

Gynae Centre Ltd

The Gynae Centre

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We carried out a focussed follow up inspection of the Safe and Well led domains of Surgery and Termination of pregnancy, to check compliance with concerns identified in the warning notices issued in September 2021. At this inspection we found:

- The provider had complied with the warning notices issued in September 2021. The provider had made improvements to comply with the provisions of Regulation 12: Safe Care and Treatment, and Regulation 17: Good Governance.
- The service now used systems and processes to safely prescribe, administer, record and store medicines. Medicines were now labelled safely in accordance with the provisions of the Human Medicines Regulations 2012.
- Staff now completed and updated risk assessments for each patient and removed or minimised risks. The service had implemented the use of a nationally recognised tool (National Early Warning System 2 (NEWS2)) to identify deteriorating patients and escalate them appropriately. In addition, women undergoing surgical terminations of pregnancy were now risk assessed for venous thromboembolism (VTE).
- Leaders now operated effective governance processes throughout the service. They had implemented an audit programme to monitor the effectiveness of care and treatment. The provider had implemented comprehensive policies and these included, infection prevention and control, medicines management, never events, safeguarding and risk management.

However:

- Some of the provider's policies did not have a start or review date.

Summary of findings

Our judgements about each of the main services

Service

Termination of pregnancy

Rating

Good



Summary of each main service

We inspected the safe and well-led domain to investigate if the provider had complied with provisions of the warning notice issued in September 2021.

Our rating of safe and well-led improved.

- 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff were positive about the leadership of the service and felt supported by the medical director. Staff felt respected and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service had systems in place for effective the governance, management of risks and performance. Staff engaged well with women, to plan and manage services and all staff were committed to improving services continually.

However:

- Some of the provider's policies did not have a start or review date.

Surgery

Good



We inspected the safe and well-led domains to investigate if the provider had complied with provisions of the warning notices issued in September 2021.

Our rating of safe and well-led improved.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and

Summary of findings

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.

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff were positive about the leadership of the service and felt supported by the medical director. Staff felt respected and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service had systems in place for effective the governance, management of risks and performance. Staff engaged well with women, to plan and manage services and all staff were committed to improving services continually.

However:

- Some of the provider's policies did not have a start or review date.
 - Although the service had developed a template for monitoring surgical site infections, this was not yet embedded in practice.
-

Summary of findings

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Summary of this inspection

Background to The Gynae Centre

The Gynae Centre is a small independent service in central London, offering gynaecological consultations and minor day surgery for women, as well as early medical (up to nine weeks and six days gestation) and surgical termination of pregnancy services (TOPs), within 14 weeks and six days of pregnancy. The centre provided TOPs services for women over the age of 16.

The location was rated inadequate and placed in special measures following a comprehensive inspection of the service in August 2021. We used our enforcement powers to serve two Warning Notices to the provider under section 29 of the Health and Social Care Act 2008. These were served for failing to comply with Regulations 12: Safe Care and Treatment, and Regulation 17: Good Governance.

We carried out a focussed, follow up inspection of the Safe and Well led domains of surgery and TOPs, to check compliance with concerns identified in the warning notices issued in September 2021. In order to re-rate the Safe and Well-led domains, we inspected and reported on all the key lines of enquires, in the respective core services.

How we carried out this inspection

During our inspection we spoke with four members of staff, including a consultant and nursing staff. We reviewed five patient records, medicines and guidelines.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **SHOULD** take to improve:

- The provider should implement audits for surgical site infections.
- The provider should consider implementing a log for all incidents reported.
- The provider should enter start and review dates on all policies.
- The provider should ensure documents outlining its vision and strategy are dated.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Termination of pregnancy	Good	Not inspected	Not inspected	Not inspected	Good	Good
Surgery	Good	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Good	Not inspected	Not inspected	Not inspected	Good	Good

Termination of pregnancy

Safe	Good 
Well-led	Good 

Are Termination of pregnancy safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

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

Nursing and medical staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of women and staff. Records showed they had completed courses in infection prevention and control, information governance, moving and handling, conflict resolution, resuscitation, safeguarding children and safeguarding adults.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

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

Safeguarding had improved since our last inspection. Staff received training specific for their role on how to recognise and report abuse. All staff have now received safeguarding training to level three for both safeguarding adults and children.

Staff could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff followed safe procedures for young people visiting the clinic. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could give examples of occasions where they had made a safeguarding referral and protected women from abuse.

The service had updated its safeguarding policy to reflect national guidance. The policy described the definition of abuse and neglect, who might be at risk, general indicators and what actions to take if staff suspected abuse. The policy was easily accessible in a folder and included contact details for safeguarding leads and the local authority. The policy was easily accessible on the provider's electronic system as well as on an app downloaded on each staff member's mobile phone. Staff also had access to the NHS safeguarding policy on an app on their mobile phone.

Termination of pregnancy

In addition to separate policies for safeguarding adults and children, staff had access to modern slavery and human trafficking policy and procedure, and domestic violence and abuse policy and procedure. These policies included topics such as forced marriage, coercive control, honour-based marriage, PREVENT strategy and female genital mutilation.

Cleanliness, infection control and hygiene

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

Infection prevention and control had improved since our last inspection. The provider implemented monthly hand hygiene audits to monitor compliance with national standards. A recent audit showed staff compliance was in line with established guidance.

Visitors had their temperatures taken on arrival to the centre and were prompted to wear a face mask and wash their hands.

All areas of the centre were clean and had suitable furnishings which were clean and well-maintained. Staff used “I am clean” stickers to show a piece of equipment was clean and ready for use.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff were bare below the elbow and wore appropriate scrub attire when treating patients.

Staff cleaned equipment after patient contact and the service maintained a cleaning schedule which outlined the cleaning frequency for each piece of equipment / area.

Disposable curtains were in use in the clinical area and were marked with the date they were last changed. Staff informed us they changed disposable curtains every six months or when stained to avoid the risk of cross contamination.

The service used mostly single-use equipment to carry out procedures and had a service contract with another healthcare provider for the sterilisation of re-usable equipment.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of women.

The service operated from the fourth floor of a building and visitors could access the centre through a lift or stairs. The centre consisted of a waiting area, consultation room, nurses' office and a treatment room.

Staff carried out safety checks of specialist equipment. The service had enough suitable equipment to help them to safely care for women.

The centre had a portable resuscitation bag which included equipment used in emergencies. Staff also had access to a defibrillator and a first aid kit kept in the nurses' office. All equipment was regularly checked and in date.

Termination of pregnancy

Staff disposed of clinical waste safely. There were appropriate waste bins in each area, which were clearly labelled with what could be disposed in them. The bins in each room were regularly emptied. Sharps bins were clearly labelled with dates of assembly, as well as disposal.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Risk assessments had improved since our last inspection. The service had implemented the use of a nationally recognised tool (National Early Warning System 2 (NEWS2)), to identify deteriorating patients and escalate them appropriately. In addition, women undergoing surgical termination of pregnancy were risk assessed for venous thromboembolism (VTE).

Staff were aware of the national gestation guidelines for each type of termination. Individual risk assessments were carried out for all women, both at the clinic and those receiving telephone consultations, to ensure the women were undergoing the correct termination. Staff ensured that appropriate assessments were conducted for the eligibility of women for termination of pregnancy. There were processes in place to ensure that women who required specialist care were referred as soon as possible to an appropriate service.

Staff used a modified Surgical Safety Checklist based on the World Health Organisation (WHO) five steps to safer surgery checklist when undertaking surgical termination of pregnancy. The WHO checklist is a tool designed to improve the safety of surgical procedures.

The service now had guidelines for escalating women at risk of deterioration, which included transfer to hospital where necessary.

Nurse staffing

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

The service had enough nursing and support staff to keep women safe. There were two full-time nurses and two healthcare assistants (HCAs). All staff had received training specific to termination of pregnancy.

Managers accurately calculated and reviewed the number of nurses and healthcare assistants in accordance with national guidance. Managers could adjust staffing levels daily according to the needs of women. The service had low vacancy rates, and low staff turnover rates. The service did not use agency staff.

Medical staffing

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

The service had enough medical staff to keep women safe. The medical director, who was the registered manager led the service. Other medical staff were employed by the service under practising privileges. Practising privileges is a well-established system of checks and agreements whereby doctors can practise in private hospitals without being directly employed by them. When doctors were employed under practising privileges, their clinical background was checked and a set of criteria for the women they could see was drawn up.

Termination of pregnancy

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.

Records were stored on a secured electronic system with password access. Any paper-based record, for example, consent forms and anaesthetic and sedation records, were scanned into the system.

We reviewed five records. Records were comprehensive, and staff signed and dated all entries. Staff recorded details of women's medical history, consultations and assessments, allergy status, treatment and discharge information.

Medicines

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

Medicines management had improved since our last inspection. Staff now followed systems and processes to prescribe and administer medicines safely.

Staff stored and managed all medicines and prescribing documents safely. We looked at the medicines cupboard and saw that all medicines were stored in their original boxes in a locked cupboard.

The service had an arrangement with a pharmacy to send pills by post to women undertaking medical terminations. However, where such women attended the centre, staff packed the medication and provided them to women. We reviewed the medicine pack for medical terminations due to be collected by women during our inspection. We saw that each medicine was now labelled safely in accordance with the provisions of the Human Medicines Regulations 2012. Each label included the woman's details, name of the medicine, batch number, expiry date and dosage. Each medication included an information leaflet with instructions for use and side effects.

Staff reviewed medicines regularly and provided advice to women and carers about their medicines.

Staff completed medicines records accurately and kept them up-to-date. Staff followed national practice to check women had the correct medicines.

The service had updated its medicines management policy to include guidelines for dispensing, prescribing, administration and disposal of medicines.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

There were no never events or serious incidents reported in the 12-month period preceding the inspection.

Staff informed us they would report incidents in an incident book. We reviewed the incident book and noted one incident reported since our last inspection in August 2021. However, staff discussed other incidents which were not recorded in the incident book. Following our inspection, senior staff provided further information showing three incidents were reported between August and November 2021. Senior staff said these incidents had been recorded and stored electronically, on a folder accessible to staff. Each incident was investigated with appropriate action taken to support staff and patients involved.

Termination of pregnancy

Staff understood the duty of candour. They told us it involved being open and transparent and giving patients and their families a full explanation if and when things went wrong.

The service had implemented an incident management policy and a duty of candour policy since our last inspection.

Are Termination of pregnancy well-led?

Good 

Our rating of well-led improved. We rated it as good.

See Surgery Report.

Good 

Surgery

Safe Good Well-led Good 

Are Surgery safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

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

Nursing and medical staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of women and staff. Records showed they had completed courses in infection prevention and control, information governance, moving and handling, conflict resolution, resuscitation, safeguarding children and safeguarding adults.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

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

Safeguarding had improved since our last inspection. Staff received training specific for their role on how to recognise and report abuse. All staff have now received safeguarding training to level three for both safeguarding adults and children.

Staff could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff followed safe procedures for young people visiting the clinic. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could give examples of occasions where they had made a safeguarding referral and protected women from abuse.

The service had updated its safeguarding policy to reflect national guidance. The policy described the definition of abuse and neglect, who might be at risk, general indicators and what actions to take if staff suspected abuse. The policy was easily accessible in a folder and included contact details for safeguarding leads and the local authority. The policy was easily accessible on the provider's electronic system as well as on an app downloaded on each staff member's mobile phone. Staff also had access to the NHS safeguarding policy on an app on their mobile phone.

In addition to separate policies for safeguarding adults and children, staff had access to modern slavery and human trafficking policy and procedure, and domestic violence and abuse policy and procedure. These policies included topics such as forced marriage, coercive control, honour-based marriage, PREVENT strategy and female genital mutilation.

Surgery

Cleanliness, infection control and hygiene

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

Infection prevention and control had improved since our last inspection. The provider implemented monthly hand hygiene audits to monitor compliance with national standards. A recent audit showed staff compliance was in line with established guidance.

Visitors had their temperatures taken on arrival to the centre and were prompted to wear a face mask and wash their hands.

All areas of the centre were clean and had suitable furnishings which were clean and well-maintained. Staff used “I am clean” stickers to show a piece of equipment was clean and ready for use.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff were bare below the elbow and wore appropriate scrub attire when treating patients.

Staff cleaned equipment after patient contact and the service maintained a cleaning schedule which outlined the cleaning frequency for each piece of equipment / area.

Disposable curtains were in use in the clinical area and were marked with the date they were last changed. Staff informed us they changed disposable curtains every six months or when stained to avoid the risk of cross contamination.

The service used mostly single-use equipment to carry out procedures and had a service contract with another healthcare provider for the sterilisation of re-usable equipment.

The service had developed a template for monitoring surgical site infections, however, this was not yet embedded in practice. Senior staff informed us they have carried out very few procedures requiring an incision in the past year. They promised to implement audits for surgical site infection for relevant procedures.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of women.

The service operated from the fourth floor of a building and visitors could access the centre through a lift or stairs. The centre consisted of a waiting area, consultation room, nurses' office and a treatment room.

Staff carried out safety checks of specialist equipment. The service had enough suitable equipment to help them to safely care for women.

The centre had a portable resuscitation bag which included equipment used in emergencies. Staff also had access to a defibrillator and a first aid kit kept in the nurses' office. All equipment was regularly checked and in date.

Surgery

Staff disposed of clinical waste safely. There were appropriate waste bins in each area, which were clearly labelled with what could be disposed in them. The bins in each room were regularly emptied. Sharps bins were clearly labelled with dates of assembly, as well as disposal.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Risk assessments had improved since our last inspection. The service had implemented the use of a nationally recognised tool (National Early Warning System 2 (NEWS2)), to identify deteriorating patients and escalate them appropriately. In addition, women undergoing minor surgical procedures were risk assessed for venous thromboembolism (VTE).

Staff used a modified Surgical Safety Checklist based on the World Health Organisation (WHO) five steps to safer surgery checklist when undertaking minor surgical procedures. The WHO checklist is a tool designed to improve the safety of surgical procedures.

The service now had guidelines for escalating women at risk of deterioration, which included transfer to hospital where necessary.

Nurse staffing

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

The service had enough nursing and support staff to keep women safe. There were two full-time nurses and two healthcare assistants (HCAs).

Managers accurately calculated and reviewed the number of nurses and healthcare assistants in accordance with national guidance. Managers could adjust staffing levels daily according to the needs of women. The service had low vacancy rates, and low staff turnover rates. The service did not use agency staff.

Medical staffing

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

The service had enough medical staff to keep women safe. The medical director, who was the registered manager led the service. Other medical staff were employed by the service under practising privileges. Practising privileges is a well-established system of checks and agreements whereby doctors can practise in private hospitals without being directly employed by them. When doctors were employed under practising privileges, their clinical background was checked and a set of criteria for the women they could see was drawn up.

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.

Records were stored on a secured electronic system with password access. Any paper-based record, for example, consent forms and anaesthetic and sedation records, were scanned into the system.

Surgery

We reviewed five records. Records were comprehensive, and staff signed and dated all entries. Staff recorded details of women's medical history, consultations and assessments, allergy status, treatment and discharge information.

Medicines

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

Medicines management had improved since our last inspection. The service had updated its medicines management policy to include guidelines for dispensing, prescribing, administration and disposal of medicines. Staff now followed systems and processes to prescribe and administer medicines safely.

Staff stored and managed all medicines and prescribing documents safely. We looked at the medicines cupboard and saw that all medicines were stored in their original boxes in a locked cupboard. Refrigerated medicines were stored securely within their recommended temperature ranges.

Staff reviewed medicines regularly and provided advice to women and carers about their medicines.

Staff completed medicines records accurately and kept them up-to-date.

Staff followed national practice to check women had the correct medicines.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

There were no never events or serious incidents reported in the 12-month period preceding the inspection.

Staff informed us they would report incidents in an incident book. We reviewed the incident book and noted one incident reported since our last inspection in August 2021. However, staff discussed other incidents which were not recorded in the incident book. Following our inspection, senior staff provided further information showing three incidents were reported between August and November 2021. Senior staff said these incidents had been recorded and stored electronically, on a folder accessible to staff. Each incident was investigated with appropriate action taken to support staff and patients involved.

Staff understood the duty of candour. They told us it involved being open and transparent and giving patients and their families a full explanation if and when things went wrong.

The service had implemented an incident management policy and a duty of candour policy since our last inspection.

Are Surgery well-led?

Our rating of well-led improved. We rated it as good.

Leadership

Surgery

Leaders had the 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 medical director, who is a consultant gynaecologist, told us he led the service and worked three days per week. There was another consultant who worked two days per week and a third, who was available to cover gaps in the rota. Other than the medical director, other consultants were self-employed, and had practising privileges at the centre. There were also two nurses, two health care assistants and one administrative assistant, who worked at the centre. In addition, there were three anaesthetists, who were on zero-hours contracts and employed as and when necessary.

Staff were positive about the leadership of the service and felt supported by the medical director. They informed us the medical director was visible and approachable. The medical director understood the priorities of the service and had been focused on meeting the requirements and improving the service, since our last inspection in August 2021. This included improving the governance, policies and risk management processes at the centre.

The centre now had systems in place to monitor the effectiveness of the care and treatment. These included conducting audits since our last inspection on the WHO checklist, deep vein thrombosis (DVT), National Early Warning System (NEWS) 2, hand hygiene and clinical waste. As a result, the service could demonstrate, how they were providing safe and effective care.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The medical director told us the service's vision and strategy was outlined in its 'Purpose of the Establishment' document, which we reviewed. However, this document was not dated. The service's vision was to provide a 'one-stop' gynaecological and sexual health service to women.

The medical director told us the service was undertaking fewer minor surgical (gynaecology) procedures and expanding some aspects of termination of pregnancy (TOP) services, based on demand. Services provided were clearly outlined in its 'Purpose of the Establishment' document and these included obstetric and gynaecological consultation and treatment, sexual health and fertility treatment, pelvic and abdominal ultrasound and medical and surgical termination of pregnancies up to 15 weeks.

The medical director told us succession plans were in place, for the future leadership of the service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.

There was no change in the culture since the last inspection. Staff continued to feel valued and informed us they worked well as a team. Staff we spoke with said they were happy working at the centre. Staff said they worked in a very close-knit team and there was a positive culture within the service. Staff felt they could raise concerns with senior staff. There was no change in staff since our last inspection. The service had a diverse team of staff, and all staff we spoke to felt they worked in a fair and inclusive environment.

Surgery

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.

Since our last inspection, staff had completed safeguarding level three training for adults and children. Staff had also undertaken training on fire safety, health and safety and basic life support. Training was undertaken both online and face to face. We saw certificates for the training staff had undertaken.

All non-medical staff were appraised annually by the medical director and we saw records of these. The medical director was appraised by the independent doctor's association. Doctors that had contracts with other employers were appraised by those employers, accordingly.

Since our last inspection, staff meetings were now occurring weekly and we saw evidence of these. Topics discussed at meetings included, medicines management, training, infection control and safeguarding. Meetings were chaired by the medical director.

The provider now had separate policies, and these included, infection prevention and control, medicines management, never events, safeguarding and risk management. There were also policies for gynaecology and termination of pregnancy. Whilst these policies had a start date of September or October 2021, some did not have a review date.

Management of risk, issues and performance

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

The service now had a risk management policy that outlined the guidelines for identifying, analysing, preventing and learning from risks. This policy was dated September 2021. Contained within the policy, was the service's top three risks which were, (1) aggression from clients, (2) hypotension during local anaesthesia and (3) missing ectopic pregnancies.

We saw and were told that the service was now following up and auditing the 'Pills By Post', administered to women for medical termination of pregnancy. Following prescription of the 'Pills By Post', women were followed up by text or phone call. On days two to seven post prescription, women were asked to advise the centre if they had received the pills or had any complications. On days 22 to 27, women were asked to let the centre know if pregnancy results were negative and if they had any bleeding or other complications.

The service now had a comprehensive audit programme. Audit topics included infection prevention and control, staff records, hand hygiene, clinical waste, safeguarding, the medicine cabinet, WHO checklist, deep vein thrombosis (DVT), National Early Warning System (NEWS) and gestational age. Most of these audits were carried out in September 2021, with all having positive outcomes. NEWS audits were planned to be completed three-monthly on each post-surgical patient. There was also a patient satisfaction audit done in October 2021, and all women were satisfied with the care they received.

Information Management

Surgery

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.

Information was available for staff both electronically and in paper form. Staff collected data through audits and surveys to improve the service. Patient records were stored on a secured electronic system with password access. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.

The service held weekly staff meetings where staff discussed patient care and administrative issues. The service obtained feedback from patients following each consultation and treatment. The service liaised with local organisations including counselling services to plan and manage services.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff informed us they wanted to learn, develop and improve their skills and had completed mandatory training in the last year.

The medical director told us they were proud of the safeguarding training they had undertaken since the last visit inspection. He told us that the knowledge helped them to deal with a woman who came for a termination with her family. When interviewed alone, the woman said she did not want a termination and was being forced to do so. As a result, staff notified the police and local authority and they intervened. The woman did not proceed with the termination.

The centre was equipped with modern ultrasound machines.