National Unplanned Pregnancy Advisory Service Manchester

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

Manchester National Unplanned Pregnancy Advisory Service offers NHS and private termination of pregnancy (abortion) treatments, pregnancy testing, sexually transmitted infections screening for patients aged 25 and under and contraception to patients who undertake a termination of pregnancy.

We inspected this service as part of our comprehensive inspection programme of termination of pregnancy services. We carried out an announced inspection on 7 June 2016. As part of our inspection we reviewed medical and termination of pregnancy services. We have not published a rating for this service. CQC does not currently have a legal duty to award ratings for services that provide solely or mainly termination of pregnancy.

Are services safe at this service

- There were processes in place to report, investigate and monitor incidents. The service shared lessons learnt from incidents via a newly implemented monthly news bulletin that staff told us about at the time of our inspection.
- Staff were familiar with the Duty of Candour (DOC) regulations and recognised the importance of informing patients when things went wrong. A policy for Duty of Candour had been developed and staff training was in place.
- Safeguarding processes were well understood and well embedded into practice. All staff had completed training in safeguarding adults and children to level 2 (intermediate) and level 3 (advanced) standard.
- The service had no medical or nursing vacancies at the time of our inspection and therefore had regular staff on duty. The service had an induction checklist for new staff which included orientation to the environment and awareness of service policies.
- The service had a service level agreement with a neighbouring NHS hospital in the event of a required transfer.

Are services effective at this service

- The service provided care and treatment that took account of best practice policies and evidence based guidelines. The service had clear standards agreed with commissioners and key performance indicators to monitor performance and service delivery in line with RSOP16.
- However; whilst the service collated data in relation to RSOP 16 and locally agreed standards, audits were limited to corporate areas such as infection control, medicines management and records. There was limited evidence of the use of clinical audit to identify and understand issues and drive service improvement and patient outcomes.
- Any new policies or amendments to existing policies were reviewed and signed off by the Medical Advisory Committee at corporate level prior to implementation.
- The service monitored waiting times to ensure they were in line with the Royal College of Obstetricians and Gynaecologists' guidelines.
- Staff had received an appraisal in the 12 months prior to our inspection and were supported to learn and develop into their role. The service was supporting nurses to undertake the Faculty of Sexual and Reproductive Healthcare diploma. This would ensure that nurses were competent to deliver all methods of contraception including LARCs.
- Appropriate systems were in place to obtain consent from patients and consent was well documented in the patient record.

Are services caring at this service

- Patients were treated with dignity and respect by staff and we observed staff being considerate and compassionate to patients.
- Feedback from people who used the service was positive about the way they were treated.
- Patients felt involved in decisions about their care and treatment options were clearly communicated and explained.
- The service offered counselling to all patients who underwent a termination. The service was provided by a trained counsellor and was offered to patients throughout the care pathway.

Summary of findings

- The service also worked closely with support groups such Nestac (FGM group) and the local sexual assault referral centre to ensure patients received the appropriate support.

Are services responsive at this service

- People were able to access services in a timely manner and the service was performing within the recommended target timeframes.
- The service worked with commissioners to plan the service according to needs of the patients across Greater Manchester.
- Patients' needs were assessed and supported by a comprehensive record which clearly identified the patient's treatment pathway.
- The service worked to clear inclusion and exclusion criteria and did not accept patients with certain underlying medical conditions. If a patient was identified as high risk, they were referred to a local NHS trust to ensure all their needs were met appropriately.
- The team had access to translation support services if required.
- For patients requesting a coil fitted as their preferred contraceptive, the service offered a monthly clinic in the evenings so that patients that worked during the day could access the service.
- People were given information how to complain and raise concerns and the service responded to complaints.

Are services well led at this service

- The service philosophy was to "provide a high level of care to women seeking termination of pregnancy within a non-judgemental manner. Offering confidential, supportive advice and treatment to all women". Staff we spoke with echoed the key principles of the philosophy in terms of providing a non-judgemental, supportive and confidential service.
- The service produced a quarterly quality and risk assurance report that monitored performance against agreed standards, the number of complaints received, the number and nature of incidents reported, any safeguarding concerns and patient feedback.
- A management meeting was held each month to discuss governance matters such as incidents (and trends across the region), audits, operational issues and information governance issues.
- Practising privileges were reviewed annually by the medical director, registered manager and head of HR. The service linked with the consultants' base NHS trust to discuss revalidation and any concerns with practice. Similarly if the service had any concerns with a consultant's practice the medical director would contact the consultant's responsible officer directly to discuss.
- Staff we spoke with enjoyed their job and were compassionate and proud of the care they gave.
- There were robust systems in place to ensure HSA1 forms were completed and in line with regulatory requirements.
- There was no registered manager in post at the time of our inspection. The previous manager had left in May 2016 and the recruitment process for a new manager was underway.

There here were some areas of practice where the provider needs to make improvements.

Importantly, the provider should:

- Ensure all staff follow the 'bare below the elbows' clinical guidelines and hand hygiene prior to performing diagnostic testing on patients to reduce the risk of cross infection.
- Consider how clinical audits could be used to identify and understand issues and drive service improvement and patient outcomes.
- Consider working with commissioners to ensure Chlamydia testing services are provided in line with the requirements of RSOP 13.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Overall summary

- There was a clear process in place for the recording and investigating of incidents and staff were aware of the process. Systems were in place to share learning from incidents should they occur.
- Staff were familiar with the Duty of Candour (DOC) regulations and recognised the importance of informing patients when things went wrong. A policy for Duty of Candour had been developed and staff training had commenced in March 2016.
- The service had clear systems in place to identify and report any safeguarding concerns. Staff were familiar with the service's safeguarding policy and were aware of female genital mutilation and child sexual exploitation risks. All staff had completed training in safeguarding adults and children to level 2 (intermediate) and level 3 (advanced) standard.
- All the areas we visited were visibly clean and tidy. Cleaning schedules were in place and we observed evidence that these were being completed. Equipment was being suitably maintained and calibrated. Daily comprehensive checks were in place for resuscitation equipment which was readily available and easily located on the premises.
- The service had no medical or nursing staff vacancies and at the time of our inspection the full establishment of staff were on duty. The service had an induction checklist for new staff which included orientation to the environment and awareness of service policies.
- The service provided care and treatment that took account of best practice policies and evidence based guidelines. The service had clear standards agreed with commissioners and key performance indicators to monitor performance and service delivery in line with RSOP16.
- Staff had received an appraisal in the 12 months prior to our inspection. The service was supporting nurses to undertake the Faculty of Sexual and Reproductive Healthcare diploma. This would ensure that nurses were competent to deliver all methods of contraception including LARCs.
- Appropriate systems were in place to obtain consent from patients and consent was well documented in the patient record.
- The service provided a 24 hour telephone advice/help line that patients could use for information, support, or post-operative concerns.
- Feedback from people who used the service was positive about the way they were treated. People were treated with dignity and respect by staff and we observed staff being considerate and compassionate to patients. Patients felt involved in decisions about their care and treatment options were clearly communicated and explained.
- The service offered counselling to all patients who underwent a termination. The service was provided by diploma level trained counsellors and was offered to patients throughout the care pathway. The service also worked closely with support groups such Nestac (FGM group) and the local sexual assault referral centre to ensure patients received the appropriate support.
- People were able to access services in a timely manner and the service was performing within the recommended target timeframes.
- For patients requesting a coil to be fitted as their preferred long acting reversible contraceptive the service offered a monthly clinic in the evenings so that patients that worked during the day could access the service.
- People were given information how to complain and raise concerns and the service responded to complaints.
- The service philosophy was to "provide a high level of care to women seeking termination of pregnancy within a non-judgemental manner. Offering confidential, supportive advice and treatment to all women". Staff we spoke with echoed the key principles of the philosophy in terms of providing a non-judgemental, supportive and confidential service. Staff we spoke with enjoyed their job and were compassionate and proud of the care they gave.
- The service produced a quarterly quality and risk assurance report that monitored performance against agreed standards, the number of complaints received, the number and nature of incidents reported, any safeguarding concerns and patient feedback.

Summary of findings

- A management meeting was held each month to discuss governance matters such as incidents (and trends across the region), audits, operational issues and information governance issues.
- There were robust systems in place to ensure HSA1 forms were completed and in line with regulatory requirements.

However,

- We observed clinical staff not washing their hands prior to performing diagnostic testing and not all clinical staff were bare below the elbows in clinical areas.
- Audits were limited to corporate areas such as infection control, medicines management and records. There was limited evidence of the use of clinical audit to identify and understand issues and drive service improvement and patient outcomes.
- There was no registered manager in post at the time of our inspection. The previous manager had left in May 2016 and the recruitment process for a new manager was underway.

Summary of findings

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National Unplanned Pregnancy Advisory Service Manchester

Services we looked at:
Termination of pregnancy

Summary of this inspection

Background to National Unplanned Pregnancy Advisory Service Manchester

National Unplanned Pregnancy Advisory Service (NUPAS) Manchester opened in its current location in 2010. The service is part of the National Unplanned Pregnancy Advisory Service (NUPAS) group (Formally known as Fraterdrive Limited). NUPAS Manchester offers consultations and early medical abortions (EMA) up to nine weeks gestation, screening for sexually transmitted infections, and contraceptive services to NHS and private patients.

The service offers same day EMA treatments whereby two stage abortifacient medication (medicines used to bring about abortion) is administered within a period of 6 hours. However patients from overseas opting for this treatment are advised to stay in the country for at least 24 hours afterwards. Patients that exceed the nine week limit for EMA are consulted and advised about surgical treatment options. Surgical treatments up to 15 weeks and 6 days are available at the South Manchester Private Clinic, NUPAS Manchester's sister clinic. Patients exceeding this limit are referred to other external agencies who will manage their care.

Prior to 2010, the service was located at different premises in the city centre for about 20 years offering consultations only for unplanned pregnancy.

The clinic is situated in the middle of Manchester City Centre and has treatment, screening and consultation rooms and a waiting area all of which are located on the ground floor of the premises.

Prior to the 1st April 2016, the service was known as Manchester Pregnancy Advisory Service. The name was changed as a result of a rebranding initiative. The change was to name only and none of the governance arrangements changed.

Services provided include:

- Prescribing abortifacient medication
- Administering abortifacient medication for early-medical abortion
- Contraception to patients who undertake a termination of pregnancy.
- Sexually transmitted infection screening for patients aged 25 and under and people seeking opportunistic screening (drop in service).

The service is registered with the care Quality Commission to provide the following regulated activities:

Diagnostic and screening procedures

Family planning

Termination of pregnancies

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

The service also had four satellite clinics at Bolton, Salford, Blackpool and Trafford. All offer consultations for unplanned pregnancy and early medical abortions, typically one day per week

At the time of inspection there was no Registered Manager in place. The previous registered manager had de-registered in May 2016.

We carried out this inspection as part of our comprehensive inspection programme of termination of pregnancy services. As part of this inspection we reviewed services provided at NUPAS Manchester only.

Our inspection team

Our inspection team was led by:

Inspection Lead: Emily Harrison, Care Quality Commission inspector manager.

The team included one CQC inspector and an obstetrics and gynaecology nurse practitioner (specialist advisor).

Summary of this inspection

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

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

Before visiting, we reviewed a range of information we held about NUPAS Manchester. The announced inspection of NUPAS Manchester took place on 7 June 2016 and we visited all four consultation and treatment areas within the service.

To inform our inspection we reviewed data provided by the service and spoke to six staff which included: registered nurses, healthcare assistant, the clinic lead nurse, the head of clinical services for NUPAS and a doctor. We observed care and treatment and spoke with one patient and the person who attended the appointment with her. We looked at seven patient medical records and also reviewed other relevant records held by the service such as complaints, incidents and relevant policies.

We would like to thank all staff and patients for sharing their views and experiences of the quality of care and treatment provided at NUPAS Manchester.

We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

Information about National Unplanned Pregnancy Advisory Service Manchester

From the 1 March 2015 to 31 March 2016 the service carried out 2514 early medical abortions.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are termination of pregnancy services safe?

- There was a clear process in place for the recording and investigating of incidents and staff were aware of the process. Systems were in place to share learning from incidents should they occur.
- Staff were familiar with the Duty of Candour (DOC) regulations and recognised the importance of informing patients when things went wrong. A policy for Duty of Candour had been developed and staff training had commenced in March 2016.
- Cleaning schedules were in place and we observed evidence that these were being completed.
- Equipment was being suitably maintained and calibrated. Daily comprehensive checks were in place for resuscitation equipment which was readily available and easily located on the premises.
- Medication was stored appropriately and there were systems in place to ensure medicines were safely managed. Any patient allergies to medication were clearly documented in the patient records and all prescriptions for treatment were prescribed after two medical signatures were recorded on the HSA1 forms.
- The patient records that we reviewed were clear, legible, and up to date.
- The service had no medical or nursing staff vacancies and at the time of our inspection the full establishment of staff were on duty.
- There were robust assessment processes in place and an escalation policy to refer patients to alternative healthcare providers if their needs were more complex.
- There were systems in place to protect patient confidentiality and safeguarding processes were embedded and clearly understood by staff.

However:

- We observed clinical staff not washing their hands prior to performing diagnostic testing and not all clinical staff were bare below the elbows in clinical areas.

Incidents

- Staff we spoke with were aware of how to report incidents; a critical incident form was completed when an incident occurred. This was a paper based system that was kept in the administration office. Managers reviewed reported incidents and took appropriate responsive actions. There were a total of five incidents reported during the period April 2016 to June 2016.
- No never events were reported from March 2015 to March 2016. Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- There were no serious incidents reported from March 2015 to March 2016**.**
- Staff we spoke with told us there was a monthly newsletter circulated by email that included learning from incidents. The administration staff printed and circulated the newsletter to ensure all staff were aware of it.
- Staff we spoke with were familiar with the Duty of Candour (DOC) regulations and recognised the importance of informing patients when things went wrong. A policy for Duty of Candour had been developed and staff training had commenced in March 2016. Duty of Candour is a regulation that means as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred, the registered person must notify the relevant person that the incident has occurred and provide reasonable support to the relevant person.

Cleanliness, infection control and hygiene

Termination of pregnancy

- The service had a corporate policy for infection control.
- There were no methicillin-resistant-staphylococcus aureus (MRSA) cases reported by the service between January 2015 and January 2016.
- Hand gel and sanitizers were readily available in clinical areas. However, at the time of our inspection we observed one member of staff not washing their hands on two occasions prior to performing diagnostic procedures on two patients. We reviewed a hand hygiene audit performed in May 2016 which identified compliance with hand washing. Following our inspection, the provider notified us that staff have been reminded of the importance of hand hygiene via the staff newsletter. Also ,training in relation to this had been arranged for September.
- There were facilities in place for separate disposal of clinical and non-clinical waste, at the time of our inspection we observed waste being disposed appropriately. We observed sharp bins secured on the walls in the clinical areas.
- Protective clothing was available and included aprons and gloves. Most of the clinical staff adhered to 'bare below the elbows in clinical areas' guidelines; however we observed one member of staff in uniform still wearing a wrist watch.
- All areas we inspected were visibly clean and well maintained. We observed the cleaning schedules for the clinic for the three weeks prior to our inspection and all were completed. We observed a fridge cleaning schedule, patient toilet cleaning schedule and the weekly Legionella testing schedule completed. We observed the curtains in one consultation room had been replaced the month prior to our inspection and they were clearly labelled so that staff were aware of when they needed replacing.
- An infection control audit had been completed on 20 May 2016 that showed compliance with all areas except two: disposable curtains had not been changed and the sink in the patients' toilet required sealing. Both actions had been addressed immediately.

Environment and equipment

- The service was located on the ground floor of the building. There was a waiting area and administration area at the front of the building and there was controlled access to the rear of the building which had four consultation rooms, patient toilet facilities, and a staff rest area and kitchen.
- Resuscitation equipment was available and easily portable to all areas in the clinic. We observed daily checks had taken place which included: the oxygen cylinders, oxygen tubing, the defibrillator and emergency drugs.
- The drugs box was kept open on the resuscitation trolley during the clinic; we checked the medication in the box at the time of our inspection and found all items to be in date.
- Portable appliances, including the scanning machine had been tested and had stickers indicating when they had been maintenance checked. We observed daily calibration checks for the machines used to check the patients' blood rhesus factor which were completed and documented daily.

Medicines

- Medicine fridge temperatures were consistently checked, recorded, and were within the safe temperature ranges. All medications in fridges were labelled and systematically stored. Medication that had been opened was dated so that staff knew when to discard them if they exceeded the expiry date.
- Medicines were stored correctly and consistently and checked daily at the start of the clinic.
- There were no controlled drugs used or stored at this site.
- Prior to April 2016 the clinic had routinely used faxed prescriptions. This is not in line with the requirements of the Medicines Act. However, we raised concerns with the provider in April 2016 regarding this practice and they provided assurance that the practice would cease with immediate effect. As part of the inspection we found the provider had responded to our concerns and a new process had been implemented that ensured fully signed prescriptions were either couriered to the service or a doctor was scheduled to attend clinic to review and sign prescriptions.
- The service was supporting nurses to undertake the Faculty of Sexual and Reproductive Healthcare diploma. This would enable them to provide contraception under a patient group directive (PGD). PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. The aim was to increase the use of contraception to patients.

Termination of pregnancy

Records

- We reviewed seven patient records. The records we reviewed were legible, complete and up to date.
- Patient notes were kept on the premises in locked cabinets for up to three months and then securely sent to the head office site via courier for them to be stored accordingly.
- The details of any patient allergies had been recorded in all seven patient records we reviewed.
- Arrangements were in place to notify the CQC and the Department of Health in the event of the death of a patient. The process would be triggered by the incident reporting system.

Safeguarding

- The service had clear systems and policies in place to identify and report any safeguarding concerns. Staff were familiar with the service's safeguarding policy and were aware of female genital mutilation and child sexual exploitation risks. The safeguarding policy took account of current statutory guidance including "Working Together to Safeguard Children" (2015).
- From our discussions with staff we found all staff in contact with children were aware of their roles and responsibilities to report safeguarding concerns.
- All non-clinical staff had completed training in safeguarding adults and children to level two (intermediate) and all clinical staff had completed training at level three (advanced) standard. Level three safeguarding training was delivered in a classroom setting by the local trust or an external agency.
- There were no children under the age of 13 treated at the centre from March 2015 to March 2016.
- There were 26 children between the age of 13 and 17 treated at the centre during the same period.
- If a child under the age of 13 years old requested an abortion, staff we spoke with were aware of the need to inform the local authority safeguarding team and referred the patient to a local NHS hospital for treatment.
- The service used a proforma for children under the age of 18, they were seen on their own initially to ensure the decision they were making was their own and the service did not treat them unless they were accompanied by an adult.
- Staff were aware of the systems in place to make sure the identity of patients accessing the service remained confidential at all times. For example, a colour coded numbering card system was used to identify patients; patients were given a numbered card in a specific colour so that staff did not announce full names in the open reception area.

Mandatory training

- Nursing staff, health care assistants (HCA's) and medical staff were all trained in basic life support (BLS). Medical staff were also trained in advanced life support (ALS).
- Staff received mandatory training on a range of subjects including: infection control, level one safeguarding for adults and children for non-clinical staff and level two safeguarding for adults and children for clinical staff, conflict resolution, equality and diversity, information governance, fire, health and safety, and manual handling.
- Records showed that 100% of staff had completed mandatory training.

Assessing and responding to patient risk

- A full medical history was taken from the patient by a member of the nursing staff. If further details of a patient's medical condition were needed prior to treatment, with the patient's consent, the information was requested from their GP.
- Patients were given information via the NUPAS information leaflet in relation to what to expect following their treatment. The provider had a nurse on-call 24 hours a day seven days a week. All patients were given details of their aftercare line at the time of discharge.
- The provider had also introduced a post procedure telephone call whereby patients were contacted by a member of the nursing staff approximately four weeks after their treatment. The nurse would ask the patient if they had any problems such as heavy bleeding following their treatment, pain, or any other symptoms. The patient was also asked if they had used the pregnancy test given upon discharge following their procedure.
- The service had a service level agreement with a neighbouring NHS hospital in the event of a required referral. Plans were in place for patients with complex needs: however, if a patient had needs that were identified as high risk and it was deemed clinically unsafe to provide treatment, they were referred to a

local NHS trust to ensure all their needs were met appropriately. There were a total of 120 (non-urgent) referrals made to other health care providers from March 2015 to March 2016.

- Best practice guidance recommends that all patients undergoing an abortion should undergo a venous thromboembolism (VTE) risk assessment prior to treatment. We reviewed seven sets of patient records and a VTE risk assessment was recorded in five records, the other two records were not applicable for a VTE assessment as the patients did not proceed with treatment.
- If patients that attended the service were from overseas, and were receiving early medical abortion with six hours between treatments, they were asked to stay in this country for 24 hours and the service provided a taxi to transport them back to the service.
- A 24 hour telephone line was available if a patient deteriorated outside service hours. In the event a patient deteriorated, nurses assessed the patient over the phone and gave advice or advised patients to go to the hospital if the need was an emergency.

Nursing staffing

- At the time of our inspection there were seven registered nurses employed at the service and there were no vacancies.
- The service had an orientation checklist for new staff which included orientation to the environment and awareness of service policies including: infection control and cardio-pulmonary resuscitation.
- There had been no agency or bank staff used in the previous three months.

Medical staffing

- The service did not employ medical doctors. Doctors were employed by other organisations (usually in the NHS) in substantive posts and had practising privileges with NUPAS Manchester. The service only utilised experienced doctors in the provision of termination of pregnancy (TOP) treatments.
- Practising privileges were reviewed annually by the medical director, registered manager and head of HR and included review of appraisals and registration. The service linked with the consultants' base NHS trust to discuss revalidation and any concerns with practice. Similarly if the service had any concerns with a consultant's practice the medical director would contact the consultant's responsible officer directly to discuss.
- The head of HR confirmed that consultants were contacted prior to renewal of practising privileges (or before any documents such as GMC registration or indemnity insurance) expired requesting up to date copies of all documentation. If documents were not received, this would be escalated to the medical director and head of clinical services who would then speak with the individual and notify the registered manager. If necessary, practising privileges would be suspended until all relevant documentation was received.
- No agency staff had been used to cover for doctors from January 2016 to March 2016 and there were no medical vacancies at the time of our inspection.

Major incident awareness and training

- There was a business continuity plan dated October 2015. The plan detailed what action staff should take in the event of a major event, utility failure or an emergency situation.

Are termination of pregnancy services effective?

- The service provided care and treatment that took account of best practice policies and evidence based guidelines. The service had clear standards agreed with commissioners and key performance indicators to monitor performance and service delivery in line with RSOP16
- The service monitored waiting times to ensure they were in line with the Royal College of Obstetricians and Gynaecologists' guidelines.
- Staff had received an appraisal in the 12 months prior to out inspection and were supported to learn and develop into their role.
- The service was supporting nurses to undertake the Faculty of Sexual and Reproductive Healthcare diploma. This would ensure that nurses were competent to deliver all methods of contraception including LARCs.
- Appropriate systems were in place to obtain consent from patients and consent was well documented in the patient record.

- Patients had access to the service 24 hours a day seven days a week following treatment via a contact telephone line.

However:

- Whilst the service collated data in relation to RSOP 16 and locally agreed standards. Audits were limited to corporate areas such as infection control, medicines management and records. There was limited evidence of the use of clinical audit to identify and understand issues and drive service improvement and patient outcomes.

Evidence-based care and treatment

- Staff took account of best practice and policies such as National Institute for Health and Care Excellence (NICE), Royal College guidelines and the Department of Health Required Standard Operating Procedures (RSOPs). For example, patients were offered a choice of procedure within appropriate timeframes, processes were in place to support patients with options for future contraception and there were locally agreed standards in place with commissioners.
- However, chlamydia screening services were only available to patients under the age of 25 years which was not in line with the requirements of RSOP 13. This was because the service had not been commissioned for all patients.
- The service also offered same day EMA treatments whereby two stage abortifacient medication was administered within a period of 6 hours. This was not in line with RCOG guidance which recommends a minimum of 24 hours between treatments. However patients attending from overseas opting for this treatment were advised to stay in the country for at least 24 hours afterwards to enable the service to monitor outcomes. All risks in relation to abortions were discussed at the consultation and this was advised in the NUPAS information leaflet given to all patients prior to treatment. Potential risks and information included in the NUPAS leaflet were discussed and ratified by the medical advisory committee.
- The service recorded the number of failed termination of pregnancy procedures and early medical abortion (EMA's) so that trends could be identified. From March 2015 to March 2016 the service reported no complications and five failed EMAs. From April 2016 to June 2016 the service reported no complications and one failed EMA. Nationally there was a rate of 2% failed termination of pregnancy rate which meant the clinic had a better success rate than nationally.
- The service offered early medical abortion to patients who were no more than nine weeks (63 days) gestation in line with RCOG guidelines. Patients who exceeded this gestation period were advised of other available surgical treatments.
- Patients who opted for an early medical abortion (EMA) who wanted a coil fitted as their preferred method of contraceptive were brought back to the service four weeks after the EMA to have the coil fitted. All other forms of contraception could be issued at the time of treatment.
- All patients were provided with an aftercare pack which contained aftercare leaflets, condoms, a pregnancy test and details of the 24 hour contact details. The service had achieved 100% uptake in condoms.
- The quality and completion standards of prescription and administration charts were audited regularly. The audit from April 2016 showed 10% of medical records had been audited (equivalent of 23 files) and all prescription and administration charts were found to be fully and appropriately completed.
- Any new policies or amendments to existing policies were reviewed and signed off by the corporate medical advisory committee prior to implementation.
- However, whilst the service collated data in relation to RSOP 16 and locally agreed standards; audits were limited to corporate areas such as infection control, medicines management and records. There was limited evidence of the use of clinical audit to identify and understand issues and drive service improvement and patient outcomes.

Nutrition and hydration

- There was access to cold water stations should patients require a drink whilst on site.
- The service offered patients a hot drink and biscuits following the insertion of a coil.

Pain relief

- Patients were given appropriate pain relief following the second EMA treatment.
- Pain relief medication was prescribed in all of the seven patient records we reviewed at the time of our inspection.

- Advice on how to manage pain post treatment once the patient had left the clinic was included in the aftercare information leaflet given to all patients.

Patient outcomes

- The service worked with 13 commissioners and had clear standards agreed with them for the service in line with RSOP 16. The service produced quarterly reports for commissioners on standards such as activity, route of referral, waiting times, chlamydia screening uptake, contraception including long acting reversible contraceptive (LARC) uptake, referral to other services and patient satisfaction.
- The quarterly report to the commissioners for January to March 2016 showed the average LARC uptake per CCG ranged from 21% to 37% against a target of 40%
- The report also showed the average uptake of chlamydia screening (for patients under 25 years) on average ranged from 92% to 100% against a target of 66%.
- NUPAS had completed a national records audit across all services including the Manchester clinic (which also included the Bolton, Salford and Blackpool satellite clinics). The audit showed that overall the majority of records were legible and coherent (96%), had a fully completed medical history (97%) and 100% contained an HSA1 form with two signatures.
- However, the audit report contained results nationally and not by clinic which made it difficult to determine the Manchester clinic's performance. Learning and actions from the audit were shared at the managers' meeting, the medical advisory committee meeting and the senior nurse meeting. The information was then cascaded to local teams via staff team meetings.
- The service monitored waiting times to ensure service delivery was in line with best practice. Waiting times for consultation from initial contact and treatment from initial contact were within the Royal College of Obstetricians and Gynaecologists' recommended timeframes.
- From January to March 2016 the service had referred 50 patients to an alternative provider. The reasons for referral were due to the patient's medical history, gestation or body mass index (BMI).
- All patients received an aftercare call four weeks post procedure to check they were recovering well and had no complications.

Competent staff

- Data showed that 100% of medical and nursing staff had undergone an annual appraisal in the 12 months prior to our inspection.
- Staff received role specific training and development including ultrasound scanning training and the care certificate training and were supported in their continuing professional development to meet the requirements for their professional role.
- The service was supporting nurses to undertake the Faculty of Sexual and Reproductive Healthcare diploma. This would ensure that nurses were competent to deliver all methods of contraception including LARCs.
- Healthcare support workers were supported to undertake a sonography course at the University of Birmingham to support the current sonographer to only determine the gestation of a pregnancy. A competency framework was used to make sure staff had the relevant level of clinical experience and ability to determine the gestation when scanning patients. Competency and ability was assessed and signed off by an assessor from the University who observed direct practice.
- Staff were trained in obtaining consent and were aware of the Fraser Guidelines when consenting patients under the age of 16 years.
- We reviewed a member of staff's development portfolio that showed they were working towards the Care certificate. The Care certificate is a framework that demonstrates learning against a set of standards which include: person centred care, communication, and safeguarding.
- The service ensured that all nursing and medical staff were appropriately qualified by ensuring they were on the professional registers including: the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC). There were employment checks in place to confirm professional registration. Practising privileges were reviewed by the medical director, registered manager and head of HR.
- The service offered counselling to all patients who underwent a termination. The service was provided by a trained counsellor who had completed training at Diploma level, and was offered to patients throughout the care pathway.

Multidisciplinary working

- We observed good team working between all the nurses, health care assistants, and medical staff.
- The service had good links with the local safeguarding team and with the local police. Letters were sent to the patients' general practitioner to inform them of the procedure and share information.
- The service also worked closely with the local NHS women's hospital, Nestac (FGM group) and other support groups.
- The service employed two counsellors who were available to counsel patients pre and post termination
- Discharge letters were sent to the patients' general practitioner, with the patient's consent. This was to allow the practitioner to manage any complications in the event a patient deteriorated.

Seven-day services

- The service offered treatment six days a week and advice and support seven days a week throughout the year via a 24 hour helpline.

Access to information

- Staff had access to policies and procedures; these were available in a folder at the administration office and on the intranet.
- At the time of the inspection all patients were given information about their treatment, care and information about their procedure.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We observed nurses, doctors and health care assistants obtaining consent from patients before clinically assessing them. Staff spoke to patients about any care and treatment that was being carried out before they went ahead with the procedure. The service made sure that patients and young people were seeking abortions voluntarily. They did this by discussing reasons why and how they had reached their decision to terminate their pregnancy. This discussion was also picked up by the consultant before forms were signed. If at any point a healthcare professional doubted the information the patient provided, the patient was asked to come back again after she had thought about her options or the senior nurse was approached to discuss safeguarding concerns.
- Staff across the service were aware of appropriate procedures in obtaining consent. They were able to describe how they established if a child could make their own decisions and understood the implications of the treatment by using Gillick competency and the Fraser guidelines.
- We reviewed signed consent forms prior to treatment whilst we were on inspection and the seven records we reviewed all had completed consent forms in place.
- All patients were offered a telephone or face to face consultation after they had made initial contact with the service. By doing so, the service made sure patients were certain of their decision and understood how the procedure they chose would be performed.
- An interpreter was used upon request and was asked to stay with the patient until she was discharged, so that consent could be obtained.

Are termination of pregnancy services caring?

- Feedback from people who used the service was positive about the way they were treated. People were treated with dignity and respect by staff and we observed staff being considerate and compassionate to patients.
- Patients felt involved in decisions about their care and treatment options were clearly communicated and explained.
- The service offered counselling to all patients who underwent a termination. The service was provided by a trained counsellor and was offered to patients throughout the care pathway.
- The service also worked closely with support groups such Nestac (FGM group) and the local sexual assault referral centre to ensure patients received the appropriate support.

Compassionate care

- Patients were cared for with dignity and respect. At the time of our inspection we observed patients being taken to private consultation rooms and when being examined the curtains were drawn round the bed.
- Staff took time to interact with patients; they were attentive to their needs and spoke in a compassionate manner.
- All patients were provided with a feedback form prior to discharge. The completed forms were placed in a secure

lockable box in the waiting area. The information was collated centrally within the organisation and a location specific report was produced. Comments and feedback received from patients was evaluated.
- Patient feedback received via the forms was complimentary about the friendliness and professionalism of staff, the care and treatment they received and the standards of cleanliness at the service. Patients were particularly appreciative of the care and understanding they were shown to help them overcome their fears and anxieties. We spoke with one patient at the time of our inspection who described the staff as "friendly and efficient," "non-judgemental and they seem to know their stuff".
- The quarterly monitoring report to commissioners showed the majority of patients who reported they were satisfied with the service they received varied from 82% (Salford) to 100% (Wigan).
- The quarterly service quality and risk assurance report for April to June 2016 reported that overall 94% of patients (who had completed a survey) were satisfied with the service they received.

Understanding and involvement of patients and those close to them

- At the time of our inspection a patient we spoke with had good knowledge of their treatment, understood the information given to them and was aware of the process for their treatment.
- Staff recognised when patients needed additional services such as an interpreter to support them to understand about the care and treatment they were to receive.
- Children under the age of 16 years old were encouraged to be accompanied by a parent or carer to ensure that they understood all aspects of care and treatment.
- Where patients were responsible for the payment of their care or treatment, a discussion during their initial consultation would take place, informing them of the cost. This discussion took place once the service established the patient's eligibility for treatment; it was carried out in a private room and handled sensitively.
- Patients were not informed about the statutory requirement of HSA4 forms. This was not included in the written information patients were given and staff did not explain to patients that these details were sent to the Department of Health and that it was a legal requirement.
- Patients were given the opportunity to make an informed choice about all available termination of pregnancy methods during the initial assessment, the risks were discussed with the consultant and patients were asked to sign a form to declare they understood the implications.
- Staff provided patients with information leaflets relating to the different procedures. This meant patients could take information away with them to consider and inform their decision making.

Emotional support

- Staff demonstrated that they understood the importance of providing patients with emotional support. We observed staff providing reassurance to patients who were anxious.
- The service also worked closely with support groups such Nestac (FGM group) and the local sexual assault referral centre to ensure patients received the appropriate support.

Are termination of pregnancy services responsive?

- The service worked with commissioners to ensure it was planned and delivered to meet the needs of patients.
- The service provided a 24 hour telephone advice/help line that patients could use for information, support, or post-operative concerns.
- People were able to access services in a timely manner and the service was performing within the recommended target timeframe of ten days from contact to treatment. The service accepted self-referrals from patients as well as referrals from other professionals.
- For patients requesting a coil be fitted as their preferred choice of contraception the service offered a monthly clinic in the evenings so that patients that worked during the day could access the service.
- People were given information how to complain and raise concerns and the service responded to complaints.

Service planning and delivery to meet the needs of local people

Termination of pregnancy

- The service was provided from Department of Health approved premises. The service clearly displayed the certificate of approval that was issued by the Department of Health on the ground floor at the service entrance.
- The service worked with commissioners to ensure it was planned and delivered to meet the needs of patients.
- Patients who used the service had access to a dedicated team of nurses available 24 hours a day, seven days a week, 365 days a year. The team provided telephone consultations, counselling and after care telephone support.
- The service offered patients telephone consultations, this was to help reduce waiting times, improve patient experiences and to help patients work around personal circumstances.
- To meet the needs of local people, the service operated six days a week. Senior staff advised this was so working patients could attend appointments at the weekend and have time to recover before Monday.
- Patients that had an early medical abortion who wanted a coil fitted for long acting reversible contraceptive were offered an appointment four weeks later to have the coil fitted. The service offered monthly clinics in the evenings to enable patients who worked during the day to attend.

Access and flow

- Opening times and clinics were run to ensure a minimum delay for patients in accessing same day consultation and treatment. Additional clinic sessions and appointments were made available at peak times throughout the year where necessary. The patient's initial date of contact was recorded in addition to the date of their consultation.
- A report of patient waiting times was compiled on a quarterly basis as part of the quality report. A total of 214 (9%) of patients waited longer than ten days from referral to treatment from March 2015 to March 2016. Reasons for delay were either due to patient choice, patients presenting too early and patients showing doubt or ambivalence.
- From January to March 2016 on average (across the 13 CCGs) 91% to 100% of patients waited between 0 to 5 days from initial contact to consultation. Less than 1% waited longer than 11 days.
- In the same period, on average 58% to 72% of patients waited 0 to 5 days from consultation to treatment and on average between 12% and 25% waited six to ten days. Again any patients waiting longer than 10 working days from assessment to treatment was either due to patient choice, patients presenting too early and patients showing doubt or ambivalence.
- The NUPAS service quality and risk assurance report for April to June 2016 showed on average patients waited one day from initial contact to consultation and two days from initial contact to treatment.
- If a patient attended and the pregnancy was too early to be classed as viable via ultrasound scan then they were re-booked to return for a further scan within seven to 14 days. The patients were made aware of the treatment options available in readiness for their return visit.
- The service received patients from a variety of referral methods; these included GPs, hospitals, family planning service, intranet, self-referrals and recommendations. The service collected data on the different referral methods across areas of Manchester and used the information to inform commissioners of their regional referral rates.

Meeting people's individual needs

- If an ectopic pregnancy was detected by an ultrasound scan, patients were referred to a local NHS hospital.
- The team had access to translation support services if required. An interpreter was allowed to stay with the patient if they did not speak English. Written information was available in a variety of languages.
- The clinic facilities were located on the ground floor with wide doors for people that may need a wheelchair and disability aid was present in the patient toilet area.
- Patients with a learning disability were able to have a carer with them if requested. Consultations used recap techniques in a way the patient could understand to ensure patients understood the information given to them and this was supported with written information.
- The service worked to clear inclusion and exclusion criteria and did not accept patients with certain underlying medical conditions. If a patient was identified as high risk, they were referred to a local NHS trust to ensure all their needs were met appropriately.
- Patient's needs were assessed and supported by a comprehensive record which clearly identified the patient's treatment pathway.
- Patients were offered information leaflets relating to the different procedures after their consultation.

- We observed patients being given packs which contained information of the 24 hour telephone service, condoms, antibiotics, and a pregnancy test.

Learning from complaints and concerns

- Patients and supporters were able to raise their concerns in a number of ways, patients were able to telephone the service, speak to a member of staff, or write to the service. There was information about making complaints in the information booklet that was given to all patients.
- At the time of inspection, the service had not received any complaints in the current year. The service had received five complaints in 2015, all had been responded to in line with the provider's complaint policy. The service received a monthly newsletter which included any learning from complaints that had taken place at other satellite clinics.
- It was evident that the service acted upon complaints they received by formally writing to women and there was evidence that action had been taken following patient complaints to improve service delivery. However, we found there was a theme of women complaining about staff attitude, waiting times and booking errors. It was clear from the complaints log that action had been taken to try and address these issues.

Are termination of pregnancy services well-led?

- The service philosophy was to "provide a high level of care to women seeking termination of pregnancy within a non-judgemental manner. Offering confidential, supportive advice and treatment to all women". Staff we spoke with echoed the key principles of the philosophy in terms of providing a non-judgemental, supportive and confidential service.
- The service produced a quarterly quality and risk assurance report that monitored performance against agreed standards, the number of complaints received, the number and nature of incidents reported, any safeguarding concerns and patient feedback.
- A management meeting was held each month to discuss governance matters such as incidents (and trends across the region), audits, operational issues and information governance issues.
- Staff we spoke with enjoyed their job and were compassionate and proud of the care they gave.
- There were robust systems in place to ensure HSA1 forms were completed and in line with regulatory requirements.

However:

- There was no registered manager in post at the time of our inspection. The previous manager had left in May 2016 and the recruitment process for a new manager was underway.

Vision and strategy for this this core service

- The service philosophy was to "provide a high level of care to women seeking termination of pregnancy within a non-judgemental manner. Offering confidential, supportive advice and treatment to all women". The service aimed to "provide quality, safe and affordable service in accordance with professional standards to both NHS and private clients".
- Staff we spoke with echoed the key principles of the philosophy in terms of providing a non-judgemental, supportive and confidential service.

Governance, risk management and quality measurement for this core service

- The HSA1 form was completed, signed, and dated by two registered medical practitioners before an abortion took place. The reason for a patient's decision for termination of pregnancy was assessed against the criteria set out in the Abortion Act 1967. The HSA1 was completed by both practitioners certifying their opinion. The certification takes place in light of their clinical judgement of the circumstances of the pregnant patient's individual case. The form contained the full address of the place at which the patient was seen or examined.
- All HSA1 forms were stored with the patient's record in line with best practice guidance. The second doctor reviewed the patient's notes in full to ensure that they were completed in full, prior to signing the HSA1. This also ensured that conscientious objection was managed appropriately in line with professional guidelines and the Abortion Act 1967.
- All the records we reviewed had a certificate of opinion (HSA1) which was signed by two medical practitioners in line with regulatory requirements.

- Overseas patients were asked for a fee after consent from two doctors was obtained.
- The service had processes in place to notify the Department of Health of all terminations within 14 days that took place on the premises and we saw records that showed this had happened appropriately. The service kept a comprehensive record of each HSA4 reference number and the date it was sent to the Department of Health.
- A register of patients undergoing a TOP was updated and completed; this was kept onsite for three years. The service held an electronic record of the number of TOPs they performed, this was updated on to a central database and password protected.
- The service had a local risk register in place. The register identified key issues that may present a risk to the running of the service. However, some issues such as access to chlamydia screening in line with RSOP 13 and use of faxed prescriptions (and the subsequent control measures that had been implemented) were not included. Each identified risk had an identified control measure(s) and a responsible person. However, although there was a date included next to each risk (October 2016), it was not clear whether this was the date for review or completion. There was also no date to indicate when each risk had been added to the register.
- The service produced a quarterly quality and risk assurance report that monitored performance against agreed standards and key performance indicators, the number and nature of incidents reported, any safeguarding concerns and patient feedback. We reviewed the report for quarter two and found no safeguarding concerns, five incidents were reported and actions identified as not meeting the target for uptake in LARC.
- A management meeting was held each month to discuss governance matters such as incidents (and trends across the region), audits, operational issues and information governance issues. This was attended by the service managers from across the region but there was no other multidisciplinary attendance.
- Audits were limited to corporate areas such as infection control, medicines management and records. There was limited evidence of the use of clinical audit to identify and understand issues and drive service improvement and patient outcomes.
- The registered medical consultant maintained responsibility for the patient and prescribed all abortion medication.
- Practising privileges were reviewed annually by the medical director, registered manager and head of HR and included review of appraisals and registration. The service linked with the consultants' base NHS trust to discuss revalidation and any concerns with practice. Similarly if the service had any concerns with a consultant's practice the medical director would contact the consultant's responsible officer directly to discuss.

Leadership / culture of service

- There was no registered manager in post at the time of our inspection. The previous manager had left in May 2016 and the recruitment process for a new manager was underway. The head of clinical services however, was knowledgeable about the service and was aware of the risks within the service and areas for development. In addition the lead nurse had been in post for several years and understood the service and its challenges well, and managers from satellite clinics could be contacted for support if required.
- Staff we spoke with enjoyed their job and were compassionate and proud of the care they gave.
- In the absence of a registered manager all staff were aware of how and where to contact senior management and the management structure was available for reference purposes. The head of clinical services operated an open-door policy where staff were able to contact them to discuss any concerns. Staff also felt able to approach the lead nurse with any issues.

Public and staff engagement

- The service routinely engaged with patients to gain feedback about how they could improve their service. Feedback sheets were left at bedsides for patients to complete. Feedback forms and comments were reviewed as part of the managers' meetings and were used to inform service development.
- Staff had been asked to participate in a staff survey in 2015. The results for the provider as a whole were generally positive with all staff that responded (89 in total) saying they would recommend the organisation's service to a family member or friend. The results however, were not broken down to service level so it was not clear how NUPAS Manchester had performed specifically.

Termination of pregnancy

- There were posters in the waiting area and screening room encouraging patients to speak with a member of staff if they had any concerns.
- The service had a monthly newsletter that was emailed to staff.

Improvement, Innovation and sustainability

- The service offered an in-depth contraceptive assessment to patients to ensure they were provided with contraception that best met their needs. The service offered an evening clinic to improve access and uptake of services for patients wanting a coil fitted as their preferred contraceptive.
- The service was supporting nurses to undertake the Faculty of Sexual and Reproductive Healthcare diploma. This would ensure that nurses were competent to deliver all methods of contraception including LARCs.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- Ensure all staff follow the 'bare below the elbows' clinical guidelines and hand hygiene prior to performing diagnostic testing on patients to reduce the risk of cross infection.
- Consider how clinical audits could be used to identify and understand issues and drive service improvement and patient outcomes.
- Consider working with commissioners to ensure Chlamydia testing services are provided in line with the requirements of RSOP 13.