

National Unplanned Pregnancy Advisory Service Stoke

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

National Unplanned Pregnancy Advisory Service Stoke is part of the provider group National Unplanned Pregnancy Advisory Service (previously Fraterdrive).

CQC registered the service in August 2012 as a single specialty termination of pregnancy service providing early medical abortion (EMA) up to a gestation of 63 days (nine weeks) and surgical abortion under local anaesthetic less than 70 days gestation. The service also provides pregnancy testing, unplanned pregnancy counselling and consultation, abortion aftercare, sexually transmitted infection testing, and contraceptive advice and contraception supply.

We carried out this announced comprehensive inspection on 8 and 15 June 2016, as part of the first wave of inspection of services providing a termination of pregnancy service. The inspection was conducted using the Care Quality Commission's new methodology.

We have not provided ratings for this service. 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 it provides.

Our key findings were as follows:

Is the service safe?

- There were appropriate arrangements in place to highlight incidents and patient safety concerns. The provider had established systems to ensure that learning from incidents was shared throughout the organisation and staff group. Staff understood the principles of being open with patients when things went wrong.
- There were reliable systems, processes and practices in place to keep people safeguarded from abuse.
- Medicines were safely ordered, supplied, and stored in accordance with manufacturers' instructions, and administered only when they had been prescribed for a named patient.
- There were sufficient numbers of staff available to care for patients.
- The service employed medical doctors including surgeons and anaesthetists under practice privileges. We saw that doctors who worked at the treatment unit had provided the relevant documentary evidence to demonstrate they were suitably experienced and qualified to undertake procedures at the treatment unit.
- There were suitable arrangements in place for staff mandatory training.
- Records were securely stored, well maintained and completed with clear dates, times and designation of the person documenting.
- The service used a World Health Organisation (WHO) Safer Surgical Checklist to minimise risks to patients having surgical operations. However, it had not been fully completed in one patient's records of the seven we looked at.
- Arrangements were in place to manage emergencies and transfer patients to another health care provider where needed.

Is the service effective?

- Staff provided care in line with national best practice guidelines.
- Policies were accessible for all staff, were up to date, and kept under review.
- The National Unplanned Pregnancy Advisory Service (NUPAS) monitored complication rates, which were within expected ranges at the Stoke clinic.

Summary of findings

- Staff appropriately offered patients pain relief, prophylactic antibiotic treatments and post-abortion contraceptives.
- There were appropriate arrangements in place to record patients' written consent including patients who were less than sixteen years old.

Is the service caring?

- Staff were caring, compassionate, and treated patients with dignity, understanding, and respect.
- Patients considering termination of pregnancy had access to pre and post termination counselling, with no time limits attached, but were not obliged to use the counselling service.

Is the service responsive?

- Staff provided patients with the right level of information to help them to make decisions.
- The NUPAS advice line telephone service was accessible to patients 24 hours a day and seven days a week.
- The clinic was responsive to patient need and would open for additional sessions if needed.
- The service provided services at two locations, which made access easier for patients.
- The service did not provide treatment for patients with complex medical conditions but made referrals for them to be treated elsewhere.
- There were appropriate systems in place to raise and act upon concerns and complaints within the organisation.
- An interpreter service was available to enable staff to communicate with patients whose first language was not English.

Is the service well led?

- There were effective corporate governance arrangements to manage risk and quality. This included an audit programme and an established system to cascade learning.
- Staff felt supported by their registered manager and senior managers.
- The culture within the service was caring, non-judgmental and supportive to patients. Staff spoke positively about the need for, and the value of the service provided to patients.
- The service was active in engaging with staff, patients and the wider public.
- Staff spoke positively about the high quality care and services they provided for patients and were proud to work for NUPAS.

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

- The provider should consider systems of working that more fully mitigate the risk of managing an emergency within the small recovery rooms.
- The provider should ensure that the World Health Organisation (WHO) Safe Surgical Checklist to minimise risks to patients having surgical operations is completed.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

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National Unplanned Pregnancy Advisory Service Stoke

Services we looked at

Termination of pregnancy

Summary of this inspection

Background to National Unplanned Pregnancy Advisory Service Stoke

National Unplanned Pregnancy Advisory Service Stoke is part of the provider group National Unplanned Pregnancy Advisory Service Limited (NUPAS), previously known as Fraterdrive.

NUPAS Stoke opened in 2004, initially as referral centre for termination of pregnancy and contraceptive advice and treatment. The unit began offering early medical abortions (EMAs) in October 2009 and surgical abortions under local anaesthetic in April 2010.

Services were provided under contract to Stoke on Trent and North Staffordshire Clinical Commissioning Groups (CCG) with a case-by-case agreement in place for East Staffordshire, Stafford and Surrounds CCG, Cannock Chase, South East Staffs and Seisdon Peninsula and Cheshire CCGs. The service provided NHS care only and had no arrangements in place for privately funded patients.

The manager for NUPAS Stoke has been registered with CQC since 2013.

Our inspection team

The inspection team included three CQC inspectors and a specialist advisor in termination of pregnancy services.

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. Patients were invited to contact CQC with their feedback.

We carried out this announced comprehensive inspection on 8 and 15 June 2016. We visited the Stoke clinic on the 8 and 15 June and the satellite clinic at Cobridge on the 15 June, as part of our independent healthcare inspection programme. The inspection was conducted using the Care Quality Commission's new methodology.

We spoke with nine members of staff, including nurses, a health care assistant, doctor, a patient care advisor, sonographer and receptionist, the registered manager, nurse advisor and the regional manager. We reviewed 17 patient treatment records. We also spoke with six patients using the service.

Information about National Unplanned Pregnancy Advisory Service Stoke

The Stoke clinic is located within the provider's own single storey premises. The service also had a satellite clinic staffed by the Stoke team located at an NHS community health centre in Cobridge (Stoke-on-Trent).

The following services are provided:

- Pregnancy testing.
- Unplanned pregnancy counselling and consultation.
- Surgical abortion under local anaesthetic (Stoke only)

Summary of this inspection

- Early medical abortion (EMA) up to 63 days (nine weeks) gestation.
- Abortion aftercare.
- Miscarriage management.
- Sexually transmitted infection testing and treatment.
- Contraceptive advice and contraception supply.

The Stoke clinic has treatment, screening and private consultation rooms and a waiting area all of which are located on the ground floor of the premises. The service is easily accessible by public transport. The Cobridge clinic has one private consulting room, two treatment rooms and suitable waiting areas.

The Stoke clinic is open Monday to Friday between 9am and 5pm. Cobridge is open Wednesday between 1pm and 8pm and Friday between 1pm and 4pm.

Both clinics hold licenses from the Department of Health (DH) to undertake termination of pregnancy services in accordance with The Abortion Act 1967.

A manager, who is registered with CQC and is responsible for both Stoke and Cobridge clinics, leads the service. Two qualified nurses, a health care assistant, a patient advisor and administration staff support them. There are also two doctors who assess and confirm that the lawful grounds for abortion are fulfilled for both surgical abortion and medical abortion. They prescribe medicines for abortions, in line with legal requirements.

NUPAS Stoke undertook 166 surgical abortions and 1087 early medical abortions between 1 March 2015 and 29 February 2016. Within the same timeframe the Cobridge clinic undertook 126 early medical abortions.

Detailed findings from this inspection

Termination of pregnancy

Safe

Effective

Caring

Responsive

Well-led

Summary of findings

- Staff treated patients with respect and compassion and were caring and non-judgmental.
- Patients who used the service were protected from abuse and avoidable harm. The service had a good track record in its safety performance. When things went wrong, there were appropriate systems in place to highlight and investigate any concerns
- The premises were clean and the required systems to minimise risk of infection were in place.
- There were appropriate and safe arrangements for medicines
- Records were well maintained, legible and contained all appropriately signed paperwork required by The Abortion Act 1967.
- Staff used risk assessments to identify if patients were at risk of abuse and coercion and took appropriate actions to protect the patient. Procedures were in place to allow patients to express any concerns in a confidential manner.
- The service employed suitably qualified and competent staff.
- The clinics provided care and treatment in line with national best practice guidelines. NUPAS monitored and evaluated the outcomes and effectiveness of treatment and when required they took appropriate action.
- There were appropriate systems in place to record patient's consent, which included patients less than 16 years of age. Possible side effects and complications were recorded and the records showed that staff had fully explained these.
- Patient waiting times for appointments and treatment was better than the national average and appointments were easy to make.

- The governance arrangements in place supported the service in the delivery of the vision and values, strategic objectives, high quality care, a healthy culture and meeting statutory requirements.
- Information on patient experience was reported and reviewed alongside the service's performance data to ensure continuous improvement.
- Staff felt valued and supported. The registered manager provided good leadership communicated effectively and was visible and approachable to both staff and patients who used the service.
- The recovery rooms were small which could be problematic in an emergency. In addition when these rooms were occupied by two patients they afforded insufficient privacy to have personal conversations.

Termination of pregnancy

Are termination of pregnancy services safe?

Summary:

- There were appropriate arrangements in place to highlight incidents and patient safety concerns.
- The premises were clean and the required systems to minimise risk of infection were in place.
- There were appropriate and safe arrangements for medicines.
- Records were securely stored, well maintained, legible and contained all appropriately signed paperwork required by The Abortion Act 1967.
- Staff used risk assessments to identify if patients were at risk of abuse or coercion and then they took appropriate actions. Procedures were in place to allow patients to express any concerns in a confidential manner.
- Arrangements were in place to manage emergency transfers of patients to another healthcare provider where needed.
- We observed during treatment and within patient records, the clinic used a five steps to safer surgery procedure and checklist, modelled on the World Health Organisation (WHO) Surgical Safety Checklist. One of the seven patient records we looked at did not have the surgical safety checklist fully completed.
- Staff had completed safeguarding children level 3 training, as per national guidance.

However

- The provider should consider systems of working that more fully mitigate the risk of managing an emergency within the small recovery rooms.

Incidents

- There were no serious incidents reported at NUPAS Stoke between 1 March 2015 and 29 February 2016.
- The system for reporting clinical and non-clinical incidents was paper based. The registered manager told us that they had three copies of the incident report; one remained in the patient notes, one remained in the folder and the manager sent one to head office. This meant that required information was available within the clinic and was appropriately shared throughout the organisation.
- We looked at paper records of safety incidents held at the clinic at the time of our visit. The registered manager

- had mostly reported safety incidents. Incidents reports included failed early medical abortions, which required further treatment, ectopic pregnancies and a failure of patients to attend the second treatment appointment. There had been 17 incidents reported between 25 April 2015 and 17 May 2016. All reported incidents were reviewed by the registered manager and when required were escalated to the corporate risk and safety team.
- Staff we spoke with were aware of their responsibilities in relation to incident reporting.
 - The registered manager told us that all incidents, including never events and serious incidents within NUPAS, were discussed in management meetings. Records we saw confirmed this. The manager discussed and cascaded any subsequent learning to staff. Staff confirmed to us that the registered manager shared investigation reports for serious incidents from other clinics with them.
 - There had been no 'never events' reported at NUPAS Stoke or Cobridge between March 2015 and 29 February 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.
 - From April 2015, independent healthcare providers registered with the Care Quality Commission had to comply with the duty of candour regulations. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
 - The service had a duty of candour policy in place. We saw that the policy reflected the requirements of the regulations and set out what it would do in the case of a duty of candour situation. When asked by the inspection team, staff understood the principles of "being open" and had received information about the duty of candour. There had been no duty of candour related incidents reported by the service.

Cleanliness, infection control and hygiene

- We observed that the premises were visibly clean. The service had cleaners who attended daily. We saw that cleaning schedules, checklists and cleanliness audits for the clinic were available and were appropriately completed.

Termination of pregnancy

- Handwashing sinks, soap, and alcohol hand gel were in good supply and we saw instructions for their use clearly displayed. We observed staff washing hands and using gel appropriately and were bare below the elbow to enable good hand washing and reduce the risk of infection.
- We observed that protective personal equipment (PPE) such as disposable gloves and aprons were readily available. Theatre wear was provided and appropriately worn by staff.
- The Stoke clinic had an independent infection audit in April 2015. The report identified satisfactory clinic cleanliness and infection prevention and control. The report recommended the introduction of a monthly infection prevention monitoring audit. We saw that this had been undertaken. A subsequent independent audit in May 2016 also confirmed the cleanliness of the clinic and reviewed previous audits completed internally between April and June 2016 by both the registered manager and lead nurse. The infection control audits in May and June 2016 identified 98% compliance, with the exception of flooring requiring re-sealing in areas being identified in April. This was rectified by June 2016.
- We observed that all theatre instruments were 'single use' only and were disposed of appropriately after each patient.
- We observed that chairs, the treatment bed and trolleys were cleaned between each patient.
- We saw records, which confirmed that appropriate legionella water testing arrangements were in place.
- There was a policy in place regarding safe disposal of clinical waste (including needles and syringes). A service level agreement was in place with a waste contractor for removal. We saw that there were appropriate arrangements in place for the segregation and disposal of waste materials.

Environment and equipment

- We found that, at the Stoke based clinic, space was limited particularly in the recovery rooms and this could be problematic in an emergency. We found that just one patient tended to be placed in the recovery room which minimised the risk. Furthermore, patients were assessed as low risk of a medical emergency. However, the provider should consider systems of working that more

fully mitigate the risk. The registered manager told us that there were plans to increase the size of the clinic with a separate and improved theatre, larger recovery room and staff changing facilities.

- The Cobridge clinic was provided from a local NHS health centre. The reception area was shared with a NHS sexual health service. Staff told us, and we saw, that maintaining patient confidentiality was difficult as patients needed to be directed to the service and may have been asked why they were there which may be overheard by other patients.
- We saw that electrical safety testing of equipment was appropriately undertaken and was up to date.
- We saw that records showed staff had checked resuscitation equipment and drugs regularly. This provided assurance that appropriate equipment and drugs were available in an emergency.

Medicines

- We found that the service had appropriate arrangements in place for the safe storage, and competent administration of medicines.
- The registered manager ordered medicines from a private company who was an approved medicines supplier. A registered nurse signed to accept each delivery of medicines. The registered manager told us that audits of the supply and availability of medicines were undertaken both locally and by head office. We saw records that supported this and demonstrated that the medicines were appropriately accounted for.
- There was a comprehensive medicine management policy in place and staff had access to medicines advice if required from within NUPAS.
- We found that controlled drugs, which require special storage and recording arrangements were stored and administered in line with legal requirements.
- Staff recorded fridge temperatures in line with good practice guidelines. Staff were aware of the required actions they should take if temperatures were outside these temperatures.
- We saw that staff clearly recorded allergies to medicines on patients' medicine records. We also observed that patients who had a known medicine allergy wore red wristbands to identify this.
- We observed contraceptive implants and injections given in accordance with good medicine administration guidance.

Termination of pregnancy

- Doctors prescribed drugs that induced abortion following a face-to-face consultation with the patient and a member of the nursing team, and further agreement by two doctors. Two doctors signed the HSA1 confirming their agreement to the abortion before medicines were prescribed and given to patients; this procedure met legal requirements. A registered nurse then administered the medicine.
- We saw the discharging nurse provided antibiotics and contraceptive medications and checked the patient understood what the medications were for and the importance of taking them as prescribed.
- At the time of our inspection the provider was developing an antimicrobial policy to ensure the safe and effective use of antibiotics.

Records

- Patient records were paper based. Patient information and records were stored safely and securely in lockable cabinets in line with the Data Protection Act (1998). Medical records stayed on site for six months then were archived at the NUPAS head office.
- We looked at 17 sets of records across various pathways and found them to be complete and legible.
- The assessment process for termination of pregnancy legally requires that two doctors agree with the reason for the termination and sign a form to indicate their agreement (HSA1 Form). Our review of the records confirmed that two doctors separately reviewed the patients records to check that required criteria was met before either medical or surgical abortion was provided and all the HSA1 forms we looked at contained two doctors signatures.
- The Department of Health requires every provider undertaking termination of pregnancy to submit demographical data following every termination (HSA4 form). This information had been correctly gathered and reported on.
- Monthly audits of patient consultation notes were undertaken. The service provided information which showed that the most recent audit dated May 2016 identified 100% compliance with record keeping standards.

Safeguarding

- There were no safeguarding concerns at the time of our visit. NUPAS-Stoke had a range of policies to ensure safeguarding of children and vulnerable adults. Staff knew how to access the safeguarding policies and

demonstrated a good understanding of the processes involved for raising a safeguarding alert. All staff we spoke with correctly identified the safeguarding lead and were able to describe what may constitute a safeguarding concern.

- The safeguarding policies and processes reflected up to date national guidance on sexual exploitation of children and young people, and female genital mutilation. Staff we spoke with recalled these principles being included in their most recent safeguarding training.
- The registered manager was the designated safeguarding lead and was responsible for acting upon adult or child safeguarding concerns locally. The safeguarding lead told us that they also received advice from the national safeguarding lead for NUPAS.
- The registered manager told us concerns had been raised about the sexual exploitation of one patient. We saw that staff had undertaken appropriate actions to alert and liaise with other agencies to safeguard the person.
- At the time of our inspection all staff had completed safeguarding vulnerable adults and children training (levels one, two and three). The manager confirmed that they also received information that confirmed doctors had also received level 3 safeguarding children training.
- The Royal College of Paediatrics and Child Health (RCPCH) guidelines contained in the Intercollegiate Document (March 2104) state that clinicians who are potentially responsible for assessing, planning, intervening and evaluating children's care, should be trained to level 3 safeguarding. Staff had received safeguarding children level 3 training. The registered manager told us that there were plans in place for all staff to have further safeguarding level 3 training with the local trust.
- 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 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. All patients were seen in a one to one consultation with a nurse. All the records we looked at showed that staff asked a routine question to confirm that the patient was 'safe at home'.

Termination of pregnancy

- Organisational policy was that if a patient under 18 years of age used the service, a safeguarding risk assessment was carried out. A decision was made on the outcome of the assessment whether staff should raise safeguarding concerns.
 - We saw that the risk assessment included questions around consent, coercion to sexual activity and lifestyle to identify coercion, overt aggression, suspicion of sexual exploitation or grooming, sexual abuse and power imbalances
 - We reviewed a record of a patient who was less than 18 years which showed staff had followed the correct procedures.
 - We discussed with staff actions they would take if a patient under 16 years requested contraception or an abortion. Staff told us that they would assess the young person's capacity to understand the treatment and its impact according to Fraser guidelines. Fraser guidelines help health professionals to assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
 - NUPAS Stoke and Cobridge do not treat children less than 13 years. Any child under 13 years would be referred for treatment at the local NHS Trust. Between 1 March 2015 and 29 February 2016, the Stoke clinic had treated 14 young people between the ages of 13 and 15 and the Cobridge clinic had treated three young people.
- ## Mandatory training
- NUPAS Stoke mandatory training covered a range of topics: resuscitation, fire safety, equality and diversity, health and safety, safeguarding, moving and handling, infection control, conflict resolution and information governance.
 - The registered manager told us that staff could undertake e-learning training within the unit.
 - The organisational target for completing mandatory training was 100%. Records we saw supported this.
- ## Assessing and responding to patient risk
- Records we looked at confirmed that before treatment, staff assessed all patients for their general fitness to receive treatment. The assessment included obtaining a full medical and obstetric history, and measurement of vital signs, including blood pressure, pulse and temperature. An ultrasound scan confirming pregnancy dates, viability and multiple gestations was carried out in all cases.
 - Records indicated good risk assessments and follow up of any medical concerns or issues identified were well documented and reviewed following appropriate interventions.
 - The service used a checklist, modelled on the World Health Organisation (WHO) Surgical Safety Checklist to minimise risks to patients having surgical operations. Audit data provided by the provider showed that the unit was fully compliant (100%) with the checklist in March, April and May 2016. We looked at the checklist in seven patient records and found that it was fully completed in six records and partially completed in one record.
 - All patients undergoing abortion should have venous thromboembolism (VTE) risk assessment to determine the degree of risk they were at from blood clots forming. All patient records we looked at confirmed this had been undertaken.
 - We observed that following surgical abortion, patients had their observations recorded every 10 to 15 minutes until they left the clinic, which was usually within an hour and a half. At the time of our inspection, a formal early warning system was not used. The manager has told us since our inspection that an early warning scoring tool was now being used to identify any patient deterioration.
 - Patient records showed that staff tested blood at the time of the initial assessment to determine rhesus factor. Staff administered Anti-D immunoglobulin to patients who were found to be rhesus negative. Testing for sexually transmitted infections (STIs) was available and carried out with the patient's consent.
 - Data from NUPAS Stoke highlighted two incidents relating to early medical abortion (EMA), specifically patients not returning to take the second stage of the treatment. It is imperative that patients receive both stages of the treatment, as there is an increased risk of birth defects. Within the quality report dated January to March 2016, during which time both of these incidents occurred, NUPAS Stoke recorded clearly what action they had taken to manage these.
 - In the case of a medical emergency, there were arrangements in place to transfer patients to the neighbouring NHS Trust hospital. There had been no such transfers between 28 February 2015 and 1 March 2016. We saw records that showed that staff had scanned patients at the clinic and they had identified a potential ectopic pregnancy and ensured the patient

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received early treatment. An ectopic pregnancy can put the patient at considerable risk. We saw records that showed that staff had acted to ensure the patient was seen urgently within the early pregnancy unit at the local hospital.

Nursing staffing

- The service employed two nurses (one whole time equivalent). The registered manager told us that NUPAS had recently given approval to recruit an additional nurse; this post was advertised at the time of our inspection. A patient advisor was employed for 12 hours per week to support the nursing staff. When patients attended the treatment unit there would be at least one registered nurse on duty and a patient care coordinator.
- Staff absence was covered by other staff within the region working at the clinic, which we saw during the inspection. The registered manager said if they could not cover staff absence, they would rearrange patient appointments. The clinic did not use agency staff.

Medical staffing

- NUPAS employed surgeons under practising privileges. To obtain practising privileges doctors had to provide evidence of General Medical Council (GMC) registration, indemnity insurance, qualifications and evidence of annual appraisal / revalidation.
- We confirmed that doctors had met these above requirements. The registered manager had appropriate records in place to ensure that doctors remained eligible to practice at NUPAS Stoke and had received all required mandatory training.
- NUPAS had a process in place for checking and updating medical staff information every two years. NUPAS repeated Disclosure and Barring checks every three years to check for any criminal convictions.

Major incident awareness and training

- If an emergency transfer was required then staff would contact the obstetrics and gynaecology registrar at the local NHS acute hospital. The service had an agreed service level agreement to transfer patients when required.

Are termination of pregnancy services effective?

Summary:

- The service employed suitably qualified and competent staff.
- Ongoing training needs were identified through yearly appraisals; staff were appropriately supervised.
- Care was provided in line with national best practice guidelines
- The registered manager and NUPAS ensured complication rates following the use of medicines to induce abortion were kept under review.
- There were appropriate systems in place to record patient's consent, which included patients less than 16 years of age.
- Possible side effects and complications were recorded and the records showed that staff had fully explained this.
- NUPAS monitored outcomes and effectiveness of treatment.

Evidence-based care and treatment

- We saw, and staff told us, that treatment and care provided followed national best practice guidelines. Administration of abortifacient medication (medication to cause abortion) for early medical abortions (EMA) was administered as per the Royal College of Obstetricians and Gynaecologists (RCOG) guidelines; patients were given two separate appointments in order to administer this medication.
- NUPAS Stoke offered those patients undertaking surgical termination of pregnancy local anaesthetic only. This is in line with RCOG guidance, which states that services should be able to provide surgical terminations without resorting to general anaesthesia. However, should a patient require general anaesthesia, either through personal choice or a medical need, staff could make appointments for this at alternative NUPAS clinics.

Pain relief

- Patients told us that staff advised them to take pain relief before they attended the clinic for surgical abortion. We observed that staff asked patients about the level of pain they were experiencing and its severity.
- We observed that pain relief was available for patients; staff offered it post procedure.
- Staff offered all patient pain relief to take home following both surgical and early medical abortion (EMA).

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Patient outcomes

- Between March 2015 and February 2016, NUPAS Stoke carried out 1248 terminations at the Stoke location, and 126 at Cobridge. All terminations at Cobridge were early medical abortions (EMA). Of the 1248 terminations carried out at Stoke, 1087 (87%) were EMAs, 161 (13%) were surgical terminations.
- We observed that staff fully explained possible side effects and complications and they recorded this.
- During discharge appointments for EMAs, staff provided a pregnancy test and asked patients to undertake the test four weeks later to determine whether the treatment had been successful. Staff contacted patients directly to ascertain the results of these tests; therefore identifying outcomes for this treatment, including any information about treatment related problems following discharge.
- NUPAS Stoke provided data demonstrating how outcomes for Stoke and Cobridge compared to other NUPAS clinics. Information provided showed that the Stoke and Cobridge clinic performed better than the majority of other clinics.

Audit

- NUPAS Stoke had a programme of audits that the registered manager carried out throughout the year. These included clinic audits and an audit of failed early medical abortions (EMAs).
- An NUPAS wide clinical outcome audit was completed on failed EMA; this included terminations conducted at various locations within NUPAS. A failed termination is an ongoing pregnancy following termination treatment. This audit was undertaken for the months January to May 2015. The audit identified 10 patients who experienced failed EMAs; four of these were treated at NUPAS Stoke.
- The audit identified trends and themes within the patients identified such as seven of the ten patients within this audit were given treatment outside the recommended 24-48 hours, seven out of ten patients had medication from the same batch of Mifepristone and six out of ten patients had the same batch of misoprostol.
- Minutes of the Medical Advisory Committee (MAC) meeting in September 2015 discussed these results and reported that treatment should be completed within the recommended 24-48 hours as per RCOG. No specific action plan accompanied these minutes to identify how

staff would ensure patients received treatment within the recommended period. However, data provided by the clinic showed that following the results of this audit, the maximum treatment time between medications was reduced to 48 hours in order to minimise the likelihood failed EMAs.

Competent staff

- Staff told us, and we saw that they received annual appraisals, which supported ongoing continued professional development. We saw within staff files that during appraisals the staff member and registered manager identified specific training courses, such as ultrasound scanning. We spoke with staff who confirmed that such training had been booked, and was either in the process of being completed, or was due to be commenced in the near future.
- All staff spoken to on the day of the inspection reported that opportunities for ongoing training and development was excellent at NUPAS Stoke; with the registered manager being flexible to support individuals' choice of further development where possible.
- All nurses had started to work towards the Faculty of Sexual and Reproductive Health Diploma in Family Planning.
- We observed that nurses were competent to work in a theatre setting.
- Staff told us, and we saw records to confirm this, that general supervision was provided through observations completed by the registered manager. The registered manager completed this every two months for each staff member within the clinic. The paper records of these observations demonstrated that staff met 100% of required criteria, such as greeting patients appropriately, and completing the correct paperwork.
- The lead nurse for NUPAS reported that they checked nurse personal identification number (PIN) twice a year, which was above the requirements of the Nursing and Midwifery Council (NMC) who recommend this should be done after nurse's three-year revalidation.
- The lead nurse reported that the process for providing clinical supervision for those who undertake clinical duties was in the process of being formalised and updated. Previously clinical supervision was undertaken as part of the appraisal process; however, a move had been made to match staff based on clinical competencies to provide peer supervision. As this change to a more formalised clinical supervision was

Termination of pregnancy

still underway, there were limited records of supervision sessions taken place so far. However, we saw a copy of a completed supervision log, was detailed and relevant to continued development of the specific skill being used.

- We observed that all pregnancy scans were undertaken in the clinic by a qualified sonographer who worked within the local NHS trust. The manager received confirmation of the sonographers satisfactory annual appraisal and assessment of their competence that had been undertaken within the NHS. This provided assurance that the sonographer was competent to perform required duties within the clinic.

Multidisciplinary working

- Nursing staff, patient care coordinators and administrative staff worked well together as a team. There were clear lines of accountability that contributed to the effective planning and delivery of patient care.
- The treatment unit had close working relationships with the sexual health service which operated within the same premises at Cobridge.
- There were also close links with other agencies and services such as the local safeguarding team and the Early Pregnancy Unit (EPAU) at the local hospital.

Seven-day services

- The Required Standard Operating Procedures (RSOP) guidance issued by the Department of Health, on 'post procedure' recommends that patients should have access to a 24-hour advice line, which specialises in post abortion support and care. A NUPAS aftercare telephone service was available 24 hours a day, seven days a week.
- Callers to the telephone advice line service could speak to a registered nurse who performed triage and gave advice. Staff followed up patients by either a phone call or a face-to-face appointment.

Access to information

- We saw that patient files contained sufficient information to deliver effective care and treatment in a timely way.
- Staff were able to access all relevant guidelines relating to their role through the intranet. Staff also received ongoing information from the registered manager.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DOLs) (2009). Staff we spoke with discussed the need to ensure that patients had capacity to make an informed decision.
- The General Medical Council (GMC) guidance is that the medical practitioner must decide whether a young person is able to understand the nature, purpose and possible consequences of investigations or treatments proposed, as well as the consequences of not having treatment. Only if they are able to understand and retain the information, and discuss their decision to others can they consent to the investigation or treatment. Practitioners must ensure that all relevant information was provided and discussed before deciding whether the young person had the capacity to consent. This responsibility cannot be delegated. Nurses and midwives completed a checklist to assess whether a child under 16 was competent to give consent.
- Staff described a situation where they were not sure a young person understood the process because, when asked to do so, she could not repeat what the nurse said. The member of staff explained that it was not a test but that they needed to know that they understood. Following further explanation the nurse was satisfied that the patient demonstrated understanding and ability to provide informed consent.
- A trained staff member offered patients the opportunity to discuss their options and choices through a counselling service as part of the consent process prior to making a decision about treatment.
- All patients under 18 years discussed their options with a counsellor prior to staff asking them to confirm their consent.
- Staff assessed patients aged younger than 16 years by using Fraser guidelines, which helped to assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions.

Are termination of pregnancy services caring?

Summary:

- Staff treated patients with compassion, dignity, and respect throughout their treatment journey.

Termination of pregnancy

- Patients felt well cared for and consistently reported about the non-judgmental approach of staff.
- Staff respected patients' choices. Their preferences for sharing information with their partner or a supporter were established and reviewed throughout their treatment.
- Patients' emotional and social needs were valued by staff and embedded in their care and treatment.

Compassionate care

- Patients commented positively about the non-judgmental approach shown by staff. We observed the receptionist speaking to patients over the phone in a compassionate and non-judgmental manner.
- We observed patients and those close to them treated with compassion, dignity and respect. All consultations took place in a private room and staff respected patients' privacy.
- We observed positive interactions between patients and staff. Staff introduced themselves and their job role to all patients at each stage of treatment.
- Patients' preferences for sharing information with family or friends acting as support were established, respected and reviewed throughout their care.
- Staff responded immediately and appropriately, to a patient who reported experiencing pain following their procedure. Staff were attentive and reassuring while taking clinical observations such as repeated blood pressure recordings and monitoring blood loss.

Understanding and involvement of patients and those close to them

- During the initial assessment, staff explained to patients all available methods for termination of pregnancy that were appropriate and safe. The staff considered gestational age (measure of pregnancy in weeks) and other clinical needs whilst discussing these options.
- We saw staff giving patients leaflets regarding different methods and options available for abortion and how pregnancy remains would be disposed of. Staff told us that if patients needed time to make a decision, they supported this. Patients were then offered an alternative date for a further consultation and access to counselling.
- We saw that when staff discharged patients they gave advice regarding what the patient should and should

not do. Staff also discussed signs of infection and haemorrhage with the patients and contact numbers were provided for advice and counselling. This was done in a reassuring and caring manner.

- We observed that staff answered patients' questions appropriately, in a clear and open way.
- Patients told us that staff had explained what was going to happen and gave them both sufficient verbal and written information.

Emotional support

- Staff offered patients who attended the clinic access to both pre and post termination counselling.
- Patients had access to advice and counselling before and after their procedures, either face to face or by telephone. The aftercare line, a telephone service operated by registered nurses, was available 24 hours 7 days a week.
- We observed that staff provided patients who were anxious or unsure about their decision with extra support.
- Medical and nursing staff within the theatre environment provided high levels of emotional support to patients, both verbal and non-verbal forms of communication was used.

Are termination of pregnancy services responsive?

Summary:

- Services were planned and delivered in a way that met patient needs.
- The service was accessible; patients could book appointments directly with the clinic at a time and day that was suitable for them.
- The clinic had arrangements in place to ensure individual needs were met, including access to counselling. Staff provided patients with information to help them to make decisions.
- There were appropriate systems in place to raise and act upon concerns and complaints. Learning from complaints was shared within the organisation.

However

- The recovery rooms afforded insufficient privacy to have personal conversations if they were used by two patients at any one time.

Termination of pregnancy

Service planning and delivery to meet the needs of local people

- We saw that NUPAS planned and delivered the service in a way that met patient needs. NUPAS Stoke was planning to extend its premises and provide services six days a week (the service is currently available five days a week). The extended premises will also provide surgical abortion under general anaesthetic, which was not available at the time of our inspection.
- During times of peak demand, the registered manager told us that they provided additional or longer clinics, which included a Saturday morning.
- The registered manager told us that a new national booking service would be available the week commencing the 20 June 2016. This system would enable patients to telephone to find the nearest clinic and first appointment available. The registered manager also told us that it would enable staff to book appointments at other centres for services they did not provide.
- Where the clinic could not meet patient's needs, staff would offer treatment at other NUPAS clinics within the region. This would include patients who had complex medical conditions, preferred a different location, or where a convenient appointment time was not available at NUPAS Stoke.

Access and flow

- Referrals for treatment were received via GPs and patient self-referrals.
- We saw that NUPAS monitored and audited waiting times. NUPAS target was that patients would be seen for consultation within five working days of receipt of the referral. Data provided showed that between January and March 2016 the service was meeting this target. NUPAS target from first appointment to treatment was 10 working days. Between January and March 2016, patients waited an average of just over 2 days between consultation and treatment.
- Some patients chose to be treated at a different clinic or needed extra time to decide whether to proceed with treatment. They were able to choose to do this at various stages of their treatment.
- The percentage of patient treated at less than 10 weeks gestation is a widely accepted measure of how

accessible abortion services are. In 2015/16, 90.6% of patient treated by the clinic have been less than 10 weeks pregnant, which is better than the national average of 80%.

Meeting people's individual needs

- The clinics were accessible to wheelchair users and accessible toilets were available.
- Staff told us that a telephone interpreter service was available to enable staff to communicate with patients whose first language was not English. The receptionist told us they would usually arrange an interpreter at the time of booking.
- During assessment appointments, nurses conducted a health assessment to identify any underlying health conditions, which may require a referral to a more specialist service for treatment. The manager told us they would refer patients to the most appropriate NHS provider to ensure they received treatment in a timely and safe way.
- We found that the recovery rooms were small and had a curtain as partition between each chair. This meant that when two patients occupied privacy may be difficult for personal conversations. We found that there were just four patients booked for surgical abortion and patients were allocated between both recovery rooms. Staff told us that they tried to coordinate discharges so that the room was empty for the next patient to go into. However we observed this was not always the situation. The manager told us that there were plans in place to extend the clinic and provide a new theatre unit with larger recovery area which would improve these facilities.
- If a patient attends and their pregnancy is too early to be classed as a viable by an ultrasound scan they are re-booked to return for a further scan within 7-14 days. Staff made the patient aware of the treatment options available in readiness for their return visit.
- The RSOP guidance on 'post procedure' recommends that wherever possible the patients' GP should be informed about treatment. Staff asked patients if they wanted their GP to be informed about the care and treatment they received. Staff recorded patients' decisions and respected their wishes.
- Staff ensured that patient care records were transferred in a timely and accessible way and in line with NUPAS protocols if the patient was referred to a different NUPAS treatment unit or another provider for further treatment.

Termination of pregnancy

- The Royal College of Obstetricians and Gynaecologists (RCOG) guidelines state that patients should receive information about where to go for further advice or treatment about post termination symptoms and for emotional support following a termination. We saw, and staff at the clinic told us that patients have access to a dedicated NUPAS aftercare line, which is available for patients to contact 24 hours a day, 7 days a week. A nurse employed by NUPAS answers this phone-line. Patients also had access to telephone counselling pre and post termination. Staff told us that they could arrange face to face counselling through the NUPAS counsellors if individual patients had a specific requirement.
- Staff told us, and we saw, that they routinely offered sexually transmitted infection (STIs) testing to all patients. Quality reports for NUPAS Stoke for the period January to May 2016 showed that targets for chlamydia screening had been exceeded every month.
- We saw that staff discussed and offered a range of contraception to patients. This included long acting reversible contraceptives (LARC). Quality reports for January to May 2016 showed that patient uptake of LARC or oral contraception at the clinic did not meet targets set by NUPAS. However, these reports showed that 100% of patients left with condoms as a form of contraceptive. We saw that the uptake of LARC was discussed as part of a managers meeting in January 2016, and was highlighted in the quality report for NUPAS Stoke for January to March 2016. Information provided from the service dated March 2016 showed that a plan was in place to increase the uptake of LARC. This included training all nurses in contraception and sexual health to gain a recognised qualification.
- A quality report for January to March 2016 included complication data following treatment. For EMA, three complications were recorded in this period. Two were failed terminations and one was a post termination of pregnancy infection. These complications made up 1% of the EMAs carried out at the service. This is within the expected range for EMA as per the RCOG guidelines. For surgical terminations, two complications were identified, both incomplete abortions. This made up 3.5% of surgical terminations carried out at the service.
- Nurses undertaking assessments had a range of information leaflets that they could give to patients as

required. This included advice on contraception, sexually transmitted infections, miscarriage and services to support patients who were survivors of domestic abuse and how to access sexual health clinics.

- A general information guide that provided information about different options available for termination of pregnancy and the associated potential risks was available. The guide also provided relevant information about disposal of pregnancy remains. Staff also gave patients leaflets to inform them what to expect after treatment and details of the 24-hour telephone helpline.

Learning from complaints and concerns

- Patients were able to raise their concerns through a number of ways: they were able to telephone NUPAS, speak to a member of staff, or write to the service formally.
- Posters were displayed in the waiting rooms to advise and encourage patients to speak directly to a member of staff with any concerns or complaints they had during their consultation, procedure or post-operative care.
- Staff told us that the registered manager was the first point of call for any complaints about the service.
- The Stoke clinic had one formal complaint between January 2015 and 31 May 2016. The complaint related to an incorrect appointment date at another clinic. We discussed the complaint with the registered manager and we found that all required actions had been undertaken.
- There was a local complaints register to record complaints or concerns. No informal complaints were recorded at the time of our visit.
- A national senior manager was responsible for all unresolved informal complaints and written complaints. It was their role to undertake a full investigation of the complaint and provide feedback to everyone concerned.

Are termination of pregnancy services well-led?

Summary:

- Staff displayed the values and behaviours of the organisation, which were driven by quality and safety.
- The culture within the service was caring, non-judgemental and supportive to patients.

Termination of pregnancy

- Staff felt supported by their manager and regional operations director.
- There were mostly effective corporate governance arrangements to manage risk and quality. This included an audit programme and an established system to cascade learning. However, a review of the clinic risk register was required.

Vision and strategy

- The registered manager informed us an architect was in the process of drawing up plans to extend the building to create a new theatre unit with more spacious and private recovery areas and staff changing rooms. The new theatre facility would also enable patients greater choice in surgical abortion as the new unit could offer abortion under general anaesthetic. In addition, the plan was to open the unit six days a week.
- The certificate of approval (issued by the Department of Health) to confirm that the location was approved for the purpose of termination of pregnancy was prominently displayed in the clinic.

Governance, risk management and quality measurement

- The organisational structure chart supplied by the provider showed clear lines of accountability to the chief executive officer and the board.
- There were quarterly medical advisory committee meeting (MAC). These meetings were multidisciplinary and included registered managers, doctors, nurses and patient care coordinators. The MAC reviewed incidents including serious untoward incidents, practice such as the use and benefits of identified intrauterine devices, treatment for early medical abortions and treatment complications.
- Minutes from MAC meetings were shared during the regional management meetings and executive team. Managers attending the meetings then cascaded information to their staff to ensure that learning was shared.
- 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. Managers attended this across the region.
- The registered manager received a monthly quality report that detailed clinic performance. This included information about patient satisfaction and other key

performance indicators such as meeting contraceptive administration and sexually transmitted disease testing, average waiting times, complications, complaints and compliance with mandatory training.

- The clinic had a risk register which identified eight generic risks and included activity, cash flow, management accounts, implementation of new IT system, CQC visits, tenders, health and safety training and moving and handling. All risks were dated October 2015, were not up to date, and did not reflect current risks.
- There is a legal requirement that two doctors complete, sign and date a HSA1 form certifying their opinion formed in good faith that they agree the reason for the abortion met the conditions under which a legal abortion could be performed. The registered manager completed monthly audits of completion of HSA1 forms to ensure and evidence compliance. The clinic had demonstrated 100% compliance with accurate completion of HSA1 forms in accordance with legal requirements.
- The Department of Health (DH) requires providers undertaking termination of pregnancy to notify them by the completion of HSA4 forms. The HSA4 notifications were completed and uploaded to the DH electronic reporting system. Doctors working under practise privileges at NUPAS treatment units across the UK completed HSA4 notifications for those patients for whom they had prescribed medication. A record was made on the patient's notes that the HSA4 form was completed and submitted.

Leadership of service

- Staff told us the registered manager had an 'open-door' policy and was approachable.
- The senior management team were visible and had a regular presence at the treatment units.
- The lead nurse was accessible and available for advice and support for clinical or professional issues.

Culture within the service

- NUPAS' ethos was to treat all patients with dignity and respect, and to provide a caring, confidential and non-judgemental service. Staff were supported to promote the values through training and ongoing support. NUPAS policies and procedures reflected patients' right to influence and make decisions about their care, in accordance with NUPAS quality standards of confidentiality, dignity, privacy, and individual choice.

Termination of pregnancy

- Staff displayed a compassionate and caring manner. They recognised that it was a difficult decision for patients to seek and undergo a termination of pregnancy.
- Staff spoke positively about the care and services they provided for patients and were proud to work for NUPAS Stoke. They described the clinic as a good place to work, and said their manager was approachable and supportive.

Public and staff engagement

- Patients using the service completed a patient survey about their experience with the service.
- NUPAS had a target response rate of 75%. Information identified within the April 2016 quality report identified the clinic had achieved this. Feedback from the patient satisfaction survey for January 2016 to May 2016 showed that 97% of patients were satisfied with the service provided. Of the 335 patients who responded to the question, “Would you recommend the service?” 334 patients said they would.

- The registered manager told us that they were a small team and this enabled them to share information easily within the team. Staff confirmed that this and said they had regular staff meetings. The registered manager told us they did not currently record these meetings.

Innovation, improvement and sustainability

- NUPAS Stoke had recently renewed a contract to continue to provide termination of pregnancy and contraceptive services within North Staffordshire.
- Improvements to the premises were being considered which would ensure that continued improvements in the service would be made.
- The provider reviewed the effectiveness and quality of treatment provided.
- All nurses had started to work towards the Faculty of Sexual and Reproductive Health Diploma in Family Planning.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should consider systems of working that more fully mitigate the risk of managing an emergency within the small recovery rooms.
- The provider should ensure that the World Health Organisation (WHO) Safe Surgical Checklist to minimise risks to patients having surgical operations is completed.