies had been signed off and they felt confident and competent to practice independently.

Multidisciplinary working

- We observed staff worked cohesively together as a team. Staff were clear regarding their own and others responsibilities. All the staff we spoke with were positive about team working practices. Professional relationships were observed between the different professionals at MSI Bristol clinic. This supported effective planning and delivery of patient treatment and care.
- Staff liaised with other professionals and this was documented in patient records where patients had consented to this. For example; with GPs.

Access to information

- Systems were in place to enable information to be shared appropriately and promptly. The organisations IT system linked all of the MSI services and head office.

This enabled quick communication between professionals and services which was particularly beneficial if a patient was attending more than one clinic.

- Systems were in place which enabled professionals working remotely to access clinical information in a timely way. Two doctors reviewed the patient's history, ultrasound scan and grounds on which she was seeking an abortion on-line, before they signed the legally required HSA1 form. Staff told us there were always two doctors available to review and sign the HSA1 forms remotely and electronically. A rota for which doctor was working and available was available at the clinic each week. The Department of Health state that it is good practice for two certifying doctors to see a patient who has requested a termination of pregnancy, although it is not a legal requirement.
- Discharge information was completed with sufficient information to allow another service to manage complications post procedure. Patients were asked for their consent to share information with their GP. This included the treatment procedure and with regard to any contraception provided. The patient's choice on this was respected and documented in their care records.

Consent, Mental Capacity Act and Deprivation of Liberty

- Consent policy was demonstrated to be understood and followed by staff to ensure informed patient consent was given throughout each patient's treatment pathway. This complied with the Royal College of Obstetricians and Gynaecologists (2009) guidance and the Required Standard Operating Procedure 8. Patient consent was only completed by either a registered nurse or doctor. Verbal consent was confirmed with each patient prior to the start of surgical treatments. Once this had been confirmed, the surgeon was observed to sign the consent form.
- Staff followed the correct processes to gain consent. The risks and benefits of treatments were explained in detail to ensure each patient understood what they were consenting to. We observed 10 patients during consultations and saw each were asked if they understood information. Patients were encouraged to ask questions at each stage of care and treatment and

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before being asked to sign confirming consent. Consent was seen to be fully documented in the 10 records we reviewed and in the 60 records the provider reviewed during January 2017 and March 2017.

- Processes were followed to ensure women attending MSI Bristol clinic were certain of their decision. We observed staff repeatedly checked if patients were sure about their choices and informed them that unless they were sure, treatments would not be permitted to proceed. Patients were encouraged to take time to consider and reflect on their decisions and were offered counselling sessions. This complied with the Required Standard Operating Procedure 14. Staff informed patients of time lines for treatments, and advised how appointments could be delayed or cancelled at any time.
- National guidance was followed in cases where a patient was identified as lacking capacity to make decisions about treatment and care. If a patient lacked capacity they were referred to an NHS service. Safeguarding training included Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Not all nurses had completed the providers mandatory consent training. We reviewed records which showed 60% of nurses had completed this. Senior staff told us arrangements were being put in place to increase the compliance level. However, this meant there was a risk that not all registered nurses taking patient consent not completed the training
- The correct legal processes were followed regarding the consent of young patients (below 16 years old). Nurses demonstrated they understood the providers consent policy which followed national policy and standards. This included Gillick competency (assessment of under 16s to give informed consent) and Fraser Guidelines used specifically to decide if a young person can consent to contraceptive or sexual health advice and treatment.

Are termination of pregnancy services caring?

Compassionate care

- We observed caring, friendly and professional staff interactions with patients. We saw patients were treated with kindness and understanding. Staff demonstrated a non-judgemental and supportive approach to patients.

We observed compassionate care provided to patients during consultation and treatment appointments. Staff gave patients the time they needed to explain their individual circumstances. This often resulted in patients becoming upset or distressed, staff responded in a professional but sympathetic manner.

- We saw reception staff were polite, friendly and helpful both on the telephone and when patients arrived at the clinic or used the waiting areas. Only patients' first names were used to help maintain their privacy.
- There was consistent positive feedback highlighting patients had been treated with care, dignity and respect. The Bristol services provided all patients attending clinics with a short feedback questionnaire to gain feedback on patient experience. Included in this were questions relating to how patients had been treated with dignity and respect. An external service produced quarterly reports based on feedback. We looked at the results of the last two patient surveys dated January 2017 to March 2017 and April 2017 to June 2017. Of the 661 patients who had responded to both surveys 98% felt they had been treated with dignity and respect.
- Patients told us they received compassionate and non-judgemental care from staff. We received 18 feedback cards from patients who had attended the Bristol service. Patients said: "The staff were very nice and respectful" and "Everyone was friendly and made me feel at ease during a difficult time" and "staff were very attentive and observant. The doctor was amazing with me throughout; I cannot thank him enough for his care and attention".
- Improvements were required to the surgical recovery area. We saw a patient's privacy and dignity was compromised and other patients indicated they felt uncomfortable witnessing the distressed patient's care being provided. Whilst staff supported patients well in the recovery area, we observed some patients were distressed and disorientated. We had raised concerns regarding patient privacy and dignity being compromised with the registered manager during our last inspection in November 2015. No actions had been taken since this time.

Understanding and involvement of patients and those close to them

- Patients told us they felt involved in their treatment and care. We received 18 feedback cards from patients who

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had attended the Bristol clinic. Patients told us: “I felt listened to and they had useful information which helped to answer all my questions” and “all questions were answered and well explained” and “Staff kept me informed and everything was fully discussed with me”.

- The Bristol services complied with the Required Standing Operating Procedure 12 to provide patient information regarding alternative options to termination, methods of contraception, and possible side effects from any treatment, availability of testing for sexually transmitted infections.
- We observed ten consultations and saw both written and verbal information was used to support informed patient choices. All patients were provided with information booklets relevant to the treatments they were considering and these were used to prompt further discussions.
- The Required Standard Operating Procedure (RSOP) 14 concerns the provision of counselling services. This states that all women requesting a termination should be offered the opportunity to discuss their options and choices in a non-directive and non-judgemental way. We observed during 10 consultations that staff demonstrated this practice.
- We saw staff offered additional appointments so patients had time to consider their options and choices. Staff asked patients repeatedly if they understood all information, including possible risks and side effects and encouraged discussion and questions. We observed one patient was hesitant and staff recommended repeatedly that this patient took their time to consider their options, advising that treatments would only proceed on the basis that the patient was sure of their decision. Patients were advised that appointments could be postponed or cancelled at any time.
- Patients were notified that their details were submitted anonymously to the Department of Health for statistical purposes. An information leaflet was provided to each patient who attended a clinic. This explained what information recorded on the statutory HSA4 form was forwarded anonymously to notify the Chief Medical Officer. This met the legal requirements to notify and monitor compliance with the Abortion Act and Regulations (1967, 1991).

Emotional support

- Patients told us on the feedback cards we received that their emotional needs were supported. We were told: “Staff were really good at listening” and “I felt understood and listened too” and “I got tearful and they took time with me and made sure I was ok”.
- MSI Bristol complied with the Required Standing Operating Procedure 14 to provide therapeutic support from a trained pregnancy counsellor. Counselling was provided primarily through booked half hour telephone calls or as a face to face consultation one day per week at the Bristol clinic.
- Counselling was optional unless the patient was under 16 years and requesting a termination. In these circumstances, counselling was a requirement prior to treatment in order to be sure each young person had been able to discuss their options and feelings in a supportive and non-judgemental way. Patients were able to have as many sessions of pre-abortion counselling as they felt they required.
- We observed emotional support was offered during patient consultations and when staff spoke with patients on the telephone. We saw staff checked if patients had their own emotional support systems in place and offered to liaise with other services or the patients GP on their behalf if required.
- There was a 24 hour, seven day per week after care telephone support line available. Support and counselling information was provided in booklets which were given to each patient. Information about support and counselling was also available on the organisations website.

Are termination of pregnancy services responsive?

Meeting the needs of local people and individuals

- The centre primarily serves communities spanning six clinical commissioning groups in the south west of England (North Somerset, Wiltshire, Bath and North East Somerset, Bristol, Somerset and South Gloucestershire). Marie Stopes International Bristol centre also accepted patient referrals from outside this area.
- The commissioners of MSI Bristol reported they had no issues with the services provided. The clinic was commissioned by the five local clinical commissioning groups (CCG) to offer and provide a range of sexual health services including long acting reversible

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contraception, permanent contraception (vasectomy) and screening for sexually transmitted infections. Each CCG was provided with a monthly or quarterly update on the uptake of the services it commissioned.

- The MSI website contained a range of information and resources. The website linked information specific to MSI Bristol and the main provider website. Information was easily altered to one of 90 different languages. All of these provided a range of information regarding pregnancy, contraception and termination.
- An interpreting service was available for patients for whom English was not well understood. We observed this service being used to support patient treatment and care during our inspection. Staff we spoke with were unsure if information was available in 'easy read' format for patients with a learning disability.
- We saw during consultations that patients were provided information specific to the treatments they were considering. Staff checked how each patient would like to receive additional information, offering to provide this through texts, email or post.
- The room used by patient's before and after surgical terminations was very small and cramped. Patients sat close by each other. No curtains, screens or similar were used to separate each patient area. If one of the patients had personal questions, became unwell or distressed, this would be fully understood and seen by other patient in the room. We observed this happening during our inspection.
- The Required Standard Operating Procedure (RSOP) 14 states that a trained pregnancy counsellor should be available for patients to discuss their options and choices in a non-directive and non-judgemental way. Face to face counselling was available via pre booked appointments one day per week at MSI Bristol clinic. Pre-arranged telephone consultations were also available between Monday and Friday from 8.30am to 7pm.
- Staff confirmed they understood and followed the provider's policy regarding the disposal of pregnancy remains. The policy followed national guidance from the Human Tissue Authority (2015) and the Royal College of Nursing (2015). Discussions and decisions were documented as completed in patients care records. This also complied with the Required Standard Operating Procedure 15.

- An advice and support helpline was available to patients' pre and post procedure 24 hours, seven days per week. The helpline was staffed by registered nurses who were able to provide clinical support and advice.
- We observed there were information leaflets, posters and displays throughout the MSI Bristol clinic giving advice a range of sexual health information. We observed this included information on female genital mutilation (FGM), information aimed at young people and organisations that could provide support for women in abusive relationships.
- Staff were sensitive to patients comfort needs. Food, snacks and hot and cold drink were available. Additional food and drinks were offered if a patient had travelled a long distance to attend MSI Bristol clinic. Staff were able to provide patients with details of transport and accommodation close to the service. On the ground floor, waiting areas, consultation rooms and toilets were wheelchair accessible. There was a small private waiting room available for those patients who wished additional privacy.

Access and flow

- Patients initially accessed MSI Bristol clinic by contacting the national call centre which was open 24 hours, seven days per week. MSI Bristol clinic was open four days per week and was supported by four satellite clinics in Gillingham, Poole, Bournemouth and West Mendip. The range of services provided was established by the four local clinical commissioning groups. MSI Bristol clinic primarily provided medical and surgical termination of pregnancy. The clinic also provided counselling, contraceptive services, including vasectomy and tests for sexually transmitted infection (STI). The satellite services were provided out of rented consultation rooms within GP practices. These clinics provided: early medical terminations, medical terminations, counselling, STI screening and contraception. Services at all sites were provided to both NHS and private patients.
- The Royal College of Obstetricians and Gynaecologists (2011) guidance recommended patients should be offered an appointment within five working days of referral and then offered an appointment within five working days of the decision to proceed with treatment. Therefore the total time from initial contact to treatment should not have exceeded 10 working days, unless the patient chose to delay the treatment. We reviewed

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records dated April 2016 to March 2017. These showed that 100% of patients had been offered an initial appointment within five days of contact. The records showed 100% of patients had an appointment for treatment within 10 days from first contact”.

- There was sufficient capacity at MSI Bristol clinic to meet service needs. We reviewed records which showed the capacity of the clinic and the actual uptake of appointments. MSI Bristol clinic was occupied to 83% of capacity.
- MSI had a dedicated team who monitored and managed the access and flow of patients on a daily basis. The business support team provided daily reports on patient waiting times and worked to ensure patients were offered a range of treatments within three working days. We looked at records for MSI Bristol clinic. These showed during 2016, the average patient time spent at the clinic was 87 minutes against a target of 95 minutes.

Learning from concerns and complaints

- Processes were in place to gather patient feedback, which were reviewed for learning. MSI Bristol clinic provided a feedback form to all patients who attended the service. These were sent every week to head office where feedback was collated.
- The staff we spoke with demonstrated an understanding of the complaints policy and procedure. This met the Required Standard Operating Procedure 17. From January 2017 to July 2017 there had been two formal complaints and one informal complaint logged by the service. Documents recorded how these complaints had been investigated in a timely manner and what actions had been taken as a consequence.

Are termination of pregnancy services well-led?

Leadership/culture of service related to this core service

- At the time of our inspection, there had been significant changes to the clinical leadership at MSI Bristol. Staff we spoke with had found the multiple changes confusing and unsettling. However, staff also reported a positive and friendly working culture. All of the staff we spoke with told us very much enjoyed working at MSI Bristol clinic.

- Processes were being reviewed and developed to stabilise the leadership at MSI Bristol clinic. Interim measures had been put in place with support from the deputy chief nurse who was based at the service twice per week. There had been a lack of regular team meetings. We spoke with the regional director and the regional clinical operations manager who told us they had recently facilitated a team meeting and were working with the substantive staff to support them with the various organisational changes.
- The Department of Health certificate was displayed in a public area. This complied with recommendation by the Department of Health. The certificate was seen to be in date and confirmed MSI Bristol clinic had been approved and licenced to provide termination of pregnancy services.

Vision and strategy for services

- Staff understood the general vision and strategy for MSI. Staff said the aim was to provide safe, responsive and high quality treatment and care to patients.

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

- Improvements were required to the governance, audit and quality measures at MSI Bristol clinic. There was a lack of evidence of analysis of incidents, risks and of actions taken and learning shared to make safety and quality service improvements. We spoke at length with the regional director. This person explained during August 2017 they had commissioned an internal audit of MSI Bristol clinic using external staff. The regional manager was candid in discussing issues identified as requiring improvements. This had led to further performance reviews, audits and evaluations. Action plans were in the process of being instigated. The regional director had met with the staff team and issues had been discussed. We saw this documented in meeting minutes dated 9 August 2017. Senior staff stated as soon as the leadership issues had been stabilised, action plans would be implemented to improve compliance levels.
- Processes were in place and evidenced as followed by staff to ensure that clinical practice was provided within the scope of the law (Abortion Act, 1967, Required Standard Operating Procedure 1 and 2). This included staff abiding by the protocols, policies and procedures

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in place for each type and method of termination of pregnancy procedure available and the associated gestational limits. We saw evidence of this through the 10 consultations we observed, by talking with 19 staff about clinical practice and in the 10 care records we reviewed.

- There were systems in place to make sure the legal requirements relating to a termination of pregnancy were documented in records. This included two registered medical practitioners who were required to sign the HSA1 form. The form had to be fully completed following a patient consultation and before the termination could proceed. We reviewed 10 patient records and saw each had been fully and appropriately documented as completed. This complied with the Required Operating Procedure 1 which states providers must comply with the Abortion Act (1967) and the regulations made under that Act.
- Legislation requires that for an abortion to be legal, two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination is met. This had to be recorded on an Abortion Act (1967) certificate known as an HSA1 form. We looked at 10 patient records and found that all HSA1 forms included two signatures and the reason for termination.
- The HSA1 forms were reviewed to evidence compliance with legal requirements. We looked at audit records dated January 2017 and March 2017. A total (both audits) of 60 HSA1 forms had been reviewed for completeness, legibility and for the required two signatures. Both audits recorded the HSA1 forms were 100% compliant with the standards reviewed. The HSA1 forms were stored in each patient's records which complied with DH best practice guidance.
- MSI Bristol clinic maintained an electronic register of patients undergoing a termination of pregnancy. This was a requirement of regulation 20 of the Care Quality Commission (Registration) Regulations 2009. This was completed for each patient at the time of treatment and was retained for a minimum of three years, in accordance with legislation.
- The internal audit had been used to highlight and generate a local risk register and an action plan was being monitored by senior staff. This complied with the Required Standard Operating Procedure 21 regarding risk management. The regional director and regional clinical operations manager demonstrated in depth knowledge of issues and risks at MSI Bristol clinic. Interim measures had been put in place whilst long term solutions were being identified. For example: the organisations deputy chief nurse was based at MSI Bristol clinic twice per week when surgical procedures took place. This was to provide direct clinical leadership and support to the substantive staff team. Other identified actions had already been completed for example: staff training on the emergency management of haemorrhage.
- A quality reporting audit dashboard had been used at MSI Bristol. The purpose of this was to provide ongoing measures of quality and safety information in order to drive through service improvements. There were eight core audit areas. These included: hand hygiene, infection prevention and control, medicines management, safeguarding, medical records, local regulatory compliance, maintenance and health and safety. We looked at the dashboard dated from January 2017 to July 2017. Each core area was red, amber or green (RAG) rated against set criteria linked to local and national policy, law and standards. Most of the audits had been rated between 90% and 99.9% compliant with standards. Only the handwashing audit had been rated red with a compliance score of 88.9%. It was not clear what action plans had been put in place but we were assured this would be the role of senior local staff once the current internal service reviews had been completed.
- Managers told us MSI UK chaperone policy dated February 2017 set out the guidance for use of chaperones for clinical consultations, clinical examinations, investigations and clinical interventions. We looked at the policy and saw it stated that, irrespective of the gender of the clinician, patients should be offered a chaperone. This should be done when staff carry out intimate procedures that could cause embarrassment or distress for patients. We looked at the training matrix and saw no evidence that chaperoning training had been completed.
- Early medical and medical termination services at MSI Bristol were available at the satellite clinics and nurses normally worked at these as lone workers. The policy stated that the provision of chaperones in EMUs (satellite clinics) would require two MSI staff, one of

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whom should be trained in chaperoning. The chaperone policy stated the registered manager had a responsibility for ensuring trained formal chaperones are available. Senior staff confirmed the satellite clinics were facilitated by lone staff. We visited the MSI Bristol satellite clinic in Poole and saw this was the case. The provider told us after the inspection that if patients requested a chaperone they would be booked into a larger clinic.

- The chaperone policy stated that where there were no suitable formal chaperones available this should be documented on the incident record and escalated to the regional manager. We looked at the incident record from July 2016 to August 2017 and could not find any evidence that this happened.
- MSI Bristol clinic provided quarterly performance reports to all four of the local clinical commissioning services (CCGs). We contacted these commissioners prior to the inspection and all reported they were happy with the services provided at MSI Bristol clinic.

Public and staff engagement

- MSI Bristol has systems in place to comply with the Required Standard Operating Procedure 17 to undertake post care patient satisfaction surveys. All patients were provided with a feedback survey. We observed when patients arrived at the Marie Stopes Bristol clinic; reception staff promoted the questionnaire and requested it be completed.
- We reviewed the last two quarterly survey reports. Survey questions related to how patients felt they had been treated, how effectively they had navigated processes, the attitude of staff and how they rated MSI information such as leaflets. The majority of patients

who responded to the last two patient surveys were satisfied with the care they had received. The provider set a target of 97% for patient satisfaction. The survey dated January to March 2017 was responded to by 50% (370) of patients who had attended MSI Bristol for treatment. The survey dated April to June 2017 had been responded to by 41% (291) of patients. Both surveys reported 96% of patients had been satisfied with the overall quality of care provided at MSI Bristol.

- A wide range of information was accessible regarding MSI Bristol clinic which also linked to the provider's main website. This included MSI Bristol contact information and opening hours, directions and services provided. Information could be converted to more than 90 different languages and information was available regarding interpreting services.
- Patient feedback information was promoted on the MSI Bristol website, including how patients could raise a complaint. In addition, there was a link to the Care Quality Commissions (CQC) patient experience surveys. Patient feedback to the CQC was used to help assess the quality and safety of the service.

Innovation, improvement and sustainability

- MSI Bristol was in the process of reviewing management and leadership responsibilities of staff. The MSI clinic had recently had an internal review and assessment in order to assess and make short and longer term safety and quality improvement plans. This was linked to broad changes and restructuring throughout the organisation. Senior staff told us this was ultimately being done to improve services and patients experience of treatment and care, and to maintain and develop the skill of staff.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must improve patient privacy and dignity in the main surgical recovery area.
- The provider must ensure as soon as leadership of the service is re-established all governance, audit and quality information outstanding is completed in full and kept under regular review.
- The provider should review systems to ensure all staff are supported to have an annual appraisal and complete any required mandatory training.

Action the provider **SHOULD** take to improve

- The provider should ensure resuscitation equipment is checked and recorded as completed in line with the organisations policy.
- The provider should review the governance, audit and quality measures at MSI Bristol clinic to evidence how incidents and risks are analysed. Also to evidence what actions have been taken to mitigate risks and show how actions and learning has been shared to make safety and quality service improvements.
- The provider and registered manager should review how the requirements of the MSI chaperone policy 2017 are complied with.

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	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>At our previous inspection during November 2015 we raised concerns regarding the need to improve patient dignity and privacy in the main surgical recovery area. At the time of inspection during August 2017, no actions had been taken to make improvements.</p> <p>All patients required monitoring before and after surgical procedures. Some patients required additional treatments such as strong analgesia and intravenous drips. Whilst staff supported patients well, we observed some patients were distressed and disorientated. There were no screens, curtains or partitions between each lounge chair. Therefore, the reaction of patients and any care given was observable by all patients in the recovery area.</p> <p>Service users must be treated with dignity and respect and the registered manager must ensure the privacy of the service user</p> <p>Regulation 10 (1)(2)(a)</p>
Regulated activity	Regulation
Surgical procedures Termination of pregnancies	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p>

This section is primarily information for the provider

Requirement notices

All registered nurses were required to complete mandatory training on consent. Only 60% of nurses had completed this. This meant there was a risk that not all registered nurses taking patient consent had completed the training

Ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.

Regulation 12 (1)(2)(c)