Marie Stopes International Maidstone Centre

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Marie Stopes International (MSI) operates Marie Stopes International Maidstone. Facilities include four consulting rooms, one counselling room, one surgical treatment room, two waiting areas, and a recovery area.

The service provides medical termination of pregnancy including early medical abortion, up to nine weeks plus four days, surgical termination of pregnancy, up to 14 weeks, consultations, ultrasound scans, counselling, and support for people who use the service. The service also provides advice on long acting reversible contraception and sexually transmitted infection screening. Surgical termination of pregnancy is carried out under 'conscious sedation', by either vacuum aspiration or dilatation and evacuation or no anaesthetic according to patient choice and needs. In addition, the service also provides vasectomy (male sterilisation) under local anaesthetic.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 18 July 2017, and an unannounced on 3 August 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services are they safe, effective, caring, responsive to people's needs and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

CQC undertook enforcement action, following an inspection of governance systems at the MSI corporate (provider) level in July and August 2016. There were several breaches of regulation relevant to this location, which we have followed up as part of this inspection.

The breaches were in respect of:

- Regulation 11 Health and Social Care Act (Regulated Activities) Regulations 2014 Need for consent
- Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment
- Regulation 13 Health and Social Care Act (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment
- Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance
- Regulation 20 (Registration) Regulations 2009 Requirements relating to termination of pregnancy

Services we do not rate

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

We found the following areas of good practice:

- Staff understood their safeguarding responsibilities and what abuse was.
- There was a system to ensure all incidents were recorded and monitored, with learning and outcomes shared with staff.
- Staff we spoke with had a good understanding of duty of candour.
- Staff were caring, helpful, and respectful.

Summary of findings

- There were policies in place for staff to follow which were updated in line with national guidance. Policies were accessible to staff.
- Translation services were available for patients who did not speak English as a first language or who had other communication difficulties, which included access to including British sign language and Makaton.
- All areas we visited were visibly clean and tidy, all equipment was clean.
- The service had a system for handling, managing and monitoring complaints and concerns.
- There was a positive culture at MSI Maidstone staff told us leaders were approachable.
- The provider had introduced a new governance system, however at the time of inspection the new framework was not sufficiently embedded to demonstrate that it was effective.

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

- Waste was segregated correctly, but not all bins were labelled to indicate the type of waste to be disposed of in line with Health Technical Memorandum (HTM) 07-01: Safe Management of health care waste and control of substance hazardous to health (COSHH), health, and safety at work regulations.

In addition, the provider responded promptly to issues raised:

- There was no formal system for counting equipment and swabs following procedures to make sure none were retained at the end of the procedure. Following our inspection, the centre wrote to us to inform us they recognised they had not undertaken this in line with policy. A visible count board was put in place to make sure the same number of swabs were present at the start and end of each procedure.
- Six out of 10 termination of pregnancy early warning score had not been completed in line with guidance for completing. This meant that nursing staff might not recognise at an early stage if a patient was deteriorating. Following our inspection, the centre provided evidence of additional training that had been given to staff on the completion of the termination of pregnancy early warning score system. This included competencies for all staff on how to perform and record physiological observations such as blood pressure, pulse and respiration rate. Termination of pregnancy early warning scores were being audited regularly.
- At the time of our inspection, the centre did not have an action plan or risk reduction strategies in place, following a fire risk assessment undertaken in April 2015. As a result of this, we contacted the local fire and rescue service, who undertook an inspection of the centre in August 2017. Following this inspection, the centre provided evidence that they had commissioned an outside company to create new fire risk assessment, and action plan which was completed. The local fire and rescue service returned in December 2017, to provide further help and guidance.

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

Professor Sir Edward Baker
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy		We regulate this service but we do not currently have a legal duty to rate when it is provided as an independent healthcare single speciality service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Summary of findings

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Background to Marie Stopes International Maidstone Centre

The provider group MSI International operates Marie Stopes UK International (MSI) Maidstone. The service opened in 2001. The service primarily serves the community of Kent. It also accepts referrals from outside this area.

The service has had a registered manager in post since 2016.

MSI Maidstone provides consultations, ultrasound scans, medical and surgical termination of pregnancy, and counselling for people who use the service. In addition, vasectomy, performed under local anaesthetic, long acting reversible contraception and sexually transmitted infection testing and screening are offered.

Termination of pregnancy refers to the treatment of termination of pregnancy by surgical or medical methods. The centre provides medical termination to nine weeks plus four days. Surgical termination of pregnancy is carried out up to 14 weeks. Surgical termination of pregnancy is carried out under 'conscious sedation', by vacuum aspiration or dilatation and evacuation or no anaesthetic according to patient choice.

Our inspection team

Our inspection team was led by a CQC inspector supported by another CQC inspector and a specialist adviser with expertise in nursing and midwifery and termination of pregnancies.

The inspection was overseen by Terri Salt, CQC Inspection Manager.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 18 July 2017, and an unannounced on 3 August 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

During our inspection, we visited all clinical areas including the treatment room, consulting rooms, patient-waiting areas and recovery areas. We spoke with five patients, 12 members of staff, including nurses, healthcare assistants, a consultant surgeon, anaesthetist, front of house staff and managers.

As part of our inspection, we looked at the centres policies and procedures, staff training records and audits. We looked at 17 sets of paper records across various pathways for termination of pregnancy including, aged under 18, and surgical terminations of pregnancy and five sets of paper records for patients undergoing a vasectomy. We looked at four electronic patient records and four electronic prescription charts. We also reviewed eight comment cards and feedback from patient who had used the service.

We did not speak with any men who were having vasectomies during our inspection, as the surgical list for vasectomies did not take place whilst we were on site. However, we spoke with staff about the procedure, reviewed five sets of medical records, saw information provided before and after procedure. We also reviewed the client satisfaction survey for men who had undergone vasectomies.

Summary of this inspection

Information about Marie Stopes International Maidstone Centre

There were no special reviews or investigations of the service by CQC at the time of this inspection.

The service was previously inspected in May 2016, where we identified a number of areas for improvement in the domains safe, effective, caring, responsive, and well-led.

Termination of pregnancy refers to the treatment of termination of pregnancy, by surgical or medical methods. The centre provides medical termination up to nine weeks plus four days, and surgical termination of pregnancy is carried out up to 14 weeks. Surgical termination of pregnancy is carried out under 'conscious sedation', by either vacuum aspiration or dilatation and evacuation or no anaesthetic, according to patient choice.

Marie Stopes International Maidstone Centre is part of the provider group Marie Stopes International (MSI).

The centre is split across four floors, with clinical activity taking place on the first two, and is registered to provide the following regulated activities:

- Termination of pregnancies
- Family planning services
- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures

MSI Maidstone provides medical and surgical termination of pregnancy, consultations, ultrasound scans, counselling, and support for people using the service. The service also provided advice on long acting reversible contraception, and sexually transmitted infection testing and screening are offered.

MSI Maidstone holds a licence from the Department of Health to undertake termination of pregnancy services in accordance with The Abortion Act 1967. Services are provided to both NHS patients and privately funded patients.

MSI Maidstone was registered with the Care Quality Commission in December 2010.

Patients of all ages, including children over 13 years of age are treated at the centre. Counselling services are offered to all patients before and after their treatment and are provided face to face or by telephone. There is an aftercare support service via a 24-hour telephone service number. Appointments are made through a 24-hour registered pregnancy advisory centre (MSI One Call centre).

The building at MSI Maidstone has four consulting rooms, one counselling room, one treatment room, two waiting areas, and a recovery area. Car parking was available in a nearby car park. There were no facilities in place to support people with a physical disability.

Activity period (July 2016 to June 2017)

Between July 2016 and June 2017, medical termination of pregnancy accounted for 55% of activity, which equated to 1768 patients and surgical termination of pregnancy accounted for 45%, which equated to 1447 patients. Of these 99.5% were NHS funded and 0.5% privately insured or self-funded.

Between June 2016 and July 2017, 31 patients aged between 13 and 15 attended for consultation and treatment. Patients under 13 were referred to an NHS hospital, for treatment.

The current track record on safety shows that:

There were no reported never events. 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.

Between February to June 2017, 154 incidents were recorded on the incident electronic reporting system. Of the total incidents 124 (81%) resulted in 'no harm' caused, 26 (17%) results in 'minimal harm' and four resulted in short-term harm caused.

- There was one serious incident reported within the 12 months prior to our inspection.
- The centre received four complaints between July 2016 and June 2017.

Services provided at the centre under service level agreement:

- Clinical and non-clinical waste removal

Summary of this inspection

- Interpreting services
- Maintenance of medical equipment
- Pathology

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?

- There were improvements in reporting of incidents, with the introduction of a new electronic incident reporting system. Incidents were monitored and reviewed, and staff gave examples of the types of incidents they reported.
- Staff understood the principles of duty of candour regulations and were confident in applying the practical elements of the legislation.
- There were systems in place to protect patients from harm and abuse. There was improved compliance with safeguarding children training, in addition, there were arrangements for responding to suspected or actual incidents of abuse.
- There were improved infection prevention and control practices in place. Equipment was visibly clean and intact and staff wore personal protective equipment correctly.
- All equipment had been tested for electrical safety, and we saw there was a programme for planned preventative maintenance in line with guidance. Emergency equipment was in place. We looked at ten pieces of equipment, and saw all items had labels in place to show they had been tested for electrical safety, and were safe to use.

However:

- Waste was segregated correctly, but not all bins were labelled to indicate the type of waste to be disposed of in line with Health Technical Memorandum (HTM) 07-01: Safe Management of health care waste and control of substance hazardous to health (COSHH) and safety at work regulations.
- Transfer of a patient in an emergency was made difficult, as the building was not purpose built, but adapted for use. However, we saw this was entered on the centres risk register, and there were risk reduction strategies in place.
- We found nursing staff would not be aware early enough if a patient deteriorated to take preventative action. Six out of 10 terminations of pregnancy early warning score had not been completed in line with guidance for completing. Following the inspection, the centre provided evidence of additional training that had been given to staff on the early warning score.
- There was no formal system for counting equipment and swabs following procedures to make sure none were retained at the end of the procedure. Following our inspection, we received assurance that a formal system had been put in place.

Summary of this inspection

- The centre did not have an action plan or risk reduction strategies in place, following a fire risk assessment undertaken in April 2015. We saw fire doors leading onto the stairwell wedged open and in poor state of repair. Because of this, we contacted the local fire and rescue service, who undertook an inspection of the centre in August 2017.
- The surgical safety checklist for surgical termination pregnancy was not completed with the involvement of all members of the team.

Are services effective?

- Treatment was managed in accordance with national and professional guidance. Policies and procedures had been reviewed and revised and were in line with recommended national guidelines. Staff knew how to access policies and procedures at the centre.
- The centre monitored patient outcomes to provide assurance of the effectiveness of the service.
- The centre had made improvements with obtaining consent, since our previous inspection. We looked at 21 consent forms and saw all were signed and legible. Possible side effects, risk and complications were recorded. We observed three patient consultations where we saw this happening in practice.
- Staff followed national guidance on fasting prior to surgery, which was based on the recommendations of the Royal College of Anaesthetists.
- Pre- and post- procedural pain relief was prescribed for patients undergoing termination of pregnancy.

However:

- Not all staff had an up to date appraisal. For example, in 2017, 75% of front of house staff had received a yearly appraisal. However, only 33% of clinical staff had an appraisal.
- Pain assessment scale was not always completed to assess patients level of pain. We reviewed 14 sets of notes, which showed seven patients had their pain assessed and recorded on the chart.

Are services caring?

- Staff treated patients attending for consultation and procedures with compassion and respect. Patients felt they were treated in a non-judgemental supportive manner
- Patients and relatives feedback was consistently positive about the care provided by staff at the centre.

Summary of this inspection

- Patients who attended the centre told us staff were 'respectful' and 'understanding'.
- All patients had a chance to speak with a nurse privately to make sure that all their questions were answered in a confidential way.
- Patients we spoke with felt they received suitable support to make an informed decision to proceed or not proceed with the termination.

However:

- On our previous inspection, we found there were no privacy curtains in the recovery area. Mobile screens had been put in place, but patients on reclining chairs were still visible to others

Are services responsive?

- Services were planned and delivered in a way that met the needs of the population.
- Eligibility for treatment guidelines were followed. In cases where patients had complex medical needs, they were referred to alternative providers who could respond to their needs.
- Patients received their treatment from their decision to proceed to termination of pregnancy within the recommended Department of Health time frames.
- Translation services were available for those patients who did not speak or understand English. Staff had access to a telephone interpreting service and patient information was available in a range of languages, including British Sign Language and Makaton.
- There was a complaints procedure in place, and posters were displayed in the centre to inform and encourage people to raise concerns where necessary. We looked at three of the complaints relating to the centre and saw they had been answered within the specified time frame.
- In line with guidance there was a 24 hour telephone advice/ help line that patients could use for information, support, including post-operative concerns.

Are services well-led?

- There were systems to monitor and act upon compliance with standard operating procedures and clinical and professional guidance provided by relevant Royal Colleges including the use of audit tools and checklists.

Summary of this inspection

- There was evidence of improved governance and communication with managers across the service, for example through the revision and monitoring of new policies and procedures, structured team meetings, and staff newsletters.
- The provider had introduced a new governance framework and appointed a regional clinical quality and governance lead, responsible for reviewing the quality and safety of care. The impact of this was beginning to show but was not embedded.
- There was clear leadership by the management team within the centre. Staff spoke highly of their managers, and described them as supportive and approachable.
- Staff spoke positively about the changes in the local, regional and national procedures introduced by the management team since our 2016 inspection. However; many of the changes were in the early stages of development and needed time to be embedded in practice.
- Patient views were gathered using patient surveys. Feedback was consolidated and reported on quarterly.

However:

- Staff were aware vision and values existed, but could not articulate them.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are termination of pregnancy services safe?

We regulate this service but we do not currently have a legal duty to rate single specialty termination of pregnancy services. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary. We **do** have a duty to rate this service when its provided as a core service by an independent hospital

Incidents and safety monitoring

- We saw improvements in the management of incidents since our last inspection in May 2016.
- The centre did not report any never event between July 2016 and June 2017. 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 happen for an incident to be a never event.
- The centre reported no expected or unexpected deaths from July 2016 and June 2017.
- A revised Incident reporting policy was issued to all MSI UK centres in January 2017, followed by the introduction of a new electronic patient safety reporting system for incidents in February 2017. Staff had completed training for using the new system, and all staff we spoke with were confident in its use.
- Between July 2016 and January 2017, before the new incident reporting system was introduced, 95 incidents were reported. Fifty-one (54%) were classed as clinical incidents, 21 (22%) were equipment incidents, 12 (13%) were non-clinical incidents; six were safeguarding, three security incidents and two incidents that related to a patients pre-existing condition.
- All staff we spoke with said they would have no hesitation in reporting incidents and were clear on the processes for reporting them. They were aware of the type of incidents they needed to escalate and report, such as 'low harm' or 'near misses'. However, staff told us the process for reporting incidents, still remained time consuming, but they were confident that this would improve once they became more familiar with the system.
- Between February to June 2017,154 incidents had been reported. None of these incidents were classified as serious incidents and so were not reported. Of the total incidents 124 (81%) resulted in 'no harm' caused, 26 (17%) results in 'minimal harm' and four resulted in short-term harm caused.
- In the twelve months prior to inspection there had been one incident that met the serious incident criteria which had been reported appropriately, in August 2016, to the Care Quality Commission. This is a requirement of the Registration Regulations 2009: Regulation 18 Notification of Incidents 18 (1) (2).
- Incidents were divided into categories such as: clinical complication; health and safety; information governance; medications and violence and aggression. Each incident was allocated to a named individual member of staff who were responsible for ensuring incidents were investigated appropriately.
- We saw all incidents had been investigated and actions taken where appropriate. Of the 154 incidents between February and June 2017, 147 were finally approved and closed; the remaining seven were being reviewed at the time of inspection.

- Staff told us they could request feedback on incidents they reported and did receive it when requested, this was an improvement from the last inspection. We looked at the team meeting minutes for May 2017 and saw incidents were discussed.
- We saw improvements in the understanding of duty of candour. The Duty of candour is a regulatory duty under the Health and Social Care Act (Regulated Activities Regulations) 2014. Where ,as soon as reasonably practicable after becoming aware that a notifiable safety incident had occurred a health service body must notify the relevant person that the incident had occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. Staff described the principles and application of duty of candour. They explained patients and their families were told when they were affected by an event where something unexpected or unintentional had happened. Staff described how they would action any incidents in which they felt duty of candour was needed and were clear they would always inform their line manager for guidance and support. Staff who gave us examples of applying the duty of candour.

Mandatory training

- Mandatory training provided for all staff groups was comprehensive, with modules accessed through an on line learning system or via face-to-face training courses. The mandatory training matrix was mainly green which indicated the majority of staff had attended training.
- Mandatory training modules included: basic or immediate life support skills; information governance; anti-fraud and bribery; infection prevention and control (level one); manual handling (level one); incident report training; safeguarding vulnerable adult and children and protecting people at risk of radicalisation (PREVENT training). Other training was role specific, for example consent with capacity, child sexual exploitation and ultra sound scanning.
- Staff completed the appropriate courses relevant to their job role. This was monitored through a 'live' training matrix, the centre showed us. The matrix showed training records of 13 contracted staff and seven sessional staff. Sessional staff are the centres own bank staff, this included nurses, healthcare assistants, front of house and counselling staff.
- The operations manager maintained the matrix with a red, amber green (RAG) rating. Dates in green showed staff were up to date with their training. Dates in amber showed the training was due to expire within the next eight weeks, and should be rebooked. Dates in red showed the training was overdue and had expired.
- PREVENT training was mandatory for all staff and should be undertaken every three years. Data indicated that 77% of contracted staff and 57% of sessional staff were up to date with their PREVENT training.
- Compliance levels for display screen equipment 60% control of substances hazardous to health (COSHH) 55%, equality and diversity 60%, child sexual exploitation 68%, female genital mutilation (FGM) 68%.

Safeguarding

- Staff had a good understanding of how to keep patients safe from harm and abuse. The staff we spoke with during our inspection understood their safeguarding responsibilities and the safeguarding procedure. They described how they would act on and escalate any concerns. This has improved since our previous inspection in May 2016. Staff knew who the nursing safeguarding lead was for the centre.
- There was an up to date corporate Safeguarding Adults and Young Persons Policy, dated December 2016 and Safeguarding Adults and Children at Risk Policy version, dated December 2016. Staff accessed the polices through the organisation's intranet.
- All safeguarding concerns were recorded on the electronic incident reporting system. Between February and June 2017, the centre made 17 safeguarding referrals to the local authority. The provider did not notify Care Quality Commission of these referrals.
- The Care Quality Commission (Registration) Regulations 2009 requires providers to notify the Care Quality Commission of any allegation or incident of abuse relating to patients using the service. This includes safeguarding concerns, from review of the incident log

we saw between July 2016 and January 2017, there were six safeguarding incidents recorded, none of which had been reported to the CQC. This was a requirement following the last inspection and was still not being carried out.

- The clinical team leader was the designated safeguarding lead for the centre. The operations manager and a registered nurse supported them. The lead for safeguarding at the centre was given two hours a week dedicated time to carry out their role, which was in line with the policy.
- Posters were displayed in consulting rooms, and in the recovery area outlining the procedure for managing a disclosure of suspected or actual child or vulnerable adult concerns. The posters contained flowcharts and actions to take and who to contact in the event of an adult or child safeguarding concern.
- Safeguarding vulnerable adults and children, training was mandatory for all staff and undertake every three years, for levels one and two. Data indicated that 85% of required contracted staff and 43% of sessional staff had completed level one. Fifty-five percent of required contracted staff and 71% of sessional staff had completed level two.
- There had been improvements in the completion of safeguarding children level three training. Data indicated that 100% of required contracted staff and 80% of required sessional staff had completed both safeguarding vulnerable adults and children training level three.
- Between July 2016 and June 2917, the centre treated 31 patients who were aged between 13 and 15. We looked at the notes for four patients under the age of 18, and saw the 'under 18 proforma' had been completed on all occasions. In addition, we saw 'young people's care pathway' on display, which outlined action to be taken when dealing with young people under 16.
- No children aged under 13 were treated at the centre. Staff told us a safeguarding referral would automatically be made in line with guidance, and they would refer the patient to the NHS.
- Staff had access to the corporate Female Genital Mutilation at risk policy and procedure, dated November 2015. Staff had a good understanding of female genital mutilation, including how to identify female genital mutilation and to report this as a safeguarding concern. Data supplied to us showed 92% of required contracted staff and 57% of required sessional staff were up to date with this training. Staff gave us an example, where they suspected a case of female genital mutilation, and raised with the safeguarding lead for advice.
- Staff had a good understanding of child sexual exploitation. Data supplied showed 75% of required contracted staff and 57% of required sessional staff had completed this training. The 'under 18' proforma included questions to identify if patients aged under 18 were at risk. Leaflets about child sexual exploitation were available in the waiting areas.
- All patients were seen in a one to one consultation with a nurse. Staff told us they routinely took the opportunity to ask patients about domestic abuse in line with NICE guidelines [PH50] 'Domestic violence and abuse: how health services, social care, and the organisations they work with can respond effectively'. This guidance is for everyone working in health and social care whose work brings them into contact with people who experience or perpetrate domestic violence and abuse. We saw staff documented on the 'Adult Safeguarding Proforma', in 11 out of 12 of the adult patient medical records we looked at.

Cleanliness, infection control and hygiene

- There were improvements in the management of cleanliness and infection control practices since our last inspection in May 2016.
- All staff were bare below the elbow and we saw posters displayed reminding staff to be bare below the elbow. We saw good compliance with the use of personal protective equipment, in line with policy and equipment was readily available.
- At our previous inspection, we saw there was no permanent hand-washing sink in the recovery area, a non-permanent sink was in place to mitigate any associated risks. This non-permanent sink was still in place at the time of this inspection. Staff told us a new sink for the recovery area was due to be installed following inspection.

- Alcohol-based hand sanitising gel was available in all clinical areas. We saw staff using the hand sanitising gel correctly, in line with the 'five moments of hand hygiene' and National Institute for Health and Social Care Excellent, quality standard 61, statement three. However, we found three out of date alcohol–based hand sanitising gel. We bought this to the attention of the operations manager at the time of inspection, who removed it from the clinical area, and replaced with, in date alcohol-based hand sanitising gel
- There was a corporate annual audit programme, which included hand hygiene compliance. The audit was reported by staff group, and we saw that in all staff groups there were missed opportunities for staff to clean their hands. Data showed that the centres hand hygiene compliance rate for April 2017 was 73%. Where there were episodes of non-compliance we saw evidence that members of staff had been spoken to immediately. In June 2017, hand hygiene compliance rate had improved to 90%.
- There was an infection control link nurse for the centre. Their role was to increase awareness of infection control issues at the centre and to motivate staff to improve practice.
- All the patient areas we visited in the centre were visibly clean and tidy. One patient used a comment card to tell us they thought the centre was 'clean and safe'; another patient said 'the environment was clean and tidy'. In the MSI Maidstone patient satisfaction survey (April to June 2017) 96% of patients said the cleanliness of the centre was 'very good' or 'excellent. This was better than the MSI provider target of 95%.
- The examination couches seen within the consulting and treatment rooms were clean, intact and made of wipe-clean materials. We saw the chairs had wipeable covers, which was an improvement from the last inspection.
- We saw disposable curtains were in place in the consulting rooms and had been changed within the last six months.
- Disinfectant/detergent wipes were available throughout the centre to clean equipment between patient contacts. Equipment we looked at had 'I am clean' labels on them, which indicated the date the equipment had been cleaned and was safe to use.
- Infection prevention and control training was mandatory for all staff, and should be undertaken yearly. Data indicated 77% contracted staff and 35% sessional staff were up to date with their training. Out of the four contracted who had not completed their training, one was a new starter, and two had no previous record of completion.
- We saw that overall waste was separated and disposed of in different coloured bags to indicate the different categories of waste. This was in accordance with the Health Technical Memorandum (HTM) 07-01: Safe Management of health care waste and control of substance hazardous to health (COSHH), health, and safety at work regulations. However, waste bins were not labelled to indicate the type of waste to be disposed, in accordance with HTM 07-01, which says 'labelled colour coded waste receptacles should be supplied for each waste stream'.
- There were 'sharps' bins available in all areas for the disposal of sharp objects. We noted the bins were correctly assembled, labelled, and dated. None of these bins was more than half-full, which reduced the risk of needle-stick injury. We saw posters displayed which outlined what action must be taken if a member of staff sustained a sharps injury. This was in line with Health Technical Memorandum (HTM) 07-01.
- The centre had a service level agreement with a contractor registered for healthcare waste and disposal, under the Hazardous Waste Regulations 2005. We looked at records to see that waste was removed from the premises on a weekly basis.

Environment and equipment

- The lower ground floor consisted of four consulting rooms, one counselling room, a waiting and reception area, and a toilet. The consulting rooms were tidy and equipped with a desk, chairs, and a couch area for procedures. Equipment trolleys in rooms had sterile disposable single use items, all were sealed and in date.
- The environment in all areas we visited appeared uncluttered and tidy.
- The building for MSI Maidstone had been modified to provide a care environment. The centre had four floors, with clinical activity taking place on the first two floors. The upper floors were administration departments and were restricted to staff access only.

Termination of pregnancy

- The main entrance to MSI Maidstone was below ground level, accessed by stairs leading down to the entrance. Entry to the building was monitored and controlled, from the main reception and people use an intercom to gain entry. This meant the area was secure and minimised the risk of unauthorised access, and ensured the safety of patients, staff, and visitors at the centre.
- The first floor consisted of an office where consultations took place and consent was obtained, a waiting area, changing room, two toilets, a treatment room and recovery area. The recovery area contained six reclining chairs, tables, a nurse call bell, and a nurse's station.
- During our inspection, we saw there was a rolling programme of planned preventative maintenance. All electrical equipment had labels in place to show they had been tested for electrical safety, and were safe to use. We looked at ten pieces of equipment, and saw all items had labels in place to show they had been tested for electrical safety, and were safe to use. This was in line with required standard operating procedures 22: maintenance of equipment, which recommends providers should minimise risks and emergencies through a programme of regular checking and servicing of equipment.
- Emergency equipment was located in the treatment room on the first floor. There were sealed bags on the resuscitation trolley with tamper evident tags that contained all the required emergency equipment to manage a medical emergency. The equipment included an automated external defibrillator and medicines. An automated external defibrillator is a portable device that checks the heart rhythm and can send an electrical shock to the heart to try to restore a normal rhythm. Records showed the resuscitation equipment was checked daily when the centre was open, we saw the records were fully completed an up to date.
- Point of care testing machines were available on both clinical floors. These machines included blood glucose testing machines to test blood sugars, a rhesus blood test machine, to determine a patient's blood group, and one to indicate if a person is human immunodeficiency virus positive.
- Staff took responsibility for checking equipment and we saw records that showed checking processes had taken place regularly, which meant that equipment was safe, and ready to use. This included checks of oxygen cylinder, and suction. A nominated individual would be responsible for the checking of emergency equipment, this was following an incident where the emergency bag had not been restocked between 11 August and 30 August 2016.
- Storage facilities were available on the top floor of centre, and were found to be clean and tidy.

Medicine Management

- There was a corporate Medicine Management Policy, dated February 2017, which staff accessed the policy through the organisations intranet.
- We looked at records and saw all medicines were prescribed by doctors using a secure electronic prescribing system and were given as prescribed. This included abortifacient medications (medicines that cause termination of pregnancy) and pain relief.
- The electronic prescribing system had a set of pre-determined packages for patients undergoing medical and surgical termination of pregnancy. It allowed the prescriber to review each patient's history and prescribe from an agreed formulary.
- We looked at four electronic prescriptions during our inspection. All prescriptions were signed and dated, and allergies were documented. We saw before medication was given to patients, doctors and nurses would check the patients name, date of birth and if they had any allergies. This was in line with Nursing and Midwifery Council 'Standards for medicine management'.
- MSI Maidstone had access to a pharmacist via an service level agreement, who had visited the centre the week before our inspection, and carried out a medicines audit at the centre. At the time of the audit the results for this inspection were not available to the centre or to us. We saw posters on display informing staff of their contact details.
- The registered nurse in charge of each shift held the keys for the medicine storage cupboards. They were responsible for collecting and returning the key to the safe at the beginning and end of each shift. They were required to sign when the medicine storage key was taken and returned to the key safe.

- Controlled drugs are medicines that require additional security. We saw these were kept securely and stored in locked cupboards with restricted access, which were bolted to the wall. We saw two members of registered nursing staff checked controlled drugs at each shift change, in line with Nursing and Midwifery Council 'Standards for medicine management'. We checked the controlled drugs register and saw it was up to date and complete. On our unannounced inspection on 3 August 2017, we were told there were no longer any controlled drugs on site at MSI Maidstone.
- Medicines were stored in a secure temperature controlled room that had suitable storage, and preparation facilities for all types of medicines, such as medicines used to sedate patients. We saw records of daily checks of the ambient room temperatures had been routinely completed, when the centre was open.
- Staff told us a member of staff checked the medicines weekly to ensure they were in date, during our inspection we checked medicines and found all of them to be in date.
- The correct medicines were stored in dedicated medicines fridges. We saw records, which showed daily temperature checks were undertaken. We also saw recommended actions to be taken if the fridge temperatures were not in the correct range. We also checked the records for the ambient temperatures of the treatment room, where medicines were stored, which showed these, had been completed.
- Patients undergoing termination of pregnancy were treated with preventative antibiotics. This is in line with National Institute for Health and Care Excellence quality statement 61, statement one, which says '
- Medicines were readily available for the emergency treatment of anaphylaxis, and in the event of a medical emergency. Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death.
- We asked the interim clinical manager about the arrangements for the request and receipt of medicines in stock. Managers told us a central review of expenditure on medicines was the main way of monitoring medicines usage. We saw evidence of this. However, checklists had been introduced one week prior to inspection to MSI Maidstone to reconcile the stock at local level, with the original order. As this system had been newly implemented, we were unable to fully assess the effect.

Records

- Staff followed their corporate Records Management, Disposal, and Retention Policy version, dated April 2016; staff accessed the policy through the organisations intranet.
- Patient records were mainly electronic, with some paper records in use. Paper records included HSA1 forms, venous thromboembolism assessments, consent forms, and the modified World Health Organisation five steps to safer surgery checklists. Paper records were stored securely, in a locked room, in line with the Data Protection Act 1998.
- Electronic patient records included relevant past medical history, mental health issues, and allergies. We saw allergies, and other relevant alerts, such as a patient aged under 16, come up as 'pop up' information. This meant vital information for patient safety would not be missed.
- We looked at 17 sets of paper records across various pathways, including patients who were under 18 years of age, or having a surgical termination of pregnancy. In addition, we looked at five sets of paper records for patients undergoing a vasectomy. We found them to be legible, with no loose filing. We saw completed risk assessments were in place.
- Patient records were available for patients at their consultation or admission to the centre. All patients were booked into the centre centrally via the MSI One Call service. The front of house staff looked at the booking and made up the patient records in advance. Both medical and surgical termination of pregnancy notes were made up two days in advance of the procedure, to allow medical staff time to review the notes and sign the HASA1 form in good faith.
- There was limited storage space at the centre. There was an archive facility for patient notes, which were stored on site for six months to one year, and then transferred off site to a secure location. We saw a tracker system was in place.

- Information governance training was mandatory for all staff, and should be undertaken yearly. Data indicated that 69% of contracted staff and 43% of sessional staff were up to date with their training.

Assessing and responding to patient risk

- There was a process in place to determine the suitability of patients for treatment at MSI UK treatment centres. The Pre-existing conditions policy was a treatment decision flow chart designed to decide clinical risk and outlined referral options. For example if a patient had more than three caesarean sections, or an ectopic pregnancy, they would be referred to an NHS provider of termination of pregnancy services. During our inspection, we saw staff refer to the guidelines and act on the advice.
- All patients had an initial assessment via telephone consultation with MSI One Call, where they are asked about their medical history to assess their suitability for treatment; this included assessment of potential risk factors. All patients undergoing surgical termination of pregnancy had a pre assessment, on a day prior to their booked procedure. This assessment included measurement of blood pressure, temperature, and pulse, along with an ultrasound scan to determine gestational age, and other relevant tests. In addition, staff checked medical history to determine whether patients had a pre-existing condition, which prevented them from having the procedure at MSI Maidstone.
- MSI Maidstone used a modified version of the National Early Warning Score (NEWS), known as Termination of pregnancy Early Warning Score. The termination of pregnancy early warning score is a simple scoring system for physiological measurements, such as blood pressure and pulse and identifies patients at risk of a sudden deterioration in their condition. If a patient's termination of pregnancy early warning score increased, staff were alerted to the fact and a response would be prompted. The response varied from increasing the frequency of the patient's observations, to urgent review by the consultant.
- The MSI 'Management of the Deteriorating Client and Clinical Emergencies policy, dated December 2016 stated that all clinical team members should be competent in the measurement and recording of client observations, the early recognition of clients at risk of deterioration, and the management of the deteriorating client.
- We looked at 10 termination of pregnancy early warning score records and found four had been completed and scored correctly. Of the remaining six, we found three were incorrectly scored and were either not added up correctly or the pain score was inserted where the total termination of pregnancy early warning score should be. Not all observations were recorded and included in the overall score, reducing the reliability of the score. We found pain scores were not recorded consistently or not recorded. In one instance, we found a patient had reported a 'moderate' pain level, which had been recorded incorrectly; this meant if a patient was deteriorating, the nursing staff would not be aware early enough to take preventative action. We bought this to the attention of the management team at feedback during the inspection.
- Following the inspection, the centre provided evidence of additional training that had been given to staff on the completion of the termination of pregnancy early warning score system. This included competencies for all staff on how to perform and record physiological observations such as blood pressure, pulse and respiration rate.
- We also saw completion of termination of pregnancy early warning scores, had been audited. This included a random selection of patients who had undergone a termination of pregnancy procedure at the centre. We saw that if there were any non-compliances staff members were spoken with to improve practice.
- Staff told us they ensured there was a responsible person to accompany patient's home following treatment. We saw this was occurring, which was an improvement from the last inspection, where we saw patients go home alone.
- The national guidance issued by the Royal College of Anaesthetists suggests that oxygen should be administered routinely to sedated patients via nasal cannulae to lessen against the risk of respiratory depression. Conscious sedation is defined as, 'a technique in which the use of a drug or drugs produces a state of depression of the central nervous system

enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. During our inspection on 3 August 2017, we saw that oxygen was not routinely used on patients who were undergoing 'conscious sedation' whilst having their surgical termination of pregnancy. This was in line with the MSI UK Sedation Anaesthesia Policy version, dated December 2016, which was not in line with royal college guidance.

- The MSI UK Sedation Anaesthesia Policy recommends that oxygen levels should be monitored for all patients undergoing conscious sedation. During our inspection, we saw that this was done.From review of the incident records, we saw there were two incidents where a patient's oxygen levels had fallen below the normal range whilst sedated. We saw in both incidents that the patient had been given additional oxygen. The oxygen was only discontinued once the patient's oxygen levels had returned to normal and was stable.
- The centre used a modified version of the World Health Organisation 'five steps to safer surgery' checklist, called 'Surgical Safety Checklist for Surgical Termination of Pregnancy'. We saw the 'team brief' involving all members of the surgical termination of pregnancy team was carried out before the procedure list. All the team members were present at this stage; this meant vital safety information was shared with the whole team. We saw team members were assigned roles. A registered nurse completed the next stage of the 'sign in' prior to the patient being brought into the treatment room. This meant the whole team were not involved in this process, and vital safety information may not be shared with the whole team.
- In all five procedures, we saw the different stages were undertaken, however, we saw not all elements of the safety checklist for surgical termination of pregnancy were read aloud and confirmed before marking as completed. In addition we saw the checklist was signed at the 'team brief' stage, which meant the person signing the checklist as complete had not undertaken or witnessed all the stages were complete before signing. Following inspection we received information to indicate this was being monitored closely and audited regularly.
- We saw not all items, such as swabs were formally counted, with no confirmation from a second counter. This meant there was a risk to patients of retained foreign objects, such as swabs. On one procedure, the surgeon confirmed with the inspector present they were aware they had not checked the swabs during the procedure. We brought this to the attention of the management team at feedback during the inspection, who told us they would start a formal system immediately and received further information to indicate this had happened.
- Royal College of Obstetricians and Gynaecologist, 'The Care of Women Requesting Induced Abortion' (2011) recommendation 6.7 states that prior to termination of pregnancy procedures, all women should have a blood test to identify their blood group. This is to identify any patient with a rhesus negative blood group, and ensure they receive treatment with an injection of anti-D immunoglobulin, if required. This treatment protects against complications should the patient have future pregnancies. Records that we looked at showed patients received this test prior to undergoing a termination of pregnancy procedure and that correct treatment was given.
- A major haemorrhage kit was available and staff knew where this was located. There was a checklist in place, and completed daily, when the centre was open.
- We saw that there were posters displayed in the treatment room, and the recovery area of the deteriorating patient and clinical emergencies. These posters included flow charts and actions for staff to take and who to contact in the event of a patient deteriorating or a clinical emergency arising.
- There were emergency procedures in place in the centre, including call bells, in all consulting rooms, treatment room and recovery area,to alert other staff in the case of a deteriorating patient or in an emergency. The centre would call the emergency service via the 999 system.
- The centre had a service level agreement for the emergency transfer of deteriorating patients. The service level agreement 'NHS contract for the provision of emergency transfer services, 2017 to 2020, set out actions and responsibilities, should a patient become unwell and required transfer to an acute NHS hospital.

Termination of pregnancy

- We looked at the 17 records of patients who had undergone a termination of pregnancy and saw all had an ultrasound scan to determine the gestational date (the term used during pregnancy to describe how far along the pregnancy is), prior to a procedure-taking place. The nurses told us that one of the main reasons for women not proceeding to treatment at the centre was a gestational date over the limit for the centre to carry out the procedure. Patients with a later gestational date were referred to another centre.
- Staff followed the MSI UK Resuscitation policy, dated December 2016, which included roles and responsibilities, management of resuscitation and medical emergencies, emergency team activation and transfer of care.
- The resuscitation policy also included the training required to specific staff groups. Basic life support training was mandatory for all required staff and should be undertaken yearly. Data indicated 100% of required contracted staff and 75% of sessional staff, were up to date with their training.
- Intermediate life support training was mandatory for required staff, and should be undertaken yearly. Data indicated that 100% of required contracted staff, and two out of three required sessional staff were up to date with their training.

Staffing

- There were no set guidelines for the safe staffing levels at MSI Maidstone. The operations manager completed rotas and told us this was so they could be flexible with their staffing.
- From review of the incident log, we saw between July 2016 and June 2017, there had been six times where clinics had been cancelled due to staff shortages or sickness. The operations manager told us they had overcome staff shortages recently by having permanent sessional staff. In addition, they told us they recently employed staff, which meant they would have full complement of staff by October 2017.
- The required standard operating procedures 18 stated 'staffing and emergency cover require that providers of a termination of pregnancy service should ensure there is sufficient number of staff with the right competencies, knowledge, qualifications, skill and experience to safeguard the health, safety and welfare of all who use the service and meet their routine and non-routine needs.
- As of 18 July 2017, there were seven registered nursing staff (3.6 whole time equivalent). Four were contracted, and three were employed on a sessional basis. One of the contracted registered nurses was the clinical team leader. There were two healthcare assistants working at the centre. One was contracted and one was employed on a sessional basis.
- Due to the specialist skill set required, the centre reported no use of agency staff during the reporting period. Staff working at the centre, who worked flexibly across the centre, when necessary, provided short-term sickness and absence cover. There were two whole time equivalent sessional staff working at the centre until October 2017.
- Six front of house staff supported the nursing staff. Four were contracted and two were employed on a sessional basis.
- Medical staff was provided by doctors working both remotely and within the centre. Anaesthetists were present for surgical termination of pregnancy lists. They worked at NHS trusts and other MSI centres on a sessional basis. The operations manager told us there were two consultant surgeons allocated to the centre. We saw correct medical staff, surgeon, and anaesthetist were available for surgical termination of pregnancy.

Major Incident awareness and training

- MSI Maidstone had a local 'Business Continuity Plan' (reviewed July 2017). The plan consisted of flow charts of actions to be taken in the event of a failure such as power failure, communications loss, bomb threat, and management of flood.
- The centre ran regular scenario based training during the year, such as anaphylaxis (a serious allergic reaction that is rapid in onset and may cause death). This ensured staff were provided with the training to enable them to responded correctly to emergencies. However, we saw there was some concern about the evacuation of a patient in the event of an emergency. The operations manager told us, in response to a recent incident, they had purchased an evacuation chair, they

had also reviewed the information they gave to the emergency services to ensure they had the correct equipment to aid with evacuation. They invited a local NHS Ambulance trust to visit the centre, to undertake a risk assessment.

- We saw the centre had a fire risk assessment undertaken in April 2015. We requested the action plan because of this risk assessment, and the operational manager was unclear if one had been developed as a result.
- During our inspection, we found multiple areas were reported in the risk assessment report, such as damaged fire doors, missing part of or all of intumescent strip or doors where strips were not fitted. Intumescent strips are designed to help prevent the spread of smoke or fire to other parts of the building.
- The centre did not have an outside fire escape; the only exit was the main stairs. We saw items such as boxes and paper beside the fire exit on the second floor, although these items were not blocking the door, they could have created a hazard and prevent staff and patients from evacuating in the event of a fire. We informed the management team at the centre of our findings when we fedback. Following this, managers moved hazards by the side of the fire exit.
- Because of this, we contacted the local fire and rescue service, who undertook an inspection of the centre in August 2017. Following the inspection, the centre provided evidence that they had commissioned an outside company to create new fire risk assessment, and action plan. The local fire and rescue service returned in December 2017, to provide further help and guidance.
- The centre had five designated fire wardens in place. Fire warden training was undertaken every three years. Data indicated 100% of required staff had completed this training.
- Fire Safety Essentials training was mandatory for all staff, and should be undertaken every three years. Date indicated that 77% contracted staff and 35% sessional staff were up to date with their training.
- The centre had a backup generator, to make sure there was an uninterrupted power supply. This meant vital equipment would continue to work in the event of a power cut. We saw this was regularly maintained as part of the planned preventative maintenance programme.

Are termination of pregnancy services effective?

Evidence-based treatment

- Policies and guidelines were developed in line with national guidance. These included the National Institute for Health and Care Excellence, the Royal College of Obstetrics and Gynaecologists, and Required Standard Operating Procedures. Policies were available to all staff via the intranet system. During our inspection, staff showed us how to access them.
- Staff assessed patient for the risk of venous thromboembolism and took steps to reduce the risk. This was in line with National Institute for Health and Care Excellence clinical guideline 92.
- Royal College of Obstetricians and Gynaecologist guidance 'The care of women requesting induced abortion' (2011), and required standard operating procedures 13: contraception and sexually transmitted infections, suggest that services should make available information about the prevention of sexually transmitted infections. During our inspection, we saw staff speaking with patients about sexually transmitted infections, how the testing was carried out, and how they would receive the results. In the 17 patient records we looked at, we did not see any documentation of sexually transmitted infections being discussed or any results of tests. However, staff told patients about this and gave the written information about sexually transmitted infections and contraception.
- Surgical termination of pregnancy at MSI Maidstone was offered up to 14 weeks, by vacuum aspiration. This was in line with the Royal College of Obstetricians and Gynaecologists guidance. The pregnancy remains were collected following the procedure, sealed in a container, and disposed of according to patient choice and in accordance with national guidelines.

Termination of pregnancy

- For patients with a gestational date of up to nine weeks plus four days, medical termination of pregnancy was provided as an alternative to surgical intervention.
- All patients underwent an ultrasound scan at the consultation stage to determine the gestation of the pregnancy. This was in line with the Royal College of Obstetricians and Gynaecologists guidance. We saw this had been undertaken in all the patient records we looked at.
- The Royal College of Obstetricians and Gynaecologists recommends that patients have access to a 24-hour telephone helpline after their procedure for any concerns they may have. Patients were given a small booklet on discharge, which contained the number for the 24-hour aftercare helpline. The booklet contained information on symptoms patients may experience after the procedure and symptoms that may suggest continuing pregnancy; this was in line with guidance.
- Required standard operating procedures 14: counselling recommends 'all women requesting an abortion should be offered the opportunity to discuss their options and choices with, and receive therapeutic support from, a trained pregnancy counsellor, and this offer should be repeated at every stage of the care pathway. Counselling services were offered to all patients before and after their treatment, either face to face or by telephone. Counselling services were provided at MSI Maidstone twice a week, this allowed for face-to-face contact if preferred.
- At the time of our inspection, the centre had no reported incidents of sepsis, and did not collect specific audit data on sepsis. However, we saw in December 2016, a patient was admitted to a local NHS hospital as an emergency with an infection that required antibiotics.

Nutrition and hydration

- Staff followed guidance on fasting prior to surgery, which was based on the recommendations of the Royal College of Anaesthetists, which states that food can be eaten up to six hours and clear fluids consumed up to two hours before surgery.
- Information regarding fasting was provided to patients when they attended for their pre- assessment, stating that no food should be eaten six hours before appointment, and clear fluids can be drunk up to two hours before. We saw patient admissions were at different times to ensure compliance with this guidance. This ensured that patients were without food and water for the minimum amount of time.
- The service did not audit pre-operative fasting times; however, there was an effective process to ensure patients fasted for the correct period before undergoing 'conscious sedation'. During the checking process on arrival at the centre, staff asked each patient to confirm when they last ate and drank.

Pain relief

- For both surgical termination of pregnancy, we saw there were pre and post-procedural pain relief, and post procedural pain relief for medical termination of pregnancy, was electronically prescribed on a medicines administration records.
- We saw non-steroidal anti-inflammatory medicines were given routinely at the end of the procedure with the patient's consent, in line with best practice.
- The anaesthetist told us, if a patient continued to have pain, they could prescribe an alternative medicine for them to take home.
- Patients were given heat pads post operatively, to help with pain and abdominal cramps.
- Staff were clear about which pain relieving medicines would be offered and in which order.
- There was a pain assessment scale within the termination of pregnancy early warning score chart used at the centre. We reviewed 17 sets of notes, which showed seven patients had their pain assessed and recorded on the chart.
- Staff provided patients with a copy of the aftercare information booklet, which contained information on pain control and suitable medicines to take after the procedure.
- We saw in the MSI patient satisfaction survey (April to June 2017), 72.8% responded 'excellent' to the way your pain was managed with 18.4% responding 'very good. The remaining 8.8% responding 'good' or fair'.

Termination of pregnancy

- We saw in the Vasectomy service client feedback survey (October to December 2016), 56% responded 'low' to 'rate any pain you felt during the procedure?'

Patient outcomes

- Between July 2016 and June 2017 MSI Maidstone carried out 1447 surgical terminations of pregnancies, 1768 early medical abortions, and 221 non-scalpel vasectomies. Out of the termination of pregnancy procedures, approximately 99.5% of termination of pregnancy procedures were NHS funded, and 0.5% being privately insured or self-funded.
- There was a dashboard, which allowed the provider to benchmark this centre in comparison to other MSI centres, against key performance outcomes such as audits, complaints, and treatment failures.
- Required Standard Operating Procedures 16 performance standards and audit, recommends that all providers should have in place clear, locally agreed standards against which performance can be audited, with a specific focus on outcomes and process. We saw MSI Maidstone had key performance measures in place.
- During our inspection, we observed patient consultations and saw if a patient had any concerns about the treatment or procedure, nursing staff took time to inform patients of the different options available. However, in the 17 medical records reviewed, staff had not documented that the patient was offered a choice of treatment. Required standard operating procedures 11: access to timely abortions, says 'for all gestations, women should be given a choice of surgical and medical terminations up to the legal limit as part of a care pathway.
- During July 2016 to June 2017 MSI Maidstone reported 20 complications post procedure. Complications included adverse reactions to medicines, such as a patient who vomited after taking their first medical abortifacient medicine, failure to complete the procedure and when patients fainted.
- We saw there were two unplanned returns to surgery in the reporting period. Both returns were due to retained products of conception, following surgical termination.
- Under a service level agreement with the local NHS trust, four patients had been transferred out to an NHS hospital between July 2016 and June 2017 because of post-operative complications.
- Required standard operating procedure 16 recommends monitoring women who do not proceed to termination. Between July 2016 and June 2017, 948 women did not proceed. We were told the main reason for this was due to gestational date was over the limit for the centre to proceed.
- Patients, who had undergone a surgical termination of pregnancy, were offered follow up appointments. This was in line with required standard operating procedures 3, post procedure, recommends all women should be offered routine follow –up post procedure. Data supplied to us showed that in the reporting period out of a total of 3215 termination of pregnancy procedures, 129 (4%) returned for follow up appointments.
- Marie Stopes International corporate target for uptake of long acting reversible contraception was 50%. Data supplied to us showed MSI Maidstone, was not able to meet this target between January to June 2017. On average MSI Maidstone uptake of long acting reversible contraception was 35%, with the best month being January, where they achieved 43% long acting reversible contraception rate of uptake. The worst month June with a 28% long acting reversible contraception rate of uptake.
- Data supplied to us for January to June 2017, showed MSI Maidstone achieved an average sexually transmitted infection screening rate of 86%. Data showed January to May sexually transmitted infection screening rate uptake was above 85%, with the best month being January, where MSI Maidstone achieved 100% compliance. However, in June 2017 we saw the sexually transmitted infection screening rate was 44%, we were told this was due to a higher usage of sessional staff, than in the previous months.
- Retained products of conception is a recognised potential complication of termination of pregnancy Between July 2016 and June 2017, data indicated that on 35 occasions complications had arisen following

medical terminations of pregnancy; 23 of which resulted in continuing pregnancy. The remaining 12 were retained products of conception. Patients could choose to have further medical treatment or have surgery.

- Between July 2016 and June 2017, there were four occasions where complications were identified following surgical terminations. All were due to retained products of conception, none resulted in continued pregnancy.
- We saw the centre monitored the rates of patients who attended for repeat terminations. The data looked at rate of women who had a previous termination (within 3 years) and left with reliable method of contraception, such as the combined pill, and women who had a previous termination (within 3 years) and left with long acting reversible contraception method, such as a coil. This data was divided into age groups, which included under 18's, 18 to 24 and over 36. This was then separated into eight local commissioning groups for the centre.

Competent staff

- On our previous inspection in May 2016, we found that health care assistants undertook similar roles to registered nurses, with the exception of administering medicines. We required that MSI Maidstone must ensure that healthcare assistants have a differentiated job description and that there is oversight of their practice by a registered nurse, including countersigning of their records. On this inspection, we confirmed with healthcare assistants who told us they no longer do the same job as the registered nurses, or write in patient medical records. In addition, MSI had issued clinical practice guides, and competencies this breaks down individual roles and associated practice, to ensure all staff were working and competent for their specific role.
- Staff training and professional development needs were identified through informal one to one meetings with managers and annual appraisals. During appraisals, personal development goals were agreed, and individual performance was agreed. We saw there was a system in place for annual appraisals; and one to one meetings were undertaken every six to eight weeks.
- Data supplied to us showed 100% of staff working at MSI Maidstone for 2016, had received an appraisal. For 2017, 75% of front of house staff had received a yearly appraisal. However, only 33% of clinical staff had an appraisal. This meant the service was not always able to address any potential staff performance issues. The operational manager told us the reason for the low appraisal rate was due to shortages of staff, with the appointment of three new staff; all appraisals were due to be completed by October 2017.
- We looked at two completed appraisals, and saw they included discussion on what went well and what needed improving. Staff who had undertaken appraisal told us appraisals were useful, and there were two-way discussions around performance and opportunities for training and progression.
- Required standard operating procedures 18: Staffing and Emergency Medical Cover: states that providers should ensure there is a sufficient number of staff with the right competencies, knowledge, qualifications, skills and experience to safeguard the health, safety and welfare of all who use the service and meet their routine and non-routine needs.
- We saw staff had competency documents to show they were trained in the use of medical equipment, and point of care testing machines. We looked at four continuing professional development records during our inspection; for registered nurses, healthcare assistants, and front of house staff. We saw staff had to complete competency assessments to ensure they had the skills and knowledge to carry out the roles they were employed to do. All certificates were up to date, for example, life support, conflict resolution, and safeguarding training, and competency assessments were completed. This meant the centre had up-to-date assurance of staff completing the required competencies.
- Clinical staff told us they had been able to access additional training related to their roles. For example, a health care assistant told us they were undertaking training to perform ultrasound scans to determine gestational age. This included attending an external training programme, followed by assessment using a competency framework. They would be required to perform a set number of ultrasound scans before being shown to be competent.

Termination of pregnancy

- All new and sessional staff completed a corporate and local induction programme. Staff we spoke with told us it was an in-depth programme that included; a centre tour, introduction to colleagues, and clinical competencies. During our inspection, we looked at two agency nurse files and saw they had completed their induction programme. In addition, we spoke with a new member of staff, who confirmed they had been shown round the centre, and introduced to members of staff on duty. They also told us they had been shown the emergency exits, and assembly points. This demonstrated the centre ensured new staff had all the information and competencies they needed to do their jobs.
- One hundred percent, of nurses who worked within the service had proof of their professional registration. The service conducted annual checks to make sure all the nurses were registered with the Nursing and Midwifery Council who are the regulatory body for nurses and midwives and is a regulatory requirement.
- There was a corporate, responsible officer who managed medical staff recruitment, and ensuring pre-employment checks are carried out. We did not see evidence of this during our inspection, as the records were held at corporate level. There was a policy for appraisal and revalidation of medical staff. We did not see evidence of this during our inspection, as the records were held at corporate level. The medical staff we spoke with confirmed they had an up to date appraisal.
- Required standard operating procedures 13, contraception and sexually transmitted infection screening, says, 'providers should be able to supply all reversible methods of contraception, including long acting reversible contraception which are the most effective, and offer testing for sexually transmitted infections as appropriate'. We saw there were four members of staff at MSI Maidstone who had undertaken a course on contraception.
- Staff who gave results of tests such as chlamydia and human immunodeficiency virus testing were required to complete training in this area as part of the consultation training. This was in line with required standard operating procedures 13, which says patients should be offered testing for sexually transmitted infections. We saw one of the objective structured clinical assessments competencies was 'read a human immunodeficiency virus test correctly', which staff had completed.
- Anaesthetists at MSI Maidstone undertook conscious sedation, there were no nurse sedators used. A registered nurse, with intermediate life support training, supported the anaesthetists. We also saw the anaesthetist and surgeon usually stayed on site until the last patients was ready for discharge. This was in line with the MSI corporate Sedation Anaesthesia Policy, dated December 2016.
- There were two members of staff trained to undertake ultrasound scans on patients. The members of staff then needed to perform a specific number of ultrasound scans on patients before being signed off as competent.

Multidisciplinary working

- All staff we spoke with described a good working relationships within the team at MSI Maidstone. Throughout our inspection, we saw good evidence of multidisciplinary working. We observed positive interaction and respectful communication between different groups of health care professionals.
- We saw there were clear lines of responsibility that contributed to effective planning and provision of care.
- Staff gave examples of collaborative working with external agencies such as the police. For example, if a patient attended the centre for a termination of pregnancy following a sexual assault. During our inspection, we witnessed the operational manager liaising with the police, local safeguarding team, and social services. We saw communication was good and protection of the patient was at the centre of the concern.
- We saw that communication with the patient's general practitioner only happened with the patient's consent. All patients left the centre with a discharge letter. Where consent was given to contact the patient's general practitioner, we saw a copy of the discharge letter would be sent to them. This was in line with required standard operating procedures 3: post procedure, which recommends that a general practitioner should be informed about any treatment for abortion.

Termination of pregnancy

Access to information

- Patients were given a discharge letter that detailed the procedure, any medicines such as antibiotics or sedation that were given, sexually transmitted infection testing, and forms of contraception where applicable. This was in line with Royal College of Obstetricians and Gynaecologist the care of women requesting induced abortion guidelines, 8.2 that state, 'on discharge all women should be given a letter providing sufficient information about the procedure to allow another practitioner elsewhere to manage any complications'.
- We saw where a patient was referred directly from the general practitioner; detailed information was given to the staff at the centre.
- The Royal College of Obstetricians and Gynaecologist guidelines 8.15 states, before a women is discharged future contraception should have been discussed and contraceptive supplies should have been offered. In the discharge letters we reviewed, we did not see evidence of contraception being provided. However in the MSI Maidstone patient survey (April to June 2017) 100% of women, replied 'yes' to' were you given information regarding methods of contraception?' Sixty-four percent responded 'yes' to 'did you leave the centre with a method of contraception?'.

Consent, Mental Capacity Act and Deprivation of Liberty

- The provider had policies and procedures in place for gaining consent from patients for their treatment. These included safeguarding procedures for consent from patients under 18 years old.
- Our concerns at the last inspection in May 2016, related to obtaining valid consent from children. The training of staff and their understanding of their responsibilities when taking consent from children had improved.
- All staff we spoke with confirmed that if patients under the age of 16 years attended the centre, they encouraged them to involve their parent or guardian. Staff told us they applied the Fraser guidelines for checking the reason and understanding when obtaining consent from patients under 16. Fraser guidelines are used specifically for children requesting contraceptive or sexual health advice and treatment. In addition we saw the 'young people's care pathway' on display, this outlined actions to take when dealing with young people under 16, includingreminders of actions, such as ensuring Under-16 Fraser Guidelines form was completed.
- On this inspection, we saw nurses sought patient consent throughout their care and treatment. For example, verbal consent before point of care testing, and written consent for medical or surgical termination of pregnancy.
- During our inspection, we looked at 17 medical records, and saw all had consent forms in place. All were signed and legible. Possible side effects and complications were recorded and the records showed that these had been explained to the patients. We saw a range of consent forms that listed all possible complications for the treatment the patient had agreed to. The forms acted as a prompt for staff, ensuring they discussed all complications and risks. The forms included, consent for surgical or medical termination of pregnancy and for long acting reversible contraception.
- Informed consent training was mandatory for all staff, and should have been completed every three years. Data indicated 86% of required contracted staff and 50% of required sessional staff were up to date with their training. The one contracted member of staff who had not completed their training was a new starter. The two sessional staff that had not completed their training were due to leave MSI Maidstone. This meant MSI Maidstone could be confident staff were aware of their roles and responsibilities when obtaining patient consent for treatment.
- An interpreter service was available for patients, as part of the consent process where English was not their first language.
- We observed patient consultations and saw if a patient had any concerns about the treatment or procedure, nursing staff took time to talk about their concerns. We saw in one case where the patient was anxious, they were offered time to think about their decision to proceed to a termination, and were offered another appointment. This meant patients were able to make a decision about the procedure without pressure.

Termination of pregnancy

Are termination of pregnancy services caring?

Compassionate care

- At our inspection in 2016, we found staff did not always respect patient's privacy and dignity. We required that MSI Maidstone must uphold privacy and dignity throughout the centre particularly in the waiting and recovery area.
- During this inspection, we observed all patients and those close to them being treated with compassion, dignity, and respect. All consultations took place in a private room. We did not see staff enter the treatment room whilst any procedure was in progress.
- In the MSI Maidstone patient satisfaction survey (April to June 2017) 98% of patients responded with 'yes completely', to the question 'were you treated with dignity and respect'.
- Treatment room doors were kept closed when procedures took place. We saw staff knocked and waited for permission before entering to maintain patient privacy. A sign on each treatment room door clearly indicated whether the room was in use. Staff made use of this signage, which protected privacy and dignity of patients during consultations and procedures.
- However, we saw there were still no curtains in the recovery area. We were told if a patient became unwell, or needed privacy there were mobile screens which could be moved around the patient. The recovery room was cramped and had six recliner chairs in close proximity to each other. Due to the close proximity of recovery chairs and open plan layout, patients could overhear conversations. The mobile screens provided very limited privacy, did not reach the ground. Staff told us they thought patients liked being able to talk and enjoyed a sense of camaraderie. There was limited recognition that this would not have been the preference of all patients.
- We observed that clinical and other staff behaved in a non-judgmental manner, going beyond requirement and helped patients feel at ease. Staff spoke with patients in a warm, patient, and friendly way and respected their dignity at all times. One patient told us 'I thought I was going to be judged, but I wasn't'. This was in line with National Institute for Health and Care Excellence, quality standard15, statement two, which says Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.
- Patients in the waiting areas appeared comfortable and relaxed. We saw enquiries made at the reception desks were responded to in a polite and helpful manner. In the MSI Maidstone patient satisfaction survey (April to June 2017), 95% of patients responded 'very good' or 'excellent' to the way you were greeted on arrival.
- We saw staff introduced themselves to patients by name and job role. This was in line with National Institute for Health and Care Excellence, quality standard15, statement three, which says, "Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team".
- We spoke with five patients at the centre. All patients we spoke with said the care they received was of a good standard. One patient told us, "Staff have been really helpful and nice'. Another patient said staff were 'extremely understanding and respectful".
- We received eight comment cards from patients who had recently attended MSI Maidstone. All were positive about the care and treatment they received. Comments included, "staff were really nice and friendly" "warm and welcoming", "respectful", "understanding," and "kind".
- The vasectomy service was provided once a month on a separate day to the surgical termination of pregnancy service, to ensure male and female patients did not meet during their treatments. We did not see any patients using this service during our inspection. However, we looked at the vasectomy service client feedback survey (October to December 2016), 100% of patients responded 'Completely' to 'Did you feel comfortable having this procedure done at this surgery/ clinic?'
- Patient preference for sharing information with a partner, family member, or carer was established, respected, and reviewed throughout their care. This was in line with National Institute for Health and Care

Excellence, quality standard15, statement 13, which says 'Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.'

- We did not see any patients under the age of 18 having a termination of pregnancy during our inspection, or any patients wishing to have a friend, parent or supporter with them. We asked staff if a patient wanted someone to accompanying them, whether this was encouraged. Staff confirmed all patients, including younger patients, were encouraged to involve their parents or family members and their wishes were respected. However, every patient was seen alone for the first part of the consultation to ensure they felt at ease and were not under any pressure from a partner or the person attending with them. This was an improvement from our last inspection.
- Patients undergoing surgical termination of pregnancy would be cared for in recliner chairs after the procedure. Staff told us, they would request only female relatives; friends or supporters accompany patients undergoing surgery to protect the other patient's dignity and privacy. This was an improvement from our previous inspection where accompanying supporters were asked to leave the premises whilst the patients were being treated.
- We saw five surgical termination of pregnancy procedures, performed under conscious sedation, during our inspection. We saw patients were at varying levels of discomfort during the procedure, staff provided constant reassurance and explanations throughout. For example, a patient became visibly upset during a procedure, we saw staff reassuring the patient at their level, talking quietly to them, and touching their arm.

Understanding and involvement of patients and those close to them

- All patients we spoke with told us that their procedure was discussed in detail with them. Patients told us they were given sufficient time and were able to ask questions, and felt included in the decisions that were made about their care. One patient told us, 'felt listened to, and could ask any questions'. In the MSI Maidstone patient satisfaction survey (April to June 2017), 97.4% of patients responded completely to 'were you given information you could understand' and 'were all your questions answered'.
- We observed three patient consultations and found that assessments were thorough and staff followed pathway guidance. Interactions were positive and staff gave information in clear easy to understand terms.
- During one of the consultations, we observed the nurse demonstrated compassion, empathy, and understanding when dealing with a distressed individual. They were offered time to think about the information given. We saw the nurse did not hurry or pressurise the patient to a decision.
- We saw that during surgical termination of pregnancies, patients were reassured, and told what was happening at the beginning of the procedure and throughout the procedure by the anaesthetist. This was in line with the Royal College of Anaesthetists guidelines 'Safe Sedation Practices for Healthcare Procedures', which says 'clear explanation at every stage is essential to reassure the patient, particularly when sudden movements may compromise the procedure.'
- One patient told us they wanted a medical termination of pregnancy, but were informed they would need a surgical termination, due to gestational date, which they did not want. However, following a scan the gestational date was found to be lower, and was able to have the medical termination they wanted. They told us that the options were explained and 'I was listened to'. This was in line with required standard operating procedures standard 12: information for women, requires that women must be given impartial, accurate and evidenced based (verbal and written) given neutrally, including, but not limited to, abortion methods suitable to gestation.
- Staff told us they felt able to give full information and explanation to patients to allow them to make an informed choice, such as alternatives to termination. For example, a patient aged less than 18 attended the centre, for termination advice, with their parent. Their parent wanted the patient to have a termination, but the patient did not. Staff told us they gave advice about teenage pregnancy, and information on support

services. This was in line with required standard operating procedures 12, which says alternatives to abortion such as motherhood or adoption, should be discussed.

- Another patient told us they were fully informed regarding the different options and that the staff were supportive. This was in line with National Institute for Health and Care Excellence, quality standard15, statement five, Understanding treatment options, which says 'patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences'. In the MSI Maidstone patient satisfaction survey (April to June 2017) 92.4% of patients responded 'completely' to 'were the treatment options available explained to you', with 7.6% responding 'somewhat'.
- There were procedures in place to make sure patients who were self-funding and were responsible for full or partial costs of their care and treatment. The costs of the procedures were discussed on the initial call with MSI One Call. Staff told us they would provide quotes and costs, and ensure that patients understood the costs involved. If there was a change in the booked procedure staff would discuss this with the patient.
- During our inspection, we saw signs that requested patients not to use mobile phones. The operations manager told us, this was predominately in the consulting rooms, to allow patients to take in the information provided, as they may prove a distraction. In addition, the restriction was to maintain patient confidentiality as some patients may 'post' pictures on social media whilst there, where other patients may be in the background.
- We did not see any patients using the vasectomy service, during our inspection. However, we looked at the vasectomy service client feedback survey (October to December 2016), 93% of patients responded 'excellent' or very good' to 'Your opinion of the information in the brochures sent to you? Ninety-four percent of patients responded with 'excellent' or very good' to 'your opinion of the information you were given during the consultation? One hundred percent of patients responded 'excellent' or very good' to 'how did you rate the doctors manner and communication during the procedure?' One hundred percent of patients responded 'excellent' or very good' to 'how helpful was the discussion with the doctor/nurse before the procedure?

Emotional support

- Counselling was available for all patients accessing termination of pregnancy services. This could be provided face to face or by telephone. This was facilitated through MSI 'One Call' and a pre and post procedure counselling service was available. Information about follow up counselling was included in the information leaflet that was provided on discharge. The counselling service was available 24 hours a day, seven days a week.
- This was in line with required standard operating procedures 14: counselling recommends 'all women requesting an abortion should be offered the opportunity to discuss their options and choices with, and receive therapeutic support, from a trained pregnancy counsellor, and this offer should be repeated at every stage of the care pathway.
- Patients under the age of 16 were required to engage in counselling as part of their decision-making and treatment, to ensure they were fully aware of and informed of their decisions. We saw notices in the consulting rooms reminding staff.
- We did not see any patients undergoing a vasectomy during our inspection. However, staff showed us that men undergoing vasectomy procedures were provided with a 'Vasectomy, your treatment information', leaflet that included, but not limited to, information about the procedure, after care, and possible complications. We saw there was a 24-hour contact line available to offer advice and support, if concerned.
- Required standard and operating procedures standard 3: post procedure, requires that there are protocols in place to support women following a termination, including access to counselling and support services. We saw patients were informed of post-operative care and possible complications, and how to access 24-hour support advice and support. In addition, this advice was included in the discharge booklet given to all patients.
- We asked staff if there were occasions when patients changed their minds about a procedure. We were told

that patients could attend for counselling only and that they may change their minds or use another service if they wanted a different procedure for example if they needed a later termination, the 'did not proceed data' supported this.

Are termination of pregnancy services responsive?

Meeting the needs of local people and individuals

- In accordance with Royal College of Obstetricians and Gynaecologist guidelines recommendation 4.1 states that commissioners and providers of abortion services should have local strategies in place for providing information for patients and healthcare professionals on routes of access including self -referral. The business development team planned the service in discussion with clinical commissioning groups.
- MSI Maidstone was open five days a week, with medical terminations provided every day. Surgical terminations were provided twice a week, and vasectomy procedures once every four weeks. Face to face counselling could be accessed at the centre twice a week. Evening and weekend appointments were not available which could limit access to the centre for some patients.
- MSI Maidstone was the only NHS funded centre for termination of pregnancy provider in Kent. However, patients could choose to be cared for at another centre to protect their privacy depending upon the treatment they chose.
- All admissions were pre-planned so staff could assess patient needs before treatment. This allowed staff to plan patient care to meet their specific requirements, including cultural, linguistic or physical needs.
- MSI Maidstone entrance was located on the lower ground floor of the building, with steep concrete step access only. Due to the lack of a lift, patients with limited mobility may not be able to attend the centre. At the initial assessment, with One Call, patients were assessed for suitability to attend the centre. If they were identified as not suitable for MSI Maidstone, they would be referred to another MSI centre that could accommodate their needs.
- An interpreting service for patients whose first language was not English was available and staff knew how to access it. We were also told staff had access to interpreters for British sign language and Makaton. We also saw staff had visual aids, to help aid communication. If a patient required the interpreting service, this would be identified at the initial assessment, and an interpreter would be booked for the patient journey.
- Patients had access to a variety of information leaflets in the centre, such as information on domestic abuse, long acting reversible contraception and chlamydia. All information leaflets were in English only. However, staff told us they could access written patient information in other languages through an electronic system and obtained when required.
- Staff told us that although they rarely treated patients with a learning disability they were able to make reasonable adjustments such as ensuring a friend accompanied them or carer who could stay with them during their consultation and or treatment.
- An information leaflet titled 'your treatment information' was available for patients attending any MSI centre. This leaflet contained information about different options available for termination of pregnancy including what to expect when undergoing a surgical or medical termination. This also included any possible risks, warning signs and aftercare.
- The centre followed the MSI UK Management of foetal tissue policy, dated May 2016, which complied with the Human Tissue Authority Code of Practice. The policy was in place to ensure the sensitive disposal of pregnancy remains, and included examination of the pregnancy remains following abortion, storage and disposal and specific circumstances relating to management of pregnancy remains, such as patient request to take pregnancy remains home.
- Staff told us if a patient asked to dispose of pregnancy remains themselves, they could accommodate this. If a patient wanted to take remains away, staff gave them an information leaflet ,which detailed the options available. Patients who were unsure if they wanted to dispose of

pregnancy remains themselves, they were given the option to have remains kept separately and this was documented in patient's personal records as part of the consent to treatment.

- Medical termination of pregnancy was provided using different options. Abortifacient medications were administered over a six, 24, 48 or 72-hour period, depending on the gestational date.
- Currently abortifacient medication must be administered in a centre that is registered to provide termination of pregnancy. This meant patients must attend the centre for both stages of their treatment, and are not authorised to take the medicines home with them. We saw patients attended the centre for both stages, and witnessed staff making return appointments for them.
- All termination of pregnancy patients on discharge were given comprehensive discharge summaries, and a discrete brown bag that contained condoms, and two pregnancy testing kits, along with dates when to use them.
- During our inspection, we did not see any vasectomy procedures taking place. Staff told us, all vasectomy patients on discharge were given a discharge summary, and a discrete brown bag that contained condoms, along with two specimen pots, to test their sperm counts, along with dates when they were due and packaging and information for sending them for testing.
- All pregnancy remains removed when lists for procedures were completed and no patients were in the centre. This meant they reduced the risk of causing distress to patients. We saw there was a record of how pregnancy remains were disposed of.
- Patients undergoing termination of pregnancy were asked to complete a pregnancy test four weeks after treatment to ensure the termination had been successful. Patients were advised they could telephone MSI One Call and were invited to attend a centre if they had any concerns. We saw patients were given a pregnancy testing kit and advised how and when to use them.
- The centre provided advice on discharge in the form of a small booklet. The booklet was able to fit into a purse of handbag, and had no writing on the cover.
- In the downstairs waiting room, we saw there were drinking water fountains available, which patients could use.
- On the second floor, where surgical terminations of pregnancy were undertaken, we saw there was a hot drink dispenser, and a separate cold water dispenser, which patients could use. In addition, we saw there were individually wrapped biscuits and fruit for patients to have after their procedure.

Access and flow

- Between June 2016 and July2017, there were 1,768 early medical terminations procedures which accounted for 55% of activity. There were 1,447 surgical terminations, which was 45% of activity. During the same period there were 221 vasectomies carried out at the centre. Ninety-nine percent of patients attending MSI Maidstone were NHS funded.
- Of all the patients attending for a termination of pregnancy, 28 were aged 15 and three were 14. No patients aged 13 or under were treated at the centre during the reporting period.
- The centre told us between July 2016 and June 2017, there had been 184 (6%) surgical termination procedures cancelled on the day of surgery for a non-clinical reason, which showed that a small number of operations were cancelled at the centre. The majority of these cancellations were due to staffing shortages or a lack of availability of drugs. Staff told us when procedures were cancelled, an alternative appointment was offered.
- The Department of Health's required standard operating procedures 11: access to timely abortion service, says that women should be offered an appointment within five working days of referral, and should be offered the termination of pregnancy procedure within five working days of decision to proceed.
- We saw the MSI Maidstone clinical dashboard indicated the average wait time for a surgical termination of pregnancy was 9.4 days. This was in line with Royal College of Obstetricians and Gynaecologist guidelines.

Waiting times were monitored centrally, and an email would be sent weekly informing them of meeting targets. We looked at the last three weeks, and saw no patients waited longer than recommended.

- Initial contact for any of the services provided by MSI UK was made through the main 'One Call' centre. This was open 24-hours a day. General practitioners could refer patients directly to MSI and patients could self-refer. Patients who walked in to any of the centres without an appointment were directed to One Call in the first instance for the initial consultation. This meant patients were able to attend the most suitable appointment for their needs, subject to their gestational date and clinical assessment. Once a decision to proceed was made, they would book the appointment.
- All patients initially booked into the centre at the main reception desk, they were then directed to a waiting room. Patients undergoing surgical termination of pregnancy would be escorted to a separate waiting room.
- Staff told us they would ask the receptionist to alert patients if appointments were running late. In the MSI Maidstone patient satisfaction survey (April to June 2017), 78.7% of patients answered 'yes' to 'were you kept informed of any delays during your visit. On the day of inspection, the surgical list was delayed due members of staff late for duty. We saw surgical termination of pregnancy patients were informed of the delay, and were informed they could go away and come back, if they wanted.
- We did not see any patients using the vasectomy service during our inspection. However, we looked at the Vasectomy service client feedback survey (October to December 2016), 100% of patients responded 'no' to 'did you experience any problems with booking your vasectomy appointment?' One hundred percent of patients responded 'phone' for 'did you chose to have your consultation over the phone or at the surgery/ clinic?'

Learning from concerns and complaints

- Where possible all complaints were reviewed at the centre, through the operational manager.
- The centre received four complaints between July 2016 and June 2017.
- The MSI UK head of quality and customer service had overall responsibility for responding to all written complaints, and would work towards resolution of the complaint with the centre operational managers.
- Written complaints were acknowledged within 48 hours and 24 hours for a telephone complaint. The aim was to have the complaint reviewed and completed within three to four weeks. If that did not happen, a letter was sent to the complainant explaining why.
- During our inspection, we reviewed three of the complaints relating to the centre and saw they had been answered within the specified time frame.
- We saw there were posters on display informing patients about the complaints process, and printed copies of the process available for patients. The MSI website contained information on how to raise any complaints and concerns.

Are termination of pregnancy services well-led?

Leadership/culture of service related to this core service

- The operations manager, who was supported by the operational team leader, clinical team leader and interim clinical lead, had overall responsibility for MSI Maidstone. The senior service delivery manager, who visited the centre weekly, and attended staff meetings, also supported the management team. There were clear lines of accountability, which was an improvement from the last inspection.
- During the inspection, staffing shortages had meant the clinical team leader had to work clinically with a caseload and did not always have sufficient time to develop in their role. The interim clinical lead had been seconded to the centre, to help support and develop the clinical team leader. The interim clinical lead had been in post for eight weeks at the time of our inspection. Staff spoke of the positive impact the interim clinical lead had made in the time they had been at the centre, and how they had supported staff and the operations manager. There was evidence of their impact but they had not been in post a sufficient time for the service to be able to demonstrate that improved practice had embedded and become usual practice.

- We saw the interim clinical lead had taken responsibility for clinical leadership at the centre, and staff approached them for advice about patients and their suitability to attend the centre. The interim clinical lead told us once the newly recruited nursing staff were all in post at the end of October 2017, there was to be a structured training programme for the clinical team leader, so they could further develop into the role, with clearly defined objectives and timelines.
- The operational team leader had overall responsibility for the front of house staff, and had been in post since May 2017. Front of house staff told us they felt supported by the operational team leader, and they could approach them with any problems or concerns and they would be addressed.
- Staff told us they felt they could raise concerns and have confidence that their concerns would be listened to. We were given examples of when this had occurred.
- Staff were positive about their relationship with the management team at the centre. Staff felt they could be open with all members of the team, and they would be listened to when raising concerns. We were told the management team was 'very supportive' and had an 'open door' policy. We saw this to be evident during our inspection, when staff would approach any of the managers for advice and support.
- Staff said the management team were visible, visiting all areas of the centre at least daily to ensure everything was going well and to help with any potential problems.
- Staff told us there had been a significant culture change since our previous visit. Patient attendance had been reduced, so staff did not feel so 'pushed' to accommodate patients. Staff told us, although the work was still 'non-stop', they managed to have their scheduled breaks. There was no feeling of being 'penalised' by the management team if the appointment took longer than 15-20 minutes. However, they would document reasons the appointment over ran.
- There were recorded instances where medical staff were not behaving in accordance with MSI UK policy . The registered manager had taken steps to address this issue with staff, however, they required support from the corporate team to manage these behaviours.
- Staff told us they were proud of the job they did and felt empowered to deliver a caring service by being supported by strong centre leadership.
- At our previous inspection in May 2016 we identified that the centre had not displayed their certificate for approval (the licence for termination of pregnancy) issued by the Department of Health. At this inspection, we saw the certificate was clearly visible, on display in reception.

Vision and strategy for services

- MSI UK had six clearly defined corporate objectives to support its aim to deliver high quality care for patients. The objectives had defined actions to achieve the goals by the end of 2017.
- Staff we spoke with were aware of the existence of the corporate objectives; however, they were not able to tell us what they were. We saw the corporate values were displayed on notice boards.
- We saw evidence that policies, standard operating procedures, clinical protocols, and local referral guidelines, were based on professional guidance and professional opinion. This included Royal Colleges. Guidelines published by the Royal College of Obstetricians and Gynaecologists, Royal College of Nursing, and National Institute of Health and Clinical Excellence. This is in line with required standard operating procedures 10: professional guidelines that state providers should have regard to authorities clinical and professional guidance.

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

- There was a governance framework to support the delivery of the strategy and good quality care at MSI Maidstone. At the time of the inspection, the new framework was not embedded enough to demonstrate that it was effective.
- The centre followed the corporate governance 'assurance' framework. The framework had a clear structure through which governance issues were addressed. The operational manager explained the governance structure to us and which meetings they

attended, along with the feedback process. We saw the 'assurance framework' was prominently displayed on notice boards for staff. However, the assurance framework had only been recently introduced and we were not able to assess the impact on governance throughout the centre.

- The Quality Assurance Meeting met quarterly, and fed into the Regional Quality Assurance Meeting. Items discussed included, safety incidents, safeguarding concerns, audits, complaints, and an update on the risk register. We saw there was also a standing item to review the minutes of the team meetings. In addition, we saw there was a review of patient outcomes, such as do not proceed rates, long acting reversible contraception uptake, and sexually transmitted infection rates. We saw from the minutes, the top three reasons for patient not proceeding to termination were gestational date too high, cancellation of surgery due to staff sickness, and waiting times. We saw the minutes of the quality assurance meeting held in June 2017. However, the assurance framework had only been recently introduced and we were not able to assess the impact on governance throughout the centre.
- A dashboard of performance against key risks was updated quarterly, and discussed at the regional quality assurance meeting, which the operations manager attended. The dashboard allowed the provider to benchmark the centre in comparison to other MSI centres, against key performance outcomes such as audits, complaints, and treatment failures.
- There was a risk register in place to record local risks within the centre. Each risk was given an initial risk score and a residual risk score after risk reduction strategies had been implemented. There were 12 risks recorded on the risk register, for MSI Maidstone in the reporting period. We saw these included, emergency evacuation, client moving and handling, and post-operative assessments. The risk register had an explanation of the risks, and named members of staff that had responsibility for ensuring existing risk controls and actions were completed for each identified risk.
- Each risk was categorised as minor, moderate, significant, or major impact. None of the identified risks were categorised as having a major impact.
- The risk register was incorporated into the on line incident reporting system, and could be accessed by other centres and by the provider at corporate level. The operations manager told us they found this helpful to access other centres risk register, as they may have similar risks, which they could look at and see what risk reduction strategies they had in place.
- We saw there was a monthly regional clinical governance newsletter. This included incidents and associated outcomes. During our inspection, we looked at the newsletters for July and May 2017. In July 2017 newsletter, we saw there was learning from a recent major haemorrhage that had happened at another site. This included details on the incident, what went well, what could have gone better and action points. In the May 2017 newsletter, we saw there was a focus on safeguarding and reminding staff, they should receive an acknowledgement of a safeguarding referral to social services within a specific timeframe.
- The team at MSI Maidstone met bi-monthly and the minutes of the meetings held in May 2017 were reviewed. The minutes showed items discussed included, governance update, which included incidents, health and safety, safeguarding and key centre feedback, such as sickness, annual leave, and recruitment.
- The safeguarding lead meeting took place quarterly, and safeguarding leads from MSI Maidstone attended these meetings. We saw items discussed included, changes to policies and competencies, safeguarding alerts and outcomes, and lessons learnt from incidents.
- We saw from agendas and minutes that audits and learning from complaints, infection prevention and control issues, improving clinical practice, and risk management were also discussed.
- There was a corporate annual audit programme, with clear direction on when and how often to audit. Safeguarding was audited twice a year in February and August, we saw in February the centre was 91.7% compliant. Medical records were audited six times a year and for January, March and May 2017 the centre was consistently 97% and above compliant. Medicines management was audited quarterly and was consistently 96.1% compliant for February and May 2017.

Termination of pregnancy

- The assessment process for termination of pregnancy legally requires that two doctors agree with the reason for termination and sign the HSA1 form to indicate their agreement. In the 17 medical records we checked, all HSA1 forms contained two doctors' signatures. A copy of the HSA1 form was filed in the patient's medical record, which is considered best practice by the Department of Health 'Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy' (Abortion).
- We saw the anaesthetist signing HSA1 forms in a batch, they explained they reviewed each patient's medical history and the reason for the termination, before signing each form. This was in line with required standard operating procedures 1: compliance with The Abortion Act which requires that for an abortion to be legal, two doctors must each independently certify that in their opinion, which must be formed in 'good faith', at least one and the same grounds for abortion set out in the act is met. This was an improvement from the last inspection.
- The Department of Health requires every provider undertaking termination of pregnancy to submit demographical data, such as the patient's age, following every termination of pregnancy procedure performed on. These contributed to a national report on the termination of pregnancy (HSA4 forms). We saw the consultant, who performed the procedure, signed the HSA4 form, which was then sent electronically to the Department of Health chief medical officer within 14 days of the procedure signed forms. Staff confirmed this was happening.
- There were no reported deaths within the previous 12 months or between July 2016 and June 2017
- There was a risk register in place to record local risks within the centre. Each risk was given an initial risk score and a residual risk score after risk reduction strategies had been implemented. There were 12 risks recorded on the risk register, for MSI Maidstone in the reporting period. We saw these included, emergency evacuation, client moving and handling, and post-operative assessments. The risk register had an explanation of the risks, and named members of staff that had responsibility for ensuring existing risk controls and actions were completed for each identified risk.
- Each risk was categorised as minor, moderate, significant, or major impact. None of the identified risks were categorised as having a major impact. The risk register was incorporated into the on line incident reporting system, and could be accessed by other centres and by the provider at corporate level. The operations manager told us they found this helpful to access other centres risk register, as they may have similar risks, which they can look at and see what risk reduction strategies they have in place.
- A new regional clinical quality and governance lead was appointed in March 2017. This allowed for systems for monitoring performance, communicating risk and dealing with governance at regional, local and national levels to be improved and more streamlined. However, this was described as work in progress, and we were therefore unable to fully assess the impact of this.
- Whilst the governance systems had improved since the last inspection visit, there were trends in incident records that demonstrated that the governance systems needed further strengthening to be effective. The incident records provided by MSI Maidstone showed clusters of incidents related to poor medicines management, information governance breaches and poor behaviour of medical staff. However, the assurance framework had only been recently introduced and we were not able to assess the impact on governance throughout the centre.
- In July 2016, the process for undertaking a root cause analysis was revised to allow a consistent approach across Marie Stopes International. Senior managers completed a two-day training course across the organisation in July 2016 and July 2017. We saw that in the event of a root cause analysis only the individuals who had completed the training would undertake a root cause analysis as part of a centrally convened panel. Data, supplied to us by the centre, indicated that one out of three required staff had undertaken this training.
- We saw a Complaints, Litigation, Incident and Patient Safety (CLIP) group had been created, where shared learning from all incidents across the MSI organisation were shared. These included clinical incidents. The CLIP group met weekly.

- We saw the main themes from the CLIP meetings were, misplaced notes, medicines errors, and failed medical abortion (MA), which is a known risk.

Public and staff engagement

- Since out previous inspection staff we spoke with told us they felt more involved in the delivery of services, and listened too, as they were asked at one to ones and appraisals what they felt needed changing or improving.
- A staff survey had recently been undertaken in June 2017, the results were not available to us at the time of inspection. We were told staff surveys at MSI were undertaken every two years, with the previous one having been completed in 2015. All staff were encouraged to complete the feedback anonymously, and email reminders were sent to all staff. The staff survey closed on 14 July 2017.
- Staff told us if they witnessed an extremely distressed patient a 'debrief' would be undertaken with the staff involved.
- Patients were encouraged to provide feedback about their experience with a patient satisfaction questionnaire. An independent organisation collected and analysed the forms, and produced a quarterly summary of results.
- The MSI Maidstone patient survey (April to June 2017), 95% of patients responded 'very good' or 'excellent' to the staff professionalism competence. We looked at the patient feedback summaries for October to December 2016, January to March 2017 and April to June 2017. We saw the response rate was consistent for all quarters at 32% to 48%, with the best quarter (January to March), achieving 48%.
- However, included in the survey was a system for 'red alerts'. If a problem was identified the survey was red alerted and sent to the centre for investigation. We saw no 'red alerts' had been received by the centre. We saw patient feedback survey results were discussed at the quality assurance meeting.
- We also looked at the 2016 vasectomy service client feedback survey (October to December 2016), 100% of patients would recommend the centre to their family and friends. One hundred percent responded 'excellent' or 'very good' to how satisfied they were with the services they had received. We looked at the feedback summaries for January to March 2016, April to June 2016, July to September 2016 and October to December 2016. We saw the response rate was between 14 to 25 responses from patients, with the best quarter (April to June 2016) achieving 25.

Innovation, improvement, and sustainability

- During this inspection, we found there were improvements from our May 2016 inspection, including an improved commitment in reporting of incidents and local ownership of the risk register. We saw there were separate pathways in place, in relation to children and young people, patients living with mental health issues, and patients with a learning disability.
- The appointment of the new interim clinical lead had made a positive impact on the staff, but there remained uncertainty about sustainability and succession planning in the longer term.
- Staff we spoke with told us they felt the changes since the previous inspection were positive, and they recognised the need for the changes. However, some staff expressed concern over the volume and pace of changes introduced. Staff we spoke to in the centre were unable to give any examples of innovation.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The centre must submit notifications as required by the Care Quality Commission (Registration) Regulations 2009.
- The provider must ensure Termination of Pregnancy Early Warning Score charts are completed and scored correctly and acted upon.
- The centre must ensure the service is compliant with the Regulatory Reform (Fire Safety) Order 2005 by providing a current and comprehensive fire safety risk assessment and action plan and ensuring the premises meet the legislative requirements.
- The centre must ensure that the surgical safety checklist for surgical termination pregnancy is completed with the involvement of all members of the team.

Action the provider SHOULD take to improve

- The centre should ensure all staff receive an annual appraisal.
- The centre should ensure that the discussion around the alternative treatment options and the patient choice is documented in the patient notes, including information sexually transmitted infections.
- The centre should review their medicine protocols to reduce the risks associated with patient agitation and distress whilst sedated.
- The centre should ensure that the system introduced for all items, such as swabs, to be counted and recorded, is embedded and compliance monitored to prevent a 'never event'.
- The centre should ensure staff achieve the target for safeguarding adults level one training.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Termination of pregnancies	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **12(2) (a) (b)** assessing the risks to the health and safety of service users of receiving the care or treatment; doing all that is reasonably practicable to mitigate any such risks. **How the regulation was not being met:** The centre had not ensured that the termination of pregnancy early warning score system was used correctly to identify patients at risk of unexpected deterioration and that identified risks were acted upon. The centre had not ensured that all staff (including medical staff) working in the treatment room followed the surgical safety checklist for surgical termination of pregnancy. **12 (2) (d)** ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way **How the regulation was not being met:** There was no up to date fire risk assessment and action plan, along with are fire risk reduction strategies in place

Regulated activity	Regulation
Termination of pregnancies	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **18 (2e)** Notification of other incidents **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

The Care Quality Commission had not received statutory notifications in respect of incidents meeting the reporting criteria.