

National Unplanned Pregnancy Advisory Service Stoke

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

National Unplanned Pregnancy Advisory Service Stoke is operated by National Unplanned Pregnancy Advisory

Service Limited. The service does not have overnight facilities. Facilities at the service include treatment, screening and consultation rooms, a waiting area and offices all which are located on the ground floor.

Summary of findings

The service provides early medical abortions up to 63 days, medical abortion advice and treatment, surgical abortion advice, contraception and pregnancy testing. An early medical abortion involves taking medication to end a pregnancy, it doesn't require surgery or anaesthetic and is more commonly known as the abortion pill. It involves taking two different types of pills at two different times. The service no longer provides manual vacuum aspirations.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 19 June 2019.

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 rate

We rated it as **Good** overall.

We found the following areas of good practice:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care that took account of patients' individual needs and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However, we also found the following issues that the service provider

- The service did not always meet their monthly target rates for some waiting times. This was identified by the service as being due to patient choice, bank holidays and a lack of sonographer.
- Effective systems were not in place to check emergency equipment and consumables were consistently safe for use.
- The provider did not provide staff with any specific training around patients with a learning disability.
- Two policies were not up to date as they were under review.
- The service did not keep an informal log of complaints to learn from them.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Deputy Chief Inspector of Hospitals

Nigel Acheson

Summary of findings

Our judgements about each of the main services

Service

**Termination
of pregnancy**

Rating

Good



Summary of each main service

Termination of Pregnancy was the main activity of the clinic. We rated this service as good overall because it was good in safe, effective, caring, responsive and well led.

Summary of findings

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Good 

National Unplanned Pregnancy Advisory Service Stoke

Services we looked at

Termination of pregnancy

Summary of this inspection

Background to National Unplanned Pregnancy Advisory Service Stoke

The National Unplanned Pregnancy Advisory Service Stoke (NUPAS) opened in 2004 and began offering early medical abortions in 2009. The service stopped doing surgical, manual vacuum aspirations in October 2018. The service provides abortion information and consultation, early medical abortion up to 63 days, free pregnancy testing and contraceptive advice. At the time of the inspection the service was not funded to undertake sexually transmitted infection screening. However, leaders told us that all patients are signposted to local sexual health services for screening and that high-risk patients were encouraged to have screening if they were proceeding to surgical interventions.

At the time of the inspection there was a registered manager in post.

We have inspected this service three times, in 2012, 2013 and 2017. The service was not previously rated.

National Unplanned Pregnancy Advisory Service Stoke is operated by National Unplanned Pregnancy Advisory Service Limited; it is in Newcastle Under Lyme, Staffordshire. The service primarily serves the communities of Stoke and North Staffordshire. It also accepts some patient referrals from outside this area.

At the time of the inspection there were no surgical lists undertaken at the service in Stoke on Trent. Any patients needing a surgical procedure were referred out to the Manchester clinic.

Our inspection team

The inspection team that inspected the service comprised of a CQC lead inspector, and a specialist advisor with expertise in midwifery and maternity. The inspection team was overseen by Victoria Watkins, Head of Hospital Inspection.

How we carried out this inspection

During the inspection, we visited all areas of the clinic. We spoke with seven staff including the registered manager,

a registered nurse, health care assistants, clinic co-ordinator and senior managers. During our inspection, we reviewed six sets of patient records and spoke with two patients.

Information about National Unplanned Pregnancy Advisory Service Stoke

The service provided the following regulated activities: -

- Diagnostic and screening procedures
- Family Planning
- Termination of Pregnancy
- Transport Services, triage and medical advice provided remotely

-Treatment of disease, disorder and injury.

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 three times, and the most recent inspection took place in January 2017 which found there were areas for improvement. These included

Summary of this inspection

- Considering systems of working that fully mitigate the risk of managing an emergency within the small recovery rooms.
- Ensure that the World Health Organisation (WHO) five steps to safer surgery checklist was used to minimise risks to patients.
- However, the service no longer provided surgical abortion methods so this no longer applied.

Activity (March 2018 to February 2019).

The service had carried out 1264 early medical abortions from March 2018 to February 2019. The service did not carry out abortions after nine weeks of gestation.

The service had treated one child between 13 and 15 years from March 2018 to February 2019. They had not treated any children under 13 years of age.

Track record on safety

- Zero Never events
- Zero serious incidents
- Two complaints

The service had a contract in place with two local clinical commissioning groups.

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 rated it as **Good** because:

Good



We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it.
- The service-controlled infection risk well. The service used systems to identify and prevent infections. Staff used control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance, use of facilities and premises kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff did not use safety thermometer, however they completed risk venous thrombosis assessments in line with policy.

However, we also found the following issue that the service provider needed to improve.

- Effective systems were not in place to check emergency equipment and consumables were consistently safe for use.

Summary of this inspection

Are services effective?

We rated it as **Good** because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- The service provided patients with enough fluids to stay hydrated.
- Pain relief was available when patients needed it.
- Staff monitored the effectiveness of care and treatment, they used findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However, we also found the following issue that the service provider needed to improve.

- There were two policies which were out of date as they were under review.

Good



Are services caring?

We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Good



Are services responsive?

Are services responsive?

We rated it as **Good** because:

Good



Summary of this inspection

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of most individual needs and preferences.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However, we also found the following issues that the service provider needed to improve.

- The service did not always meet their monthly target rates for waiting times. This was identified by the service as being due to patient choice, bank holidays and a lack of sonographer.
- Leaders told us staff had no specific training on learning disabilities. There were no plans for specific training on learning disabilities in the future.
- The service did not keep a log of informal complaints, so they could learn from these.

Are services well-led?

Are services well-led?

We rated it as **Good** because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a clear set of values. NUPAS also had a set of strategic objectives.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to

Good



Summary of this inspection

understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

- Leaders and staff actively and openly engaged with patients to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Detailed findings from this inspection






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Termination of pregnancy	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

Termination of pregnancy

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are termination of pregnancy services safe?

Good 

We rated it as **good**.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

All staff received and kept up to date with their mandatory training.

There was a programme of mandatory training in place which all staff had completed.

Mandatory training included infection control, cardiopulmonary resuscitation (CPR) and defibrillator training, information governance, fire safety, equality and diversity and prevent.

All eight staff had received basic life support training in September 2018.

Staff completed a mixture of on line and face to face training. All clinical staff had completed sepsis training which included sepsis in primary care, secondary care and paediatrics.

The registered manager was responsible for reporting on training which they monitored monthly.

Safeguarding

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

All staff received training specific for their role on how to recognise and report abuse.

All staff who were involved in the care of patients under 18 were trained to safeguarding children and adults' level 3. Two staff had completed designated safeguarding officer training level 4.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff gave examples of when they had raised a safeguarding concern with the manager who was also a safeguarding lead. Leaders were aware to refer safeguarding concerns to the local authority. The service had two safeguarding leads and staff knew who they were.

Safeguarding concerns were discussed in daily safety huddles. There were arrangements in place for reception staff to follow up patients who did not attend their appointments. There was a did not attend policy in place that was in date.

Staff kept a safeguarding log that contained important information such as the date, if a safeguarding referral had been completed and what advice was given. The log contained details and outcomes of concerns; for example, if the police had been contacted.

On arrival patients were provided with several forms to complete including one entitled are you feeling safe? The form had a series of questions for the patient to answer such as how old are you, do you have a social worker,

Termination of pregnancy

details about the relationship they were in such as have you ever been forced to have sex and how old is your sexual partner, do you feel safe and if not can you tell us why.

There was a safeguarding children and vulnerable adults' policy in place. The policy was in date and version controlled. It contained details on how to refer a safeguarding concern, information on child sexual exploitation (CSE), definitions and referenced relevant legislation such as Children Act 1989 and 2004 and the Care Act 2014.

There was also details of the key principles underpinning safeguarding, information on PREVENT (safeguarding people and communities from the threat of terrorism), human trafficking, domestic violence and abuse, types of abuse, staff roles and responsibilities and reference to training requirements. We noted there was a Department of Health poster on female genital mutilation (FGM) mandatory reporting duty including an algorithm.

Systems were in place to make sure that the identity of women accessing the service remained confidential at all times. Staff did this by not announcing patient names but using numbers when calling them in for appointments. There were posters on display advising patients there was no photography allowed in the clinic.

There was safeguarding information on honour abuse and forced marriage on notice boards with a contact number. There was information available on domestic violence.

Staff told us if a child under 13 was to attend the service for treatment this would be an immediate referral to the police. This is because a child under 13 years of age is not considered in law to be able to consent to sexual activity.

The provider had completed an audit report titled safeguarding adults and children in March 2018. The purpose of the report was to ensure that National Unplanned Pregnancy Advisory Service (NUPAS) as an organisation had pathways in place to protect vulnerable people from risks of harm. The audit involved 50 sets of notes being allocated to each centre manager with each centre manager auditing another centre. Actions identified included to complete all safeguarding forms as not all forms were being completed fully and to re audit under 18's as they were not included in the audit. Following the inspection leaders told us this had not yet been audited

again as it was a cross company audit that had been commissioned by an incoming medical director. However, it had been added to the annual audit plan and would be audited again accordingly.

Leaders told us if a child was over the age of 13 they would consider the child's ability to consent, the support they had in place, if there was a responsible adult over 18 and their home circumstances, if they had concerns they would liaise with the local authority. The service had links with another organisation who could support children to speak to their parents if needed. Staff were aware of Gillick competency and Fraser guidelines. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.

Leaders told us they were clear with patients' that all information would be kept confidential; however, if staff were worried about their safety they would have a duty to report their concerns to the local authority.

All patients presenting for treatment were given the opportunity to be seen alone which would give them the opportunity to disclose any concerns of coercion during a private moment. There were signs in the waiting room that advised of this. There was a chaperoning policy in place for intimate procedures; this was in date and due for review in 2020.

Staff had disclosure and barring checks (DBS). The organisation kept a record of the DBS reference numbers and issue dates.

Cleanliness, infection control and hygiene

The service-controlled infection risk well. The service used systems to identify and prevent infections. Staff used control measures to protect patient, themselves and others from infection. They kept equipment and the premises visibly clean.

All areas were clean and had suitable furnishings which were clean and well maintained.

Equipment had "I am clean" stickers on to show when it had last been cleaned. Curtains in clinical rooms had the dates the curtains had last been changed which were within the previous six months.

There was a weekly cleaning rota file in place. The rota was completed by the cleaner of the service and included

Termination of pregnancy

clinical rooms, toilets, windows, waiting rooms and offices. Some tasks were completed daily, others weekly. The cleaner attended the service for a minimum of 1.5 hours per day. Once a month the supervisor from an external cleaning company did a quality walk around the service.

There were weekly cleaning checklists for staff to complete such as bins, soap sanitizers, desks and trollies for each clinical room. The registered manager told us that deep cleans took place twice a year.

We reviewed three sets of staff meeting minutes (March, April, May 2019) and found infection control was a standard agenda item.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore personal protective equipment when supporting patients. Disposable aprons and gloves were readily available in treatment rooms. All staff were arms bare below the elbow.

Leaders completed hand hygiene audits, we reviewed hand hygiene audits from February 2019 to April 2019 and found they were all 100%. There were posters on display around hand hygiene and hand gel was available for patients and staff.

Staff completed infection control audits. We reviewed an infection control audit report dated April 2019. The report included kitchen area, clinical environment, hand hygiene and governance and documentary evidence all of which scored 100%.

Clinical rooms had hand washing facilities, antiseptic wipes and displayed handwashing techniques.

Staff cleaned equipment after patient contact and labelled equipment to show it had been cleaned. There were washroom/toilet hygiene check charts in place which showed checks were completed several times a day.

Environment and equipment

The design, maintenance, use of facilities and premises kept people safe. Staff managed clinical waste well. However, effective systems were not in place to check emergency equipment and consumables were consistently safe for use.

The service had suitable facilities to meet the needs of patients and their families.

The building was located at the end of a quiet residential street. This meant patients did not have to enter the building in a busy area.

Facilities were on the ground floor and included a waiting room, offices, toilet facilities and consulting rooms.

The waiting room could get crowded at busy times, especially if patients were bringing along someone for support. There was an additional cabin with toilet facilities and rooms, however this was not wheelchair accessible as it had a large step.

Electrical equipment was regularly tested by an external company and had stickers on to show when it had last been checked. Sharps bins were available and had the dates they were last changed, these were not over filled.

We checked the emergency trolley and found there was one oxygen mask which had expired in 2014. We raised this at the time of the inspection, it was removed, and leaders told us they would ensure in date consumables were ordered.

There was a process in place to check the defibrillator; however, from April to June 2019 found this process was not always followed as there were a small number of gaps (two) in recording.

Staff disposed of clinical waste safely.

There were clinical waste bins in place, and these were transferred when full to clinical waste containers which were at the rear of the property. On the day of the inspection these had just been emptied by an external waste company. We checked to see if they were locked but they were not. The manager contacted the company immediately to discuss this.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

Staff used a nationally recognised tool to identify deteriorating patients.

There was a deteriorating patient and suspected sepsis management policy in place to ensure early recognition and prompt appropriate response to patients who were seriously ill, may be septic and were at risk of deterioration. These were found to be in date.

Termination of pregnancy

The policy included a modified early warning score (MEWS) escalation pathway and charts and included a hospital maternal sepsis tool. The maternal sepsis tool was on display in clinical areas. However, nursing staff told us they did not use MEWS specific paperwork as they no longer completed surgical procedures.

Patients were scanned to ensure suitability for early medical abortion. The early medical abortion checklist included if the pregnancy had been confirmed by an ultrasound scan and that the pregnancy was not over 63 days gestation on commencement of treatment. This formed part of the early medical abortion suitability checklist.

Staff took patient observations such as pulse and temperature and recorded them in patient notes. Nursing staff told us they would ensure patients were referred to the appropriate health professional/service if there were any concerns around patient observations.

Sepsis information sheets were given to patients during their consultation. The sheets contained information on what is sepsis, why am I at risk, symptoms of sepsis and the treatment of sepsis.

Staff completed risk assessments for each patient on admission/arrival and updated them when necessary and used recognised tools.

The early medical abortion sheet which was signed by patients included information on risk such as there being a high risk of incomplete miscarriage or infection if the patient did not attend for the second stage of treatment. Patients were advised they must not have sexual contact, use tampons or go swimming over the following four weeks after treatment due to the risks associated with these activities.

There was a clinical guideline in place for the suitability for treatment at NUPAS. The guideline was next due for review in June 2020. The guideline addressed the medical suitability of patients seeking medical or surgical abortions at NUPAS. The document had tables of which special consideration may be required for example if the patient had diabetes, arrhythmia or a history of a heart murmur.

Staff completed an early medical abortion suitability checklist to assess risk. This included if an intrauterine pregnancy had been confirmed by ultrasound scan, the pregnancy was not more than 63 days gestation on

commencement of treatment, and if the patient had any existing medical conditions such as allergies, uncontrolled epilepsy and if the patient had a history of post-partum haemorrhage.

The early medical abortion checklist also covered if the patient was taking certain medications such as anti-coagulants or long-term corticosteroid treatment. The document had notes which included risks and further details.

If a clinician remained uncertain about a patient's suitability for treatment after reviewing guidance they were advised to obtain records or a letter from the patient's GP or consultant to better understand the patient's condition and status.

Leaders told us if patients had certain conditions such as cardiac problems or deep vein thrombosis staff would be refer them to the NHS to have treatment to ensure they had the appropriate level of monitoring in a hospital setting. Nursing staff told us they would ring the emergency services if an emergency was to happen.

We reviewed the service report dated April 2019 and saw 21 patients had been referred out to the NHS due to a variety of reasons. These reasons were recorded as medical history, gestation, body mass index, ectopic pregnancies or miscarriage.

Staff completed admission care plans for stage one and two of medical abortion. The care plan included areas such as reported problems, allergies, if a patient was under 16 if a responsible adult (18 years and over) was with them and that medications were given as prescribed.

Consent to early medical abortion paperwork, which was signed by the patient, included possible complications such as incomplete termination, infection and failure.

All staff had access to personal alarms they could activate if they had any safety concerns. The building was monitored by CCTV.

Shift changes and handovers included all necessary key information to keep patients safe.

Staff had daily handovers called safety huddles when they could discuss any concerns or risks. We reviewed records from safety huddles and found discussions documented around patient allergies, reminders about medications, and vulnerable patients.

Termination of pregnancy

Leaders kept a file for the weekly testing of legionella and all rooms were tested.

Nurse and medical staffing

The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Managers regularly reviewed staffing levels and skill mix.

The service had enough nursing staff to keep patients safe.

The service employed both registered nurses and healthcare assistants. The service did not use bank and agency staff. At the time of the inspection there were no staff vacancies.

The planned staffing team consisted of two nurses, two health care assistants, the manager, the clinical co-ordinator and a sonographer who was self-employed.

Leaders told us when staff rang in sick they would stagger the patient list or use staff from another NUPAS site.

There were self-employed doctors that completed tasks such as signing relevant documentation; there were always two doctors available on a rota basis. Leaders told us the clinic only used doctors experienced in the provision of abortion and consultants were registered on the General Medical Council (GMC) specialist register for termination of pregnancy. Doctors were not based at the service.

Leaders told us that doctors' insurance was checked prior to appointment and annually thereafter. Self employed doctors only undertake work for NUPAS if they had two satisfactory references which had been validated in accordance with the NUPAS practicing privileges policy.

Records

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

Patient notes were comprehensive, and all staff could access them easily.

We reviewed six sets of patient records and found they contained detailed information, were written in blank ink and were legible. Records were signed by both patients and clinicians. Staff were able to access records easily when they needed them.

Staff completed patient notes audits which looked at areas such as if there was a full medical history, if bloods had been recorded and if sepsis advice was documented and if HSA4 data usage was documented (Practitioners must notify the chief medical officer of an abortion using the form HSA4). Results from the audit dated May 2019 showed 100% compliance.

Records were stored securely.

Staff kept patient records safe in locked cupboards in a room with key code access only.

The early medical abortion documentation contained a discharge checklist. The checklist included if a discharge letter had been given to the patient, if after care leaflet and advice had been given and if all medications had been administered as prescribed.

Patients were given the option of if they wanted their GP to have a copy of the discharge letter, this was recorded in patient pathway documentation. This was in line with guidance from the Royal College of Obstetricians and Gynaecologists and the Department of Health (DOH).

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Medicines needed for an early medical abortion were given as part of a two-stage process. On the first visit patients were given abortion medicine to take orally at the clinic. Patients were then offered another appointment 24 to 48 hours later (part 2). Home medications for termination of pregnancy were not yet available from NUPAS Stoke.

There were no controlled drugs kept at the location. Medicines were stored in a locked cupboard and were in date. Fridge temperature charts were completed several times a day.

There were processes in place for obtaining medicines which included standing orders for abortion medicine

Termination of pregnancy

which was delivered to the clinic monthly. All other medicines were ordered by the lead nurse via email from a nominated pharmacy which leaders told us was delivered to the clinic via a secure courier service.

All medication supplied for early medical abortion was prescribed by a registered medical practitioner with practicing privileges with NUPAS.

An antimicrobial prescribing policy was in place with a review date of 2021. The purpose of the policy was to support the safe and appropriate prescribing of antimicrobials. The policy had information on starting antimicrobial treatment, review of treatment and the monitoring of antimicrobial use. The policy also contained links to relevant guidance from National Institute for Health and Care excellence (NICE) and NHS England.

Leaders had access to an external pharmacist; however, leaders told us it had been several years since they had needed to come to the service.

Staff completed medicines audits, we reviewed two medicine audits from February and May 2019 which found all areas to be compliant. The audits looked at 10% of monthly files and included prescription sheets, and competency. Areas audited included if new stock was received and recorded, if stock was rotated, if the fridge was clean and if the fridge temperature log was being completed.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

The service had not had any serious incidents or never events in the last twelve months. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

The service used an incident reporting template that went to the head of clinical services and then to clinical governance. If an incident was health and safety related it would go to the health and safety department, near misses and medication errors were also sent to the medical director. There were no specific incident themes.

Staff knew what incidents to report and how to report them. Staff were able to tell us how they would report an incident if needed.

Staff could give examples of incidents that had happened at the service and they had received feedback on. Staff told us they received feedback on incidents at staff meetings and daily huddles. The clinic co-ordinator could give us an example of a clinical incident when there had been some learning.

We reviewed an incident report that had been investigated. The report contained details of the incident, contributory factors, immediate actions taken, severity of harm, duty of candour if the incident was a safeguarding concern, the investigation methods, chronology of events and analysis of findings. It also contained recommendations such as referring a patient on to the early pregnancy advice unit or a gynaecology unit and ensuring staff followed NUPAS ultrasound policy. There was an action plan which included weekly supervision until leaders were confident patient care was not being compromised and compliance with ultrasound policy was met. The action plan was colour coded and dated.

Incidents were a standard agenda item in the monthly team meetings. We reviewed staff meeting minutes from March, April and May 2019 and found incidents were discussed in detail. The manager was knowledgeable about the incidents that had happened at the service.

Staff understood the principle of duty of candour and being open and honest if they had made a mistake.

Leaders told us one the incident had required the duty of candour processes to be followed. We reviewed the letter sent to the patient and saw it contained an apology, explained the incident was being investigated in line with policy and informed the patient when they would be provided with an update.

Safety Thermometer

Termination of pregnancy

Staff did not use a safety thermometer, however they completed venous thrombosis risk assessments in line with national guidance and provider policy.

Staff completed patient risk assessments for venous thrombosis (VTE) in line with their policy on reducing the risk of venous thromboembolism. Patients were given information sheets on venous thrombosis. Information included what is venous thrombosis, why am I at risk, why is it serious, symptoms and what increases my risk.

Are termination of pregnancy services effective?

Good 

We rated it as **good**.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. However, two policies were out of date as they were under review.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Leaders told us the service had sexually transmitted infection (STI) screening funding removed in 2018. Leaders signposted patients to local sexual health clinics for screening.

Due to a lack of funding NUPAS had agreed to fund some forms of long acting reversible contraception (LARC).

Policies were written in line with national guidance for example, the policy reducing the risk of venous thromboembolism (VTE) in patients was written in line with The National Institute of Care Excellence (NICE) guidance Venous thromboembolism in over 16's: reducing the risk of hospital acquired deep vein thrombosis or pulmonary embolism, 2018 (NG89).

The antimicrobial prescribing policy contained reference to the relevant NICE guidance Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use, 2015.

Most policies were in date however, we did find two policies which were out of date this being the incident reporting policy which was due for review in September 2018 and the duty of candour policy which was due for review in December 2018. We raised this at the time of the inspection and were told the new versions were under review.

The service followed recommendations made by the Royal College of Obstetricians and Gynaecologists (RCOG), document The Care of Women Requiring Induced Abortion: Evidence-based Clinical Guidelines Number 7, 2011. For example, complications and risks were discussed with women in a way they could understand, pathways to counselling were available, the service recorded blood results and type and ultrasound scanning was available.

In accordance with RCOG guidelines the policy was all patients received prophylactic antibiotics to assist with the reduction of pelvic infection and to reduce the onward transmission of sexually transmitted diseases.

The service report included information about audits recommended in the document performance standards from the Department of Health (DOH) document Procedures for the Approval of Independent Sector Places for Termination of Pregnancy (Abortion), 2014. Areas audited included failure rates, rates of complications, waiting times, complaints and patient experience.

Nutrition and hydration

The service provided patients with enough fluids to stay hydrated.

There was a water dispenser in the waiting room that patients could help themselves to. Staff could access a kitchen area to prepare a hot drink or snack for a patient if required.

The service did not have direct access to dietitian support. If staff had any dietary concerns they would refer the patient to their GP.

Pain relief

Pain relief was available when patients needed it.

The service kept a supply of pain-relieving medication on site for patients following early medical abortion. Nurses could administer any prescribed analgesia and give advice on the most appropriate pain relief for patients to use at home.

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Staff had access to a universal pain communication tool they could use. The tool used pain scores (zero being no pain and ten being the worst pain possible) and faces; for example, no pain was a smiley face.

Patient outcomes

Staff monitored the effectiveness of care and treatment, they used findings to make improvements and achieved good outcomes for patients.

With permission, nursing staff contacted patients four weeks after their procedure which gave them the opportunity to check on patient outcomes, check they had taken a pregnancy test, check on their general health, speak about the use of contraception and any treatment related problems they may have experienced.

Patient feedback was evaluated and analysed monthly to help determine patient outcomes, patient experience was then discussed in the regional managers meetings monthly. We reviewed three service reports and saw patient feedback was included.

Leaders at the service completed service reports which contained numerical data on performance indicators such as complications, failure rates, referrals out, activities and patient feedback.

Only certain indicators had target rates. Leaders told us this was because NUPAS had identified and assigned these as areas of priority. Target rates when available were set by contractual obligations and revised standard operating procedures (RSOP's).

There were several indicators in relation to contraception. These included the percentage of patients with repeat abortion who received long acting reversible contraception (LARC) which had a NUPAS monthly target rate of 45%, this did not meet the target in April 2019 (12%) or May 2019 (21%).

The percentage of patients who received LARC had a NUPAS monthly target rate of 45% and did not meet this target in April 2019 (11%) or May 2019 (23%).

Leaders told us there was limited funding for the more expensive LARC for example the contraceptive implant meaning national targets were unachievable. They told us due to this contraception targets were used loosely to monitor the uptake of contraception for the Stoke on Trent clinic only and not used to measure against other areas.

The percentage of patients who accepted oral contraception had a NUPAS monthly target rate of 70%. The service did not meet this target in April 2019 (62%); however, met the target in May 2019 (72%).

The service met the NUPAS monthly target of 100% for the percentage of patients who accepted condoms in April 2019 and May 2019.

The service did not meet the target rates in April or May 2019 for most of the above, except for the percentage of patients who accepted condoms which it met the target in both months and the percentage of patients who accepted oral contraception in May 2019.

We reviewed the data for failed early medical abortion in April and May 2019. Data from April 2019 showed a failure rate of 1% and a failure rate of 0% in May 2019.

The service collected data on rates of complications at the service. Results showed in April 2019 the percentage of patients when complications had occurred in patients who had completed treatment was 0% in April 2019. In May 2019 the data showed 1%.

Leaders told us they compared results with other NUPAS locations but that they did not compare results with other external services similar in nature due to the sensitive nature of the business.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

All staff had received an appraisal which included staff objectives for the next twelve months and details of what they had done well. There was also a personal development action plan in place.

Leaders completed staff competency checks, we reviewed the competency checks of a health care assistant and found it included awareness of the abortion legislation, confidentiality and they could demonstrate an appropriate assessment of Fraser competence.

We reviewed a nursing competency assessment signed by the regional manager which included taking appropriate

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history, ensuring patients were given information on chosen methods and both verbal and written information on follow ups. Competency assessments were also in place around taking physiological measurements.

A dedicated nurse took any after care calls this was done nationwide on a rota basis.

There was a capability policy in place which contained information on dealing with poor performance. Topics within the policy included identifying performance issues, capability, formal procedures, dismissal and the appeals process.

All staff had attended one of the two training days in April or June 2018. Leaders told us the content of the training day included early medical abortion and contraception. Additionally, four out of the eight staff had received specific Abortion Act 1967 training. Five staff had received basics of contraception training and all of the nursing staff had completed all modules of the Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists (FRSH) sexual and reproductive healthcare programme (March to September 2017).

Leaders told us implant insertion training had been arranged for nurses and the midwife at the service; it was the consultant in gynaecology who fitted intrauterine devices and contraceptive implants.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

We observed a busy clinic on the day of our inspection and saw staff of all levels worked together well.

Staff delivered care in a coordinated way, each member of staff had their own role to play in the patient pathway.

Staff completed a discharge checklist signed by the patient and the nurse to ensure women were only discharged once all necessary requirements were in place. This could be shared with the patients GP with their consent.

Seven-day services

The service was open five days a week from Monday to Friday from 9am to 6pm, however leaders told us this could be flexible to meet patient needs.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Staff would signpost patients to other services for practical support and advice to lead a healthier life. There were various posters on display including information on the damage alcohol could cause and support numbers for patients who wished to give up smoking.

There were various health information leaflets in the waiting areas such as healthy eating and cervical cancer.

We noted some information leaflets around health such as HIV, syphilis and genital warts were out of date. We raised this with the manager who told us they ordered the information from a local library. The manager told us they would contact the library to raise this.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

There was a Fraser competency assessment section in the document pathway for termination of pregnancy. The checklist included five questions such as if the young person had informed their parents they were seeking termination of pregnancy, unless the person relieved treatment without parental consent the young person's physical or mental health or both were likely to suffer. The safeguarding policy contained information on the Fraser competency assessment. The nurse we spoke with understood the importance of following the Fraser guidelines. Staff competencies included if the staff member demonstrated an appropriate assessment of Fraser competence.

Staff had an understanding of assessing mental capacity under the Mental Capacity Act 2005 but told us they had never needed to complete one. Leaders told us that mental capacity act training was incorporated into the annual company training day and that attendance was compulsory for all staff. They also told us that this was also incorporated into level three safeguarding training which all staff had completed.

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There was a mental capacity policy in place which covered the Mental Capacity Act 2005, the policy covered the key principles of the act and around unwise decisions. There was a consent policy in place which was in date.

Leaders told us that the safeguarding children level three training covered issues around people with a learning disability and that training was bespoke to NUPAS.

Staff ensured women were seen for part of the appointment alone. This gave women the opportunity to raise concerns if they were not seeking abortion voluntarily.

Staff audited consent within the patients notes audit; results of the audit from May 2019 which included consent was 100%.

All nursing staff were scheduled to attend consent training in September 2019.

Are termination of pregnancy services caring?

Good 

We rated it as **good**.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

We observed staff introduced themselves to patients. Staff were proactive in letting patients know they could ask staff if they wanted a chaperone.

Staff protected patients' privacy, all patients were given a card with a number to protect their identity and confidentiality; staff called patients into their appointment by this number not by their name.

We observed the sonographer taking time with a patient to explain the scanning process.

One patient told us they did not feel comfortable needing to return to the waiting area once they had initially been seen; a patient also told us it felt like they were on a conveyer belt. However, we reviewed some patient feedback and thankyou cards. Messages included giving a

massive thank you and thanking staff for helping them through a difficult time. Other feedback included no improvements needed, the staff were polite, helpful and extremely caring and very helpful.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Pre and post counselling was available to all patients, there was no time limit on patients receiving the service.

Staff told us if a patient was upset or distressed they would take them into an empty room and sit and talk to them, try to diffuse the situation and offer them advice.

Staff were aware that a person's religion or any religious ceremonies like Ramadan may need to be considered when providing care and treatment.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

The service made sure women were aware that the content of the statutory HSA4 form was used to inform the chief medical officer of abortions and was used for statistical purposes. They did this by providing this information within the having an abortion pamphlet as part of the consultation process.

Women were given the opportunity to have a supporter who could be a person of their choice to attend their appointment with them.

Are termination of pregnancy services responsive?

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

Termination of pregnancy

The service planned and provided care in a way that met the needs of local people and the communities served.

Facilities and premises were appropriate for the services delivered. For example, the building (except for the portacabin) was on one level and at the end of a residential street. This meant patients did not need to enter the building in a busy area.

The managers had identified areas where the patient's needs were not being met. For example, they had made a commitment to fund the cost of contraception following withdrawal of funding.

NUPAS were not funded to undertake sexually transmitted infection (STI) screening; therefore, staff at the service signposted patients to relevant clinics for testing.

The leaflet titled having an abortion which was given to women as part of their consultation contained details on the disposal of pregnancy remains.

Meeting people's individual needs

The service was inclusive and took account of individual needs and preferences.

Staff told us they would contact a translation service if they identified the need for a translator such as if the patients first language was not English; any translation needs would be identified when patients were booked in.

Leaders told us staff had no specific training on learning disabilities. There were no specific plans for specific training on learning disabilities in the future.

On discharge from the clinic patients were given after care leaflets and the contact details of an advice line. The advice line was manned twenty-four hours a day seven days a week by a member of the NUPAS clinical team.

The clinic offered patients a transvaginal ultrasound scan. The scan which did not require patients to have a full bladder used a probe. The probe used in transvaginal scanning is closer to the pelvic organs than the scanner used in abdominal scans. This meant the scan got a detailed view of the uterus, lining of the womb and the ovaries and provided a clearer picture with more details.

Patients were offered the opportunity of pre and post abortion counselling by a councillor, this was well advertised in patient areas. Staff told us specialist trauma counselling could also be arranged. Leaders told us that all NUPAS councillors were qualified to diploma level.

Information leaflets were available on having an abortion and "so you think you may be pregnant". The leaflets contained information on abortion law, helpline numbers, counselling, contraception and early medical abortion.

The service offered walk in pregnancy testing, staff provided patients with condoms if this was what they wanted.

NUPAS had a website containing information on abortion which could be translated on line to several other languages including French, Portuguese, Polish and Turkish.

We noted staff identification badges were not clearly visible to patients.

Leaders told us they did have a hearing loop at the service, however at the time of the inspection they had needed to send it for repair as it was faulty.

Early medical abortion and contraception information was translated into 28 different languages. Leaders told us this was given to and discussed with patients during consultations. The service also provided patients with an easy to understand A4 information sheet on arrival, this was printed on pale blue paper using aerial font for patients with dyslexia.

Patients had access to free internet whilst attending the service.

Abortion for fetal abnormality did not take place at the service. Early medical abortion treatment up to nine weeks was offered at NUPAS Stoke.

Access and flow

The service did not always meet their monthly target rates for waiting times. This was identified by the service as being due to patient choice, bank holidays and a lack of sonographer.

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Referral routes to the service included the patients GP or other health care professionals. Patients could also self-refer through the central booking line seven days a week, 365 days a year. On calling the booking line patients were given a booking reference number.

National guidance states that abortion services must offer assessment within five working days of referral or self-referral and offer the abortion procedure within five working days of the decision to proceed. Therefore, the total time from seeing the abortion provider to the procedure should not exceed 10 working days.

Data provided demonstrated that the service managed flow effectively. Average waiting times for initial contact to consultation was 4.5 days, with consultation to treatment being 3.7 days in April 2019. In May 2019 the average waiting times for initial consultation was 6.1 days and average waiting times for termination was 3.7 days. The slight drop in performance for the initial consultation in May was recorded as being due to two bank holidays and no sonographer on the three dates in May 2019.

The percentage of patients receiving treatment within five days from decision to proceed, or deemed to be suitable, was 88% in April 2019 and 78% in May 2019, which failed to meet the internal monthly target rate of 95%. The percentage of patients receiving treatment within ten days of accessing the service was 71.7% in April 2019 and 61.5% in May 2019. However, the service monitored reasons for those patients exceeding the 10-day target. Data provided demonstrated that patient choice accounted for the delay in 33.3% of cases in April (10 out of 30 patients) and 79.5% in May (35 out of 44). Those delayed due to the need to rescan accounted for the remaining 66.6% in April and for 20% in May 2019, with only one patients' reason for delay unaccounted.

The service reported on did not attend rates (DNA), 25 patients did not attend in April 2019 and 23 did not attend in May 2019.

Waiting times were captured on the corporate database from the patient's initial contact. The clinic co-ordinator then monitored the waiting lists daily and increased the number of consultation appointments where necessary.

Leaders told us any patient contacting the call centre, knowing the gestation of pregnancy may be more than 12 weeks, were offered an appointment at the next consultation clinic. Any patient presenting with a gestation

more than 12 weeks was offered an appointment for the soonest surgical list at another location. In the event that a patient was unsuitable for treatment within NUPAS, a same day referral, wherever possible, would be made to an NHS Hospital for treatment.

There was a poster in the waiting area to advise patients that patience was appreciated as each person's circumstance was different and some patients needed longer appointments than others.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Staff could give an example of how a complaint had led to change in a service. One specific complaint was about the chairs in the waiting room being around the outside of the room. As a result, chairs were moved in a more patient friendly manner. Additionally, patients would put the tv on to a channel which would cause some patients to be upset. Therefore, leaders made changes to improve and the TV channel was changed to a music channel. Leaders told us they had not received any further complaints around this.

Staff told us complaints were discussed in meetings.

Leaders displayed information in patient areas on how to make a comment, compliment or a complaint. There was a tell us about your care box situated in the patient waiting area for completed feedback forms.

Leaders kept a complaints log. The log had details such as the date, the nature of the complaint, key recommendations for change, outcome and an assigned number. The service did not keep a record of verbal or informal complaints. This meant they may miss some opportunity to learn from informal complaints and these complaints were not being monitored to identify potential themes.

Leaders investigated complaints and provided a detailed response. We reviewed two complaint responses and saw they contained an apology, details of the findings and

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actions taken as a result for example speaking to staff, offering counselling and providing the contact details of who to contact if they were not happy with the outcome of the complaint.

We reviewed the team meeting minutes from March 2019 to May 2019 and saw complaints were a standard item on the meeting agenda.

Are termination of pregnancy services well-led?

Good 

We rated it as **good**.

Leadership

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

There was an established leadership team in place. The local leadership team consisted of a regional manager, lead nurse and a clinical co ordinator. There was also a corporate structure in place which included the chief executive, head of clinical services, medical director and a head of operations.

The service displayed the certificate of approval close to the entrance within the clinic. The certificate was valid until 2022. Leaders told us they had kept a termination of pregnancy register since 2009 for early medical abortions.

Leaders were able to identify the challenges within the service. These included sonographer cover, lack of space, lack of funding for certain areas such as sexually transmitted disease screening and contraception. Leaders spoke of plans to train nursing staff, so they were able to do scanning in the future and of ongoing communications about funding.

Staff felt leaders were both visible and approachable. Staff comments included the manager was “always there” and they felt “listened to”.

Vision and strategy

The service had a vision for what it wanted to achieve and a clear set of values. NUPAS also had a set of strategic objectives.

The service had a clear vision which was displayed throughout the location. The vision at NUPAS was to respect the individual’s right to choose, by providing a safe environment with compassionate staff, where women can have a termination of pregnancy, contraception and sexual health service.

NUPAS had five strategic objectives these included to provide a safe, effective and responsive service, specialising in abortion care and the associated health promotion activities, to be a well led organisation, with leadership and governance arrangements that support person centred care, learning and innovation and promotes an open and fair culture.

The service had five sets of values which included valuing and supporting staff, being transparent in all they did, and they respected patients’ rights to choose and supported them all the way; staff were aware of the values. NUPAS has an annual work plan 2019/2020 in place. The plan covered areas such as health and safety, risk registers, quality, policy update and review and human resources (HR).

Leaders used key performance indicators and targets to make sure staff provided care and treatment in accordance with guidance. National guidance was evidenced within service policy such as reducing the risk of venous thrombosis and the antimicrobial policy. Key performance indicators and policy changes were discussed at contact review meetings.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us they supported each other as the role could be upsetting. Staff told us they were happy to come to work and were proud of what they did.

Staff spoke of receiving well done emails from the manager, they told us they felt respected and valued.

Staff told us they were aware of the whistle blowing procedure and felt able to raise a concern this way if they needed to.

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Staff focussed on the needs of the patients who attended the service. This was evidenced within the service pathways and the documentation completed.

Governance

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

There were regular meetings both at local and provider levels, these were recorded and had a specific agenda. We reviewed the minutes of the monthly clinical governance and risk management committee and saw it contained topics such as the action log from the previous meeting, vision, values and strategic objectives, documents for approval and news from safety alerts, recalls investigations and reviews; there was also an accompanying action log with actions, person assigned to, due dates and progress notes.

NUPAS had a committee structure in place which included the board of directors, the board of senior management, patient information group, regional management committee, information governance committee, health and safety committee, clinical governance and risk management and a medical advisory committee (MAC).

Staff collected relevant data such as waiting times, and this fed into service reports which fed into discussions at managers meetings.

It is a requirement under the Abortion Act 1967 that two registered medical practitioners (RMP) have independently certified and formed an opinion in good faith that there are acceptable grounds for abortion. The process was that patient notes were sent to the doctors via a secure method, the doctors reviewed and signed the associated paperwork and sent it back to the clinic special delivery. Staff ensured HSA1 forms were completed and signed by two doctors before an abortion was performed, this was evidenced in the patients notes. HSA1 forms must be completed and signed by two doctors before an abortion is performed under the Abortion Act 1967.

Leaders told us that all patients had the option to see a doctor if they wished, however this was extremely rare. Women with a complex medical history would automatically see a doctor.

Leaders kept detailed logs such as safeguarding, and HSA4 forms completed. The HSA4 is a form of notification of pregnancies terminated in England and Wales. The HSA4 log contained details such as serial number, and the date received by the Department of Health. The service also had a call back tracker for patients that did not attend their appointments. Leaders told us that HS4 submission dates were reviewed twice weekly and that postage was via special delivery to ensure next day delivery to the Department of Health.

There was a programme of audit in place that included medicines, infection control patient notes audits and red flag audits (what the service may have done incorrectly) which included specific areas (red flags) to look for such as if prescription forms had been filled in correctly, if doctors orders were carried out and if the patient was discharged with an empty uterus with a positive pregnancy test.

Leaders arranged daily huddle meetings and included all staff. This provided staff with the opportunity to discuss important issues such as safeguarding, incidents, areas for escalation and risk.

Leaders attended contract review meetings on a quarterly basis. We reviewed the agenda for the meeting dated April 2019 and saw subjects included service changes, policy changes, contract variations, key performance indicators and agreed timescales.

Leaders told us all medical practitioners had practicing privileges with NUPAS, and practicing privileges were reviewed annually by the medical director and subject to appraisal and revalidation. We reviewed the medical advisory committee terms of reference. The terms included the purpose, responsibilities and escalation arrangements. The meetings were held quarterly and approved by the clinical governance and risk management committee in April 2018.

Managing risks, issues and performance

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Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a risk register in place, we reviewed the risk register and found it contained three risks. These included low uptake on long acting contraception due to the nurses not being qualified to provide; risks around fly tipping and cuts in funding. The risk register was colour coded, had review dates and showed actions taken to mitigate the risks. These included hiring a contractor around the fly tipping and nurses being trained to be able to give long acting reversible contraception.

The risk register was updated monthly and formed part of quality service report. There was an alignment between recorded risks and the concerns of service leaders. There was a risk management policy in place.

We reviewed the minutes from the clinical governance and risk management meetings dated December 2018 and January 2019 and saw that risk management and risk register review were on the agenda.

Daily huddles took place which were attended by all staff where risks could be discussed. Leaders kept a record of this.

There was a NUPAS business continuity policy in place, the aim of the policy was to ensure as far as reasonably practicable the continued provision and recovery of critical services within the company. The policy was due for review in August 2019 and contained information on roles and responsibilities and escalation. The policy also contained an incident response checklist and extreme weather and ICT failure strategies.

The service did not have emergency generators in place in case of power failure. However, the risk to patients was minimal as no surgical procedures were carried out at the service.

Managing information

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make

decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

We observed posters in patient areas which informed patients on information governance such as ensuring staff keep information confidential and that computers were protected.

There was a systematic programme of audit to monitor quality and operational processes and systems to identify when actions should be taken. For example, leaders used key performance indicators (KPI'S) to measure and analyse performance so decisions and improvements could be made. Data was easily accessible on the service database and available in easy to understand formats.

Staff told us they had enough access to PC's and there were never any issues around accessing a computer when they needed it.

Staff used computers that were password protected; each staff member had their own personal log in. The service had an IT department that were on hand to support staff with any information technology issues.

Leaders submitted data to organisations as required such as the Department of Health.

Engagement

Leaders and staff actively and openly engaged with patients to plan and manage services.

Leaders of the service attended contract review meetings with the local clinical commissioning groups. Leaders told us they had met with public health in relation to funding.

Staff had put up you said we did posters, we saw patients had said their supporters were not invited into the consultation. In response the service replied they welcome patients' supporter into most consultations however informed all that the nurse would also need time to speak to the patient alone. Leaders told us all patient feedback was forwarded to commissioners. Patient experience was an agenda item on NUPAS regional manager meeting's agenda.

The service manager engaged with staff in a variety of ways including staff meetings, face to face, daily huddles and in email communication.

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Learning, continuous improvement and innovation

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

One staff member told us they had discussed the idea of support cards with the manager and as a result their idea had been implemented. Support cards, pink or yellow, were given to patients' supporters and ensured only people with permission were allowed into the building.

Leaders had recognised gaps in the service such as a lack of trained nurses to provide long acting reversible contraception and had arranged for staff to do additional training.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure access to consultation and treatment is in line with national guidance.
- The provider should ensure that staff receive appropriate training to support people attending the service with a learning disability.
- The provider should ensure checks on the defibrillator and consumables consistently take place as per service policy.
- The provider should consider keeping a log of informal complaints.