The Gynae Centre

Quality Report

Suite 23 Milford House
7 Queen Anne Mews
London
W1G 9HN
Tel: 0207 580 8090
ask@gynae-centre.co.uk

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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

The Gynae Centre is operated by the The Gynae Centre Limited. The service opened in 1999. It is a small independent service in central London, offering gynaecological consultations and minor day surgery for women, as well early medical and surgical termination of pregnancy services up to nine weeks gestation. Minor surgery treatments included, labioplasty, vagionplasty,hymen repair, hysteroscopy, incision/ marsupialzation of Bartholin's cyst, mini curette of uterus and loop excision of the cervix.

The service has no inpatient beds. Facilities include one consultation room and one treatment room with ultrasound diagnostic equipment.

We inspected this service using our comprehensive inspection methodology, under our routine programme of activity. We carried out the announced part of the inspection on 6 October 2016.

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.

Services we do not rate

We do not currently have a legal duty to rate termination of pregnancy and cosmetic surgery service, or the regulated activities they provide. We do however; highlight good practice and issues that service providers need to improve, and take regulatory action as necessary.

We found the following areas of good practice:

- There were systems for staff to report incidents and for investigatory processes to be allowed.
- The environment was visibly clean and well maintained, and there were measures to prevent the spread of infection.
- There were systems to ensure the safe storage, use, and administration of medicines.
- There were adequate numbers of suitably trained staff to meet patient's needs. In addition to safety related training, staff were trained with regard to safeguarding vulnerable people. As a result, staff knew how to report safeguarding concerns.

Summary of findings

- Patient records were stored safely and medical details were recorded well. We saw evidence to indicate patients' needs had been discussed, and consent was sought before treatment. Subsequent care and treatment was delivered in accordance with national and professional guidelines.
- We found arrangements had been set up and were used to ensure doctors and anaesthetists met the requirements for practising privileges.
- Patients could access care when they needed it, and they were treated with dignity and kindness, and their privacy was respected.
- Patients were able to raise concerns easily and there were good systems to handle patients concerns in a fair and compassionate nature.

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

The service should:

- We gave immediate feedback to the service regarding the decontamination of hysterscopes, as improvements were required to ensure the service was following national guidelines. Within two days of our inspection feedback, the centre had reacted and provided an action plan and evidence of a new service level agreement between themselves and a hospital trust for the provision of sterile services, which took place with immediate effect.
- Provide dates on the policies, which were used to inform staff practices. Although policies provided information to support the delivery of the services, they were not dated and needed to be more in-depth. As a result, it was difficult to determine when they came into use, when they required a review or if they had been updated.
- Update the safeguarding policy to reflect the intercollegiate document 2014 and latest guidelines.
- Provide a policy for the duty of candour. Although staff were able to tell us this meant being open, transparent, and apologising to patients when things went wrong, nursing staff had not received training on this matter, and there was no policy at the centre.
- Make sure the health care assistant (HCA) was not referred to as a nurse, which was misleading to patients, and may have led to assumptions about their skills and competencies.
- Staff told us patients who attended the service for a termination of pregnancy were not routinely made aware of the statutory requirements of the HSA4 forms. They were not informed the data published by the Department of Health for statistical purposes was anonymised.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery		• Staff understood how to report incidents and the correct pathway to follow. • Staff were trained and fully competent to perform their roles. • Medicines were stored safely and checked in line with national guidance. • The general environment was visibly clean and well maintained. • Consent to treatment was followed in line with national guidance including the mental capacity Act 2005. • Staff were supported to maintain and develop their skills and were involved in the planning and monitoring of the service. • Staff followed national guidelines to provide good care for patients. • Patients told us they were happy with the care they had received from the staff. • Staff worked together as a team and ideas were shared and acted upon. However • Policies required dating so the service was able to see when they required an update, and that the content reflected latest guidelines. • Although staff were able to tell us what the duty of candour was, staff had not received training on this subject, and the centre did not have an official policy to guide staff. • Patients undergoing a termination of pregnancy needed to be told what details were being sent to the department of health in relation to the HSA4 forms and the how such information would be used.

Summary of findings

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Summary of this inspection

Background to The Gynae Centre

The Gynae Centre is operated by Gynae Centre Ltd. The service opened in 1999. It is a private hospital in central London offering gynaecological diagnostic and minor surgery procedures, as well as early medical and surgical termination of pregnancy. The service primarily serves the communities of central London and is based in a residential and medical area. The centre also accepts patient referrals from outside this area and abroad.

The service has one consultation room, one treatment room and no inpatient beds.

The registered manager owned the service and was the main acting consultant. He had been registered with the CQC since August 2010.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and another CQC inspector. Stella Franklin, Inspection Manager, oversaw the inspection team.

Information about The Gynae Centre

We inspected the whole service, which covered all the activities undertaken. The service is registered to provide the following regulated activities:

- Diagnostics and screening.
- Family planning
- Surgical procedures
- Termination of Pregnancy
- Treatment of disease, disorder or injury

During the inspection, we visited one consultation room and one treatment room. We spoke with four staff including, a health care assistant, reception staff and the senior manager and operating gynaecologist consultant. We spoke with two patients. We reviewed five sets of patient records, and a range of documentation we requested from the provider prior to the inspection.

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 twice, and the most recent inspection took place in January 2014, which found the service was meeting all standards of quality and safety it was inspected against.

- In the reporting period July 2015 to June 2016, there were approximately 241 day case episodes of care. Of these 100% were funded through non-NHS means.
- No patients stayed overnight in the same reporting period.
- There were approximately 2,500 outpatient total attendances in the reporting period; of these 100% were funded through non-NHS means, either self-pay or through private insurance.
- The service performed approximately 127 early medical abortions including early surgical terminations in total, in the same reporting period. The service performed surgical and early medical abortions up to nine weeks gestation.
- The centres gynaecological services included minor surgical procedures such as, hysteroscopy, labiaplasty, vagionplasty, and hymenoplasty.

Summary of this inspection

Gynaecological diagnostic services accounted for the majority of work within the centre. These included such treatments as, well woman checks, abnormal vaginal bleeding, abnormal smear, and colposcopy.

- There were 11 consultants including anaesthetists who worked at the service under practising privileges. There was one health care assistant (HCA) and one receptionist who worked at the centre. There was a vacancy for one registered nurse. This position had been vacant for two weeks and the centre were advertising for a new nurse at the time of our inspection. Since our inspection the service have employed a full-time registered nurse. Sickness rates were 0% for the reporting period of July 2015 to June 2016.
- During 2015 and up to the time of our inspection, we did not receive any direct complaints, whistle-blowing or safeguarding concerns, and the service had received no complaints for the same
- period.

During July 2015 and June 2016, there were no serious incidents and never events at the service. Never events are serious incidents that are wholly preventable and have the potential to cause serious patient harm or death. In the same year, there were no unexpected deaths and there were no reported cases of serious infection such as meticillin-resistant Staphylococcus Aureus (MRSA).

Services accredited by a national body:

- Termination of Pregnancy
- Colposcopy

Services provided at the hospital under service level agreement:

- Decontamination of hysteroscopes.
- Grounds Maintenance.
- Maintenance of medical equipment.
- Pathology and histology.

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?

Overall, we found good arrangements for managing safety of services.

- There were systems for staff to follow to report incidents. The manager was able to provide information on steps taken when investigating incidents and the sharing of information with staff.
- Staff were able to tell us what the duty of candour was, even though there had been no formal training on this, and no access to a policy.
- The clinical environment was visibly clean and set out with clean and dirty zones to minimise cross contamination and infection risks.
- There were sufficient numbers of staff to ensure the service ran smoothly.
- There was a designated leader for safeguarding, and staff were trained appropriately to recognise, and report suspected abuse in vulnerable adults and children. However, the safeguarding policy did not reflect updated intercollegiate guidelines.
- Staff were up to date with their mandatory safety training, and we were assured of the competency and skills of staff to provide good care.
- Medicines were stored and managed safely.
- We were satisfied with the maintenance and servicing of equipment. We saw certificates to show equipment had been serviced and was working well.
- Records were stored safely and documented well. There was good input from the anaesthetist and consultant on all stages of the patient's pathway of care.

However:

- During our inspection, we found the decontamination of hyterscopes were not following best practice guidelines. The centre took immediate action and within a few days of our inspection, was able to provide a service level agreement with an NHS trust for the decontamination of all scopes.
- Although staff were able to tell us the duty of candour meant being open and honest with patients, there was no policy to guide staff at the service and staff had not received training.

Are services effective?

We found the following areas of good practice.

Summary of this inspection

- We found staff were following relevant professional guidance, including the National Institute for Care and Excellence (NICE) guidelines and Royal College of Surgeons (RCOS) guidelines, and the service participated in the national colonoscopy audit.
- Arrangements had been established to ensure all doctors and staff working at the centre were compliant with revalidation and were up to date with relevant mandatory training. All consultants had clear practising privileges agreements, which made sure they were competent to carry out the treatments they provided.
- Systems for gaining consent were compliant with legislation including the Mental Capacity Act 2005, and staff adhered to these.

However:

- Policies were not dated and in-depth and the safeguarding policy was not updated to included new guidance. Policies should be dated so staff know when to expect these are reviewed. The review should enable an update to include a reflection on the latest best practice guidelines, so staff are able to adhere to these.
- The health care assistant (HCA) was being addressed as a nurse, which could be misleading to patients, in particular, with respect to their level of skills and competencies. However, the HCA was not performing registered nurse duties.

Are services caring?

The staff were caring and kind to patients

- We observed patients were treated with dignity and respect and their privacy was maintained.
- Patients we spoke with were complimentary about the staff and the level of care they had received. Patients we spoke with described the care as 'kind and respectful'.

Are services responsive?

The service was responsive to patient's needs.

- Services were planned to meet the needs of patients.
- We saw the service was open until late in the evening and opened on a Saturday to meet the choices of individuals.
- Patients were assessed prior to attendance to ensure the service could meet their needs.
- There was a good system to deal with complaints. Patients were able to raise their concerns easily, and the manager was able to demonstrate how they dealt with patient concerns.

Summary of this inspection

Are services well-led?

The service was generally well-led.

- Staff told us they enjoyed working at the centre and there was an open and honest culture within the service.
- Staff were able to be involved in improving the quality of the service and felt they were listened to.
- Risks were minimal and dealt with at once. Staff knew what the risks were and how to report and manage them.
- Staff were given the opportunity to develop and were supported in the choices they made.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are surgery services safe?

Overall, we found good arrangements in place for managing safety of services.

Incidents

- The service had not reported any never events between July 2015 and July 2016.
- There were no serious incidents reported between the same reporting period.
- We were told and shown the incident reporting system by the health care assistant (HCA) and the registered manager (RM), who was the gynaecological consultant. The HCA told us if there was an incident to report, they would complete the details in the incident logbook and inform the RM, who would investigate the incident. Outcomes from the incident would be shared through one to one sessions. However, as there had been no incidents reported we were unable to verify this.
- The HCA had a good understanding of what an incident was and the importance of reporting all different types of incidents, whether they were clinical or not. They were able to describe different types of incidents. A patient falling and injuring themselves, a sharps injury and an incident during treatment were different examples the HCA was able to describe and the steps they would take when they needed to report an incident.
- We were told but did not see evidence; the RM investigated incidents using root cause analysis (RCA) and had received training in RCA.
- The receptionist was able to tell us how they would report an incident and the processes they would follow.
- The centre did not have a serious incident policy for staff to follow. They did have a description documented on what an incident was but this was not detailed to provide staff with actions to follow in the event of a serious incident. However, the staff we spoke with were able to tell us what actions they would take and the procedures they would follow for the reporting and actioning of incidents. Due to the very small size of the service, the RM and staff had a good dialogue of communication and were able to communicate on a daily basis of any issues needing discussion.
- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a regulation which was introduced in November 2014. This Regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to those affected.
- The centre staff we spoke to understood the principles of duty of candour (DoC); however, there was no policy available to guide staff at the centre and they had not received training for DoC. The registered manager had a good understanding of the duty and candour and was able to describe the procedures they would follow on such occasions, for example, apologising, communicating to the patient, being open and honest through their investigatory, and handling of the incident.
- The RM and gynaecological consultant was a member of the Independent Doctors Federation (IDF). A responsible

officer from the IDF who is registered with the General Medical Council was responsible for reviewing clinical governance data for the organisation, as part of the RM revalidation and appraisal.

Clinical Quality Dashboard or equivalent

- Independent health providers do not have to use safety thermometer data to monitor areas such as falls, pressure sores, or venous thromboembolism (VTE). However, the evidence we reviewed demonstrated that every patient had received a VTE assessment, and this was recorded in the patient record.

Cleanliness, infection control, and hygiene

- The provider had an Infection Prevention and Control (IPC) policy, which included guidance on hand washing guidance, management of personal protection equipment, management of needle stick injuries, management of airborne viruses and decontamination. Staff were able to access the policies but we noted there were no dates to indicate when they had been drafted or updated. It is best practice to date policies, so staff know when the policy was written and when a review is required. Staff will then know if they are following the latest steps and guidance set out by the service.
- The hysteroscopes used within the service were cleaned manually. This was not in line with The Health Technical Memorandum (HTM) HBN01-06: Decontamination of flexible endoscopes guidelines and processes. As a result, there was a potential risk to patients of these instruments not being sufficiently clean.
- After providing feedback to the service, they were able to provide us with an action plan of the service level agreement they had made with a local NHS trust for the decontamination of their scopes. We saw the service level agreement, which took place with immediate effect and were satisfied the scopes were being decontaminated following agreed national guidelines. This demonstrated to us, the service was reactive and responded quickly to problems, which occurred and were able to manage the risk in a timely and efficient manner.
- The patient area, consultation room, and treatment room were visibly clean and well maintained. A cleaner, cleaned six days a week in the evening. They cleaned the doctor's office, the treatment room, reception area, waiting area, toilet, washing room and corridor.
- There was no formal cleaning schedule but the RM monitored cleaning standards by doing spot checks and told us they would speak directly to the cleaner if there was a problem.
- Personal protective equipment (PPE) was readily available to all staff. Equipment such as disposable gloves were available to protect staff from exposure to potential infections whilst examining or providing treatment for patients. This reflected the guidance outlined in the Health and Safety Executive (2013) Personal protective equipment (PPE): A brief guide.
- We observed staff washing their hands before and during procedures and wearing gloves for all treatments. Hand gel and hand washing sinks with elbow-operated taps were available in both the consultation and treatment rooms.
- Staff we observed wore the appropriate scrub attire when treating patients. The consultant wore a mask and cap when treating patients in the treatment room.
- All clinical staff we observed complied with bare below the elbow policy, which enabled good hand washing techniques and reduced the risk of cross infection.
- Infection control was part of mandatory training and we saw certificates to show staff had recently completed this training.
- The service provided was small in terms of the numbers of patients seen and treatments completed. No surgical site infections were recorded or monitored, as there were no systems in place to do so. The only way the centre would know if a surgical site infection occurred, was if the patient informed them. However, staff we observed were following good procedures to limit cross infection. These included having clean and dirty zones in the treatment and consultation areas and ensuring all work surfaces were clutter free. Equipment and materials were stored away in closed cupboards and patient treatment beds were covered with disposable single use sheets.

Surgery

- Information was kept on The Control of Substances Hazardous to Health (COSHH) in relation to substances used during treatment. Information on how to use the substances/materials and what actions to take for spillage was available for staff to access.
- The treatment areas were laid out to accommodate for dirty and clean zones, to allow for good infection control procedures.

Environment and equipment

- The service operated from the fourth floor of a building, by means of access through a lift or stairs. The building contained independent medical services and private accommodation. The centre consisted of a patient waiting area, consultation room with patient treatment chair and ultrasound equipment. There was a further treatment room where minor surgical treatments were performed. The further treatment room for minor surgical procedures was compact but was sufficient for the treatment provided.
- There was a portable resuscitation bag, which included a defibrillator, oxygen, adrenaline, and other equipment used in emergencies. Staff told us the anaesthetist regularly checked the resuscitation bag to ensure all equipment was in good working order. However, the checks were not logged on a weekly basis, and therefore we were unable to verify if staff had made the necessary checks. We physically checked the equipment and everything was up to date, in working order and ready to be used.
- Advance airway equipment was available and kept in the treatment room.
- Oxygen cylinders were changed quarterly and during our inspection, the oxygen service provider attended to replace cylinders. We observed all necessary checks and paperwork was completed.
- There were handwashing facilities, with hot and cold water, liquid soap, and disposable hand towels for patients. There were also handwashing facilities in the treatment room with non-touch taps and anti-bacterial hand gel. Staff and patients shared the toilet but rarely more than four or five people were on site at any one time.
- Sharps bins were in place, dated, signed and off the floor in all areas, we visited.
- We saw staff dispose of needles and waste using the correct disposable bins. This reflected best practice guidance outlined in the Health and Safety Executive. The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Guidance for employers and employees.
- Fire extinguishers were in date and we saw the certificates and service contract to show they had been tested on 24 Sept 2016.
- Disposable curtains were in use in the clinical area and were marked with the date of last change.
- The waiting area had wipeable material sofas, which staff were able to clean.
- Clinical waste was disposed of correctly, in clinical waste bags and stored safely in a locked cupboard until collected by a specialist waste company, who collected on a weekly basis. This was in accordance with the Department of Health (2013) HTM 07-01: Safe management of healthcare waste.
- Equipment was labelled and dated with safety testing stickers to show checks had been made and equipment had passed the necessary safety tests.
- We were shown service records detailing the routine maintenance checks completed for the ultrasound scanners. The last checks carried out had been in March 2016.
- The hallway and lift within the building were cleaned and maintained under a management contract for the building.
- An external company for the management of the building provided the testing of water for legionella. We viewed the microbiology certificate of analysis testing on 29 February 2016, which showed no legionella was present in the water systems of the building. This test was taken annually.
- All equipment apart from the hysterecopes were single use disposable items and were all pre-packed in sterile packaging.
- The HCA did all of the stock ordering and had a good system for managing stock rotation and top-up. Records were kept of all orders and stock checks were made each morning to ensure sufficient supply and checks

were made on expiry dates. The HCA told us if they wanted to order a different item of stock, they would speak to the RM. They said there was no financial pressure with the ordering of materials.

Medicines

- The service had a medicine management policy, which was accessible to all staff. However, the policy had not been dated so we were unable to determine when the policy had been drafted or when it required further review.
- There were no controlled drugs kept at the centre and all medicines were stored in a locked cupboard, or, where they needed to be stored below a certain temperature, in a drugs refrigerator.
- The minimum and maximum temperature of fridges used to store medicines were monitored and recorded to ensure the medicines were kept at the required temperature. We viewed the log sheets for the recordings and found staff had completed them daily, recording the temperatures and signing confirmation. The logbook was kept beside the fridge for easy access. We saw fridges used for this purpose were clean and tidy and held no surplus or expired stock.
- The centre did not undertake any audits for the management of their medicines. However, there were systems in place, whereby the centre recorded medicines prescribed and administered, disposal, and safe storage.
- Medicines used in the treatment of abortion (abortifacient medicines) were only prescribed and administered once the legal requirements for obtaining the opinions of two doctors that the abortion could go ahead were met. We viewed sample patient records for those who had early abortion treatments and records showed the necessary forms had been completed and signed by two doctors.
- For termination of pregnancy treatment, Anti-D and Rhesus reagents were stored and logged appropriately in the fridge. This medication, called is given to patients with RhD negative blood, to help
- The consultant provided and administered antibiotics and contraceptive medications and checked the patients understood what the medications were for, and the importance of taking them as prescribed.
- We saw there were local records of drug ordering and receipt and medicines were stored safely in a locked cupboard in the consultant's room.
- There were systems for checking stock levels and expired medicines. All the medicines we looked at were in date and correctly stored in line with manufacturers' instructions.
- We saw there were correct disposal bins for unused medicines and they were being used correctly by staff. We were told a private specialist company collected the expired and unused medicines.
- We viewed the medicine stock cupboard. The RM told us he made a weekly check of all medicines and would place an order for new stock when they were required. This was kept in a medicine stock book.
- There were no controlled drugs kept on site.

Records

- The centre used an electronic system that was password protected for all patient records. Any paper based records, for example, consent forms were scanned into the system and collated to the patients file.
- Paper files were stored in locked cupboards in the staff office in line with the Data Protection Act 1998.
- All five patient records we viewed were legible, signed, dated, and followed the patient's journey from consultation, pre-assessment, treatment, post-operative care, and discharge. There was good informative note input from the consultants and anaesthetists.
- The care plans for the five records we looked at were complete and included risk assessments such as venous thromboembolism (VTE), allergies, and patient vital signs after procedures, medication prescribed and given and discharge information.
- For those patients undergoing termination of pregnancy procedures and for those records we viewed, we saw a copy of the HSA1 form, with two doctor's signatures was included in the patient notes. We also saw documentation of the reasons for seeking termination was clearly recorded in the patient record.
- For termination of pregnancy treatment, we were told the patient usually saw the consultant in the morning

for a private consultation, which included their reasons for wanting the termination, along with a medical risk assessment and discussion surrounding contraception. We were told a local GP then visited the centre in the afternoon and provided a second private consultation for the patient, whereby, the GP reviewed the reason for termination. If they agreed the same legal grounds for abortion had been met, they provided the second signature for the HSA1 form. We found this to be in line with Required Standard Operating Procedures (RSOP) 1: Compliance with the abortion act.

- If the GP was not available patients were referred to a private medical practice nearby, for consultation and confirmation from a second GP that the legal grounds for abortion had been met.
- All the records we viewed for termination of pregnancy treatments showed patients had seen the consultant in the morning and notes of the patient's reasons for wanting an abortion were clearly noted in their records. We also saw the input of the second doctor (GP) and their separate consultation and discussion with the patient was recorded.
- All the notes we viewed for patients having minor treatments were legible, accurate, complete, and up to date..
- Patients were provided with a copy of their discharge letter and with their consent, a copy was sent to their GP.
- The computers were backed up by servers to ensure confidential information was not destroyed.

Safeguarding

- The registered manager was the designated member of staff (safeguarding lead) responsible for acting upon adult or child safeguarding concerns locally, and for ensuring staff were adequately trained on issues relating to safeguarding. They were trained to safeguarding level 3.
- Staff we spoke with confirmed they had received training in safeguarding at a level appropriate to their role. The HCA had just completed safeguard training level two.
- Staff had access to safeguarding policies and procedures, which included contact details for the local adult safeguarding team.
- Safeguarding policies were available but, were not updated to reflect the intercollegiate document 2014. However, staff were up to date with the new guidelines and were able to demonstrate their understanding of the different types of abuse that could take place. For example, staff we spoke with were able to tell us what actions they would take with female genital mutilation (FGM) incidents, child exploitation situations, and domestic violence and abuse. They had attended an external course and we viewed certification of attendance and completion.
- There had been no safeguarding incidents reported in the last year.
- At the time of our inspection we were told the centre did not see any patients under the age of 18.
- For those patients undergoing treatment for termination of pregnancy, they had a private consultation with the consultant. Partners or supporters were not allowed in the initial consultation. This gave the patient the opportunity to discuss any issues privately with the consultant and enabled the consultant to ensure the patient was not being coerced into treatment.

Mandatory training

- The HCA and consultant had recently completed mandatory training in September 2016, and we were shown the certificates they received for completing the training. An independent company provided the mandatory training. Subjects covered, included, health and safety, information governance, fire safety, equality and diversity, IPC, basic life support, safeguarding levels 1and 2, manual handling, complaints handling and lone working. Mandatory training was completed annually.
- The consultant gynaecologist was also anaesthetist trained and was able to provide advance life support (ALS). We viewed the records which confirmed this.
- All anaesthetists who worked at the centre were ALS trained and we viewed staffrecords to confirm this
- Consultants completed their mandatory training at the NHS establishment they routinely worked at. They were

required to provide evidence of completion of mandatory training. Records we viewed demonstrated those consultants had completed up to date mandatory training.

Assessing and responding to patient risk (theatres, ward care and post-operative care)

Minor surgery treatment

- The centre used a surgical safety checklist based on the World Health Organisation (WHO) guidance. The WHO checklist was developed to reduce errors and adverse events, and increase teamwork and communication in surgery. We saw the WHO checklist completed for the one patient we observed undergoing a surgical termination procedure. The briefing and debriefing stages took place between the consultant and HCA at the appropriate times. The consultant and HCA worked well together and swab counting was recorded.
- The service did not have a policy for the transfer of deteriorating patients. However all staff we spoke with told us if a patient deteriorated, that is their vital signs and observations after treatment were not satisfactory and showed signs of declining, they would contact emergency services. Vital signs included blood pressure, respiratory rate, heart rate, temperature, urine output and pain. Although the centre did not use an official early warning score (EWS), the patient was observed and monitored at regular intervals and findings were recorded in the patient notes. EWS is a guide used by medical services to quickly determine the degree of illness in a patient.
- As the service was so small the consultant directly observed and monitored the patient after treatment. We observed the consultant monitoring the patient after treatment and recording the patient's vital signs on their records at regular periods.
- We were told if a patient required conscious sedation, the anaesthetist would remain on site and monitor the patient until they were discharged. We were unable to observe an anaesthetist during the inspection, but records we viewed showed information recorded by the anaesthetist included observation information until the patient had been discharged.
- The HCA assisted the consultant in asking the patient if they were pain free and making them as comfortable a possible.
- We were told there had been no unplanned transfers to other hospitals in the past year.
- Before and after treatment, all patients were assessed for their general fitness to proceed. This assessment included obtaining a medical and obstetric history and measurements of vital signs, including blood pressure, pulse, and temperature.
- All patients undergoing minor surgical procedures were risk assessed for Venous Thromboembolism (VTE) risk assessment. VTE is a collective term for deep vein thrombosis, a blood clot that forms in the veins. Records we reviewed indicated all patients had received a VTE risk assessment; however, the centre did not audit their VTE assessment records. It is good practice to audit patient records to ensure VTE risk assessments have been completed for all patients. This would enable the service to monitor their performance and make improvements if results were low.

Termination of pregnancy treatments

- Those patients undergoing termination of pregnancy treatment had a blood test performed to establish if they had a rhesus negative blood group. These patients received treatment with an injection of anti-D to protect against complications should the patient have future pregnancies. Staff offered all patients the screening for sexually transmitted diseases.This was in line withRoyal College of Obstetricians and Gynaecologist (RCOG) 'guideline 7'.
- A scan was taken during and after treatment for those patients undergoing termination of pregnancy procedures to ensure there were no retained products of conception.
- Patients who had a medical termination returned to the centre one week later for an ultrasound scan to ensure there were no retained products of conception.
- The patient pathway for termination of pregnancy, involved, all patients receiving an ultrasound scan to confirm dating, viability, multiple gestations and the location of the implantation. We were told those patients who had further complications were referred to the nearest independent hospital.

Surgery

- Patients undergoing termination of pregnancy treatment who were unsure of their decision were referred to a private counselling clinic nearby.
- At the time of our inspection the service were advertising for a registered nurse. We were told the HCA did not perform any duties that was beyond the scope of their role. From our observations, the consultant was present throughout the pathway of care for the patient and would perform all clinical observations and checks. The HCA would support the consultant by providing patient care in terms of setting up equipment, cross infection and ensuring the patient was comfortable. The consultant told us, when working with the HCA, they would not expect them to perform duties that would be carried out by the registered nurse, and they would always be present with the patient when providing treatment and aftercare.

Nursing and support staffing

- The centre employed one HCA and had a vacancy for one registered nurse at the time of our inspection. Since the inspection, we have been provided with evidence to show a registered nurse has now been employed full time .
- Agency staff were used to cover holiday and sickness but were rarely used as usually the registered nurse and HCA would cover each other's leave. The sickness rate for July 2015 to June 2016 was 0%; therefore, no agency cover was required.

Medical staffing

- The consultant gynaecologist who was the registered manager led the service. There were 11 doctors including anaesthetists with consultant capacity who had practising privileges to work at the centre. Practising privileges is a term used when doctors have been granted the right to practise in an independent hospital, having satisfactorily provided evidence of the fitness to practice, along with other essential information.
- The registered manager, had a system in place, whereby fitness to practice was regularly monitored. For example if a doctor or anaesthetist appraisal was due, this would be flagged up on the computer system and the doctor would be reminded to provide evidence.
- Files we viewed contained evidence of fitness to practise, appraisals, safety training undertaken at their substantive NHS hospital, GMC registration, and professional indemnity cover.
- The service had a 100% validation of registration for all doctors and anaesthetists working at the centre.
- The consultant gynaecologist provided cover for weekend and out of hours. Patients were able to call the centre and the call was directed to the consultant.

Emergency awareness and training

- Staff we spoke with were able to describe what actions they would take in the case of an emergency such as a serious fire.
- Fire safety checks were completed regularly to ensure the premises was safe for use, fire extinguishers had been checked, and we saw the certificates to show checks had been completed.
- We were told if there was a major power outage, the service would contact the company responsible for the management of the building. This company was contactable on a 24 hour basis seven days a week as other medical services operated from the building.

Are surgery services effective?

In general, the centre had effective systems in place.

Evidence-based care and treatment

- Patient care and treatment reflected current legislation and nationally recognised evidence-based guidance. Guidelines were developed in line with the Royal College of Obstetricians and Gynaecologists (RCOG) and the National Institute for Health and Care Excellence (NICE) guidelines.

Minor surgery

- We reviewed five patient records, which all showed, evidence of regular observations, for example, blood pressure and oxygen saturation, to monitor the patient's health post-surgery. Staff had completed all five observation charts in line with NICE guideline CG50: Acutely ill patients in unit- recognising and responding to deterioration

Surgery

- Venous thromboembolism (VTE) assessments were completed at pre assessment and re assessed on admission in accordance with NICE clinical guideline CG92 'reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in patients admitted to unit.
- We saw national data audits which were submitted to the British Society for Colposcopy and Cervical Pathology. The audit for last year of showed 54 cases with abnormal cytology. The service participated in this audit every three years.
- The gynaecologist surgeon used national standards for the referral of patients for tests for health conditions. For example, on the few occasions where patients with suspected cancers needed more than Lletz treatment, the centre would arrange a package for surgery at a private hospital to ensure the patient was treated quickly. Lletz treatment is the use of a wire loop with an electric current, to remove abnormal cells from a cervix.
- The centre kept their policies in a folder, which could be accessed by all staff. Staff we spoke with were able to show us where the policies could be found.

Termination of pregnancy

- As part of the approval, process for services to provide termination of pregnancies, in addition to compliance with CQC requirements the service must comply with a set of standards, which take into account legal requirements, and best practice. These standards are called Required Standard Operation Procedures (RSOP).
- RSOP 9 relates to the gestational limits with respect to termination. We were told the maximum gestational age accepted for termination was nine weeks. The service was prescribing and administering abortifacient medication for early-medical abortion, where a pregnancy was up to nine weeks and provided early surgical abortion, for up to nine weeks gestation using, using local anaesthesia and/ or conscious sedation.
- RCOG guidance and RSOP 13: 'Contraception and Sexually Transmitted Infection' (STI) Screening suggest that information about the prevention of sexually transmitted infections (STI) should be made available and all methods of contraception should be discussed at the initial assessment. Plans were made and agreed for contraception after the abortion. We found the consultant provided this information during the consultation stage. Patients were provided with contraceptive devices at the centre. These included long acting reversible methods of contraception (LARC), which are considered to be most effective by the National Collaborating Treatment unit for Women's and Children's Health.
- The centre offered early medical abortions (EMA) with a 24 or 48-hour delay between the two treatments, which was in line with RCOG guidance.
- All patients undergoing termination of pregnancy procedures were treated with prophylactic antibiotics to prevent infection in accordance with national RCOG 'guideline number 7'.
- There were policies based on antibiotics given for EMA. Antibiotics were given for three days for surgical terminations and seven days for a medical termination.
- Contraception was discussed with all EMA patients and the contraceptive pill, coil or Mirena (hormonal) coil was offered. Patients who opted for the coil contraception were offered the devices with their treatment.
- Patients were provided with a follow up consultation one or two weeks after EMA treatments, whereby an ultrasound scan determined the procedure has been successful.
- Ultrasound was used in surgical procedures to reduce the risk of surgical complications, such as perforation of the uterus, in accordance with RCOG guidance.
- Records we viewed showed long acting reversible contraception (LARC) intrauterine devices (IUDs)were offered within the same appointment as surgical termination procedures in line with RSOP 13: Contraception and sexually transmitted infections (STI) screening

Pain relief

- Pre and post procedural pain relief was prescribed by the registered consultant and recorded on the patients records.
- Patients having EMA were given a diclofenac pessary to use at home three hours before a surgical manual vacuum aspiration (MVA) procedure. They were also

offered pain relief afterwards. Patients having medical terminations were also given pain relief after administration of the second tablet. All pain relief medication was given by the consultant.

- We observed the HCA ask patients if they were comfortable and in need of pain relief.
- We were told the anaesthetist reviewed patients prior to leaving to ensure they were comfortable. Patients were given the consultants direct number so they were able to contact them should they experience pain after leaving the centre.

Nutrition and hydration

- Post treatment patients were offered either water, tea or coffee and small snacks.
- The service did not offer general anaesthesia so patients did not have to fast before a procedure.

Patient Outcomes

- The centre had completed approximately 241-day case procedures between July 2015 and June 2016. Procedures included early surgical termination of pregnancy, labioplasty, vagionplasty,hymen repair, hysteroscopy, incision/marsupialzation of Bartholin's cyst, mini curette of uterus and loop excision of the cervix.
- Information provided showed there were no patients returning or readmitted to the centre post discharge.
- The service was unable to provide evidence of how they benchmarked themselves against the Department of Health (DH) abortion statistics. They were unable to provide outcome results on all subjects in place under required standard operating procedures (RSOP) 16 'Performance Standards and Audit', as they did not routinely collect the data.
- The service did list those patients that did not proceed with termination of pregnancy treatment.

Competent staff

- We viewed staff personnel records. All records contained staff members curriculum vitae (CV), full employment history, proof of ID, qualifications, the disclosure and barring service (DBS) checks , training certificates, induction checklists, medical indemnity insurance, recruitment checklists including Hep B status. Most staff members training certificates had been completed at their respective NHS trust place of work.
- The service had a system for fitness to practice checks. The computer system was able to 'flag' through to the RM when a staff member was due for review of their skills, knowledge, and character to practice their profession.
- We were told all new staff completed an induction-training programme, completed mandatory training, and had received an annual appraisal. The HCA confirmed they had received an induction when they had joined the service and their records showed they completed an induction course.
- Revalidation is a mechanism fordoctors, nurses, midwives practising in the UK to prove their skills are up-to-date, and they remain fit to practise medicine. It is intended to reassure patients, employers and other professionals, and to contribute to improving patient care and safety. Consultant and anaesthetist records we viewed included General Medical Council membership number, evidence of revalidation, a performance review, and certification of qualifications and experience.
- We were told colposcopist consultants must have attended at least one British Society or Colposcopy and Cervical Pathology (BSCCP) recognised intermediate/ advanced postgraduate meeting, or alternatively a BSCCP annual scientific meeting, in the preceding three years. From the records, we viewed the gynaecologist kept up to date with practice.
- Certificates displayed in the consultants room included: Membership of the Royal College of Obstetricians and Gynaecologists, 1977, Fellowship of the Royal College of Obstetricians and Gynaecologists, 1997, Member of the International Society of Ultrasound in Obstetrics and Gynaecology, Member of the British Society for Colposcopy and Cervical Pathology and Mini Fellowship in Reproductive Immunology – Rosalind Franklin University, Chicago, USA, 2010.
- The consultant regularly attended external courses and gave lectures on gynaecology to keep up to date on the latest information and to engage with outside professional bodies.

- The consultant was able to describe how they dealt with poor performance and gave an example of someone they had to dismiss but we did not see any documented evidence of this.
- Bank and agency consultants were not used due to the specific specialty of the service.
- The registered manager and consultant who owned and led the practice had their appraisal completed by the Independent Doctors Federation (IDF), and this had recently been completed on 21 August 2016. The IDF is an independent medical practitioner organisation and designated body that deals with all matters relating to private medicine, education, and revalidation.
- Reception staff and the HCA told us they received training if required. The consultant was supportive of training courses they wished to attend.

Multidisciplinary working

- We observed the HCA and consultant work well together. They discussed patient's treatments on how to proceed, prior to the patient visiting the centre.
- The centre had a good local network, which included counsellors and GP services.
- For termination of pregnancy treatments, records we viewed and discussions we observed between the RM and GP showed a good level teamwork and multidisciplinary working through the patient's pathway of care.

Seven-day services

- The centre was opened six days a week from Monday to Saturday. Patients were able to contact the centre out of hours and we were told for emergency occasions the consultant would see a patient on a Sunday with support from the HCA if necessary.
- There centre had a pool of anaesthetists they used to ensure the service ran smoothly.

Access to information

- Test results were delivered within a few days of procedures and could be communicated to the patients GP with their consent. We saw evidence of test results returning a few days after consultation and patients being notified.
- The consultant told us most patients who had undergone termination of pregnancy procedures did not want their GP informed and the centre respected their wishes.
- Medical notes were available to all staff via the computerised system. Staff were able to access two computers in the staff office. Diagnostic results were available to all clinical staff when they needed them.
- Patients were given discharge information, which explained actions they should take if they experienced difficulties and emergency contact details.
- Discharge letters to the patients GP were provided if the patient consented and required this.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We observed consent being taken during a consultation. The patient was given detailed information of the treatment and the risks associated with the procedure. The patient was given time to consider their options and the opportunity to ask questions before consent was taken. The patient was given a consent form to sign and this was scanned into the patient's records.
- Consent was obtained at the initial consultation and confirmed on the day of treatment.
- We were told patients requiring treatments which were cosmetic were given time of two weeks in between the consultation and before they booked a treatment appointment to consider their options.
- For patients undergoing abortion treatment, The Department of Health RSOP 8 relates to consent. For patients who underwent termination of pregnancy procedures the two consultants we spoke with told us they would determine the reasons why the patient wanted an abortion and their medical and emotional fitness before agreeing to consent.
- As the centre did not see patients under the age of 16, the Gillick competence and Fraser guidelines were not used. However, the consultant was able to describe the guidelines in detail.
- In line with Department of Health RSOP 14 'counselling' was part of the consent process. Counselling services were offered to all patients at a nearby independent counselling centre.
- The HCA had not received training on the Mental Capacity Act, but showed an understanding of how to manage patients who required a sensitive approach.

- The centre was able to refer patients to other private clinics and hospitals who were more equipped to deal with patients requiring extra support.

Are surgery services caring?

The centre provided a caring and kind service to patients.

Compassionate care

- We observed staff were professional and treated patients and their companions with respect. Care was delivered with compassion and kindness.
- Patients we spoke to described the care as 'kind and respectful' and they told us they had received good explanations on all aspects of their treatment from pre-assessment to discharge.
- The female HCA was present throughout the patient's treatment. They provided privacy for the patient by closing the curtain and assisting the patient undressing. A gown was provided for patient's dignity and the patient's upper body and legs were covered during physical and intimate care.
- The consultant and HCA routinely asked the patient if they felt comfortable throughout treatment. We observed the consultant forewarn the patient of parts of the treatment that would be uncomfortable.
- Patients completed a feedback and satisfaction form after each consultation and treatment. We were told if patients made unsatisfactory comments, the consultant would speak with them to receive feedback on improvements they could make at the centre.

Understanding and involvement of patients and those close to them

- Written information was available to patients, which reinforced verbal conversations.
- For those patients undergoing termination of pregnancy, staff explained all the available methods of treatment that were appropriate and safe to women. The centre considered both medical and emotional needs whilst explaining options.
- Staff told us patients were not routinely made aware of the statutory requirements of the HSA4 forms and were not informed the data published by the Department of Health for statistical purposes was anonymised.

Emotional support

- All staff including non-clinical members were aware of the importance of providing emotional support and advice. We observed kind and positive interactions between staff and patients.
- Counselling was available for all patients accessing the service, especially those undergoing termination of pregnancy treatment. Counselling was provided at another established private clinic and patients could be referred and seen promptly.A supporter could accompany patients using the service during consultations and treatments if the patient requested.

Are surgery services responsive?

Service planning and delivery to meet the needs of local people

- The centre was operational six days a week, Monday to Saturday inclusive and was accessible to the local population and those further afield including people living overseas. A range of gynaecological treatment options were available.
- Those patients seeking a termination of pregnancy and over nine weeks gestation were referred other independent services nearby.

Access and flow

- The centre was open Monday to Saturday, sometimes until 8pm, depending on patient activity and choices.
- Patients were able to book appointments by telephone and telephone consultations were available along with pre bookable consultations and some same day appointments.
- Patients were usually seen within a day or two after requesting an appointment.
- As far as possible appointment, times were made for the length of the expected consultation or procedure. Appointments sometimes overran and staff apologised to the waiting patients; however, we were told this was not a regular occurrence.
- Patients accessed the centre by GP referral, word of mouth, or internet advertisements. A number of patients were regular clients.
- When patients arrived at the centre, they reported to the reception and were directed to the waiting area. The patients were then seen in the consultation room, whereby depending on their treatment they either remained in the consultation room or were prepared to

be taken next door to the treatment room for their procedure. They remained in the treatment room to recover to ensure they were stable and pain free and then were taken back to the waiting area and given refreshments.

- RSOPS 11: Access to timely abortion services state that patients seeking a termination of pregnancy should be offered an appointment within five working days of referral and the abortion procedure should be carried out within five working days of the decision to proceed. We were told patients seeking termination of pregnancy treatments did not wait longer than 10 days from their first consultation to completion of treatment. Records we viewed verified this.
- The two patients we spoke with told us getting an appointment was easy and made at a time that suited their needs.

Meeting people's individual needs

- The consultant saw many patients of different nationalities and was able to converse in English and Arabic. The HCA spoke fluent Spanish.
- Professional translation services were available to those patients who required assistance and were located nearby.Privacy and dignity was maintained at the centre by having screens in the consultation room and private treatment room away from the waiting area. The centre had a lift, which was suitable for people who used wheelchairs, but they did not provide a hoist. Patients with more complex needs were referred to another local provider.
- Consultation appointments were tailored to meet the individual's needs. If a patient required more time, then their appointment was extended.
- Staff told us that very occasionally patients with complex needs or particularly vulnerable groups approached the service. If the centre could not provide the facilities and best care for those patients they would refer them to the relevant appropriate service nearby.
- The waiting area was comfortable with refreshment facilities provided and toilet facilities close by.Patients were given the opportunity to watch their ultrasound scans on a monitor but screens could be turned off if they preferred not to watch.
- The consultation room provided privacy for patients and conversations could not be heard outside of the room.Patients were able to watch television during surgical procedures.The patient waiting area and consultation room were spacious, could accommodate all patients, and allowed for wheelchair access
- The two patients we spoke with gave us positive feedback about the service, citing examples such as friendliness and professionalism of staff and the high standard of care.
- Patients were given discharge information and what to do if they were feeling unwell and who to contact during opening and closing hours. There was an emergency number enabling patients to be placed through to the consultant.
- Patients were offered information about disposal of pregnancy remains through discussion, in line with the Human Tissue Authority published guidance of March 2015 and the Royal College of Nursing guidelines. For intimate examinations, the consultant asked the patient if they preferred the HCA to be present throughout the examination. During our inspection, we observed the HCA remain throughout all examinations.

Learning from complaints and concerns

- The centre had system for handling complaints and concerns. The service had not received any complaints between July 2015 and June 2016.
- The complaints policy outlined that a complaint would be acknowledged in two days and a response within 20 days but was usually actioned sooner. The policy stated the consultant handled all complaints himself. If the complaint was not resolved, the patient was advised to contact the independent doctor's federation or the CQC. We were unable to verify this, as there were no complaints received within the past year.
- If the complaints were related to medical management, feedback and outcomes from complaints were fed back to the nurse. If the complaint was related to administrative errors then discussion took place between the consultant and administrative staff.
- The complaints procedure policy was displayed in the patient waiting room along with feedback questionnaires.

Are surgery services well-led?

Vision and strategy for this this core service

- The centre vision was to deliver high quality care and promote good outcomes for patients. Staff understood what the values and purpose of the service were, and what was expected of them.

Governance, risk management and quality measurement

- The centre had a number of policy and procedures in place to govern activity and these were available to staff.
- There was no formal risk register in place at the service, but we were told risks were identified and acted upon, with discussion and involvement from staff, straight away.
- Although the risk associated with the inadequate decontamination processes for hysteroscopes had not been identified, staff were able to give examples of risks they had identified and helped to resolve. These ranged from ensuring rugs at the centre were not frayed to avoid trips and falls and how to accommodate patients if the lift did not work.
- There was risk management documentation, which provided guidance to staff on how to manage risks for certain clinical activities. There was a VTE risk assessment policy, antibiotic risk assessment policy and guidance staff should follow for cosmetic and abortion procedures. For example, ensuring patients were always offered counselling before any procedure.
- The assessment process for termination of pregnancy legally requires that two doctors agree that at least one and the same legal grounds for termination of pregnancy are met and sign a form to indicate their agreement (HSA1 Form). We looked at the termination patient records dated from June 2015 and found that all forms included two signatures and the reason for the termination.
- The Department of Health (DH) requires every provider undertaking termination of pregnancy to submit data following every termination of pregnancy procedure performed, within 14 days, using a HSA4 form. We observed the completion of one form electronically through the patient record, which was uploaded to the DH following the completion of a procedure. However, the service was not auditing the compliance of this.
- Their service did not have a quality dashboard and did not perform audits to monitor quality for continuous improvement.

Leadership / culture of service related to this core service

- The consultant was supportive in their leadership of staff. Staff told us they were able to give their views, could raise concerns, and felt they were listened to.
- All staff were well informed about how the service worked and were proud to work for the organisation.
- Patients were asked for their views by the centre.
- We saw the clinical and non-clinical staff working well as a team and supporting each other. Staff said the consultant was open to suggestions to meet their developmental needs. For example, the HCA expressed interest in booking an ultrasound course and the consultant has been supportive for them to do this.
- We were told regular meetings took place to share information; look at what was working well and where any improvements needed to be made. These were not minuted due to the size of the service.
- The centre had Department of Health (DH) certificate of approval displayed in the reception area as a designated provider of termination of pregnancy services.

Public and staff engagement

- The centre used various means of engaging with patients and their families. These included feedback questionnaires at the consultation stage and patient survey: quality assurance questionnaires, which were placed in the patient waiting area. The uptake of the quality assurance questionnaires was very low and the centre relied more on the feedback questionnaires provided at the consultation stage. The centre told us they had received 100% positive feedback within the last year from the feedback questionnaires.
- Patients were able to obtain information form the centres website, for example information on patient fees, types of services offered and information on the background of the service.
- Notices and information on health and safety were displayed in the staff reception area and the consultant's room.
- Staff we spoke with told us they felt they were able to make suggestions and participate in shaping the service. For example, the HCA said she was able to recommend using different stock suppliers and equipment to the consultant and felt trusted in being able to do so.

Surgery

Innovation, improvement and sustainability

- We saw staff wanted to learn, develop, and improve their skills and were given time, resources, and encouragement to do so.
- The centre had recently purchased a new updated ultrasound machine.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- We gave immediate feedback to the service regarding the decontamination of hysteroscopes, as improvements were required to ensure the service was following national guidelines. Within two days of our inspection feedback, the centre had reacted and provided an action plan and evidence of a new service level agreement between themselves and a hospital trust for the provision of sterile services, which took place with immediate effect.
- Provide dates on the policies, which were used to inform staff practices. Although policies provided information to support the delivery of the services, they were not in-depth nor dated. As a result, it was difficult to determine when they came into use, when they required a review or if they had been updated.
- Update the safeguarding policy to reflect the intercollegiate document 2014 and latest guidelines.
- Provide a policy for the duty of candour. Although staff were able to tell us this meant being open, transparent, and apologising to patients when things went wrong, there was no policy at the centre.
- Make sure the health care assistant (HCA) was not referred to as a nurse, which was misleading to patients, and may have led to assumptions about their skills and competencies. Staff told us patients who attended the service for a termination of pregnancy were not routinely made aware of the statutory requirements of the HSA4 forms. They were not informed the data published by the Department of Health for statistical purposes was anonymised.