

Unplanned Pregnancy Advisory Service Finchley

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

Termination of pregnancy (TOP) refers to the treatment of termination of pregnancy (abortion) by surgical or medical methods. Unplanned Pregnancy Advisory Service Finchley is part of the provider group National Unplanned Pregnancy Advisory Service (NUPAS): an organisation that provides termination of pregnancy services in 14 locations in England. Prior to 1 April 2016 the Unplanned Pregnancy Advisory Service Finchley was known as Finchley Pregnancy Advisory Service. The change was made to the name only, as a result of a rebranding initiative, with no changes in governance or function. The service is offered under contract with local commissioning groups for NHS patients, and is also provided for private patients.

The service is provided in two locations, which are leased on a sessional basis: at the ground floor of Finchley Memorial Community Hospital, and at a satellite treatment unit which is part of Marks Gate Health Centre, Romford, Essex.

The service was registered in 2013 as a single specialty termination of pregnancy service providing a range of services including early medical abortion (EMA) up to a gestation of 9 weeks. The service opened at Finchley Memorial Hospital in 2013, and at Marks Gate in September 2015. Services at both locations include: pregnancy testing, unplanned pregnancy counselling/consultation, early medical abortion, abortion aftercare, sexually transmitted infection testing, and contraceptive advice and contraception supply. The service is provided for patients aged 13 and above.

We carried out an announced comprehensive inspection at Finchley Memorial Hospital on 28 June 2016, and at Marks Gate 29 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 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. The inspection team included two inspectors and a specialist advisor in midwifery and nursing.

Our key findings were as follows:

Is the service safe?

- Staff were familiar with the processes in place to report and investigate safety incidents. However, incidents, including those with a potential to cause harm to patients or staff, were not always reported.
- There were systems, processes and practices in place to keep people safeguarded from abuse.
- National specifications for infection prevention and control were adhered to.
- There were assessment processes in place to ensure suitability for treatment.
- Medicines were safely ordered, supplied, and stored in accordance with manufacturers' instructions, and administered only when they had been prescribed for a named patient.
- Records were securely stored, well maintained and generally completed with clear dates, times and designation of the person documenting.
- Safety and maintenance checks were carried out on equipment in accordance with local and national requirements. All equipment was clean and ready for use.
- There were sufficient numbers of suitably trained staff available to care for patients.
- Arrangements were in place to manage emergencies and transfer patients to another health care provider where needed and were known to staff. There were no emergency transfers between January 2015 and May 2016.
- All patients underwent a risk assessment to determine their individual risk of developing blood clots.

Is the service effective?

Summary of findings

- Care and treatment was generally provided in line with Department of Health Required Standard Operating Procedures (RSOPs) and national best practice guidelines.
- A range of clinical audits were presented at monthly performance and quality meetings.
- Policies were reviewed and signed off by the Medical Advisory Committee prior to implementation.
- Staff had received an appraisal in the 12 months prior to our inspection, and were supported to learn and develop in their role.
- Appropriate systems were in place to obtain consent from patients.
- Patients were offered pain relief, preventive antibiotic treatments and post-abortion contraceptives.
- The NUPAS after care telephone service was accessible to patients over 24 hours a day, seven days a week.

Is the service caring?

- Staff were caring and compassionate and treated patients with dignity and respect.
- Patients' wishes were respected and their beliefs and needs were taken into account.
- Patients felt safe and well cared for and consistently commented on the non-judgmental approach of staff.
- During the initial assessment, nurses explained to patients all the available treatment options for termination of pregnancy.
- Patients considering termination of pregnancy had access to counselling, with no time limits attached, but were not obliged to use the counselling service.

Is the service responsive?

- The service was planned to meet the needs of patients. Patients either referred themselves or were referred by their GP. They were able to book appointments through the NUPAS telephone booking service which was open 24 hours a day throughout the year. There was access to telephone or face to face consultations.
- Patients were referred to other services for termination of pregnancy, where appropriate, for example due to a medical condition or late gestational date, and were provided with information to help them to make decisions.
- A professional interpreter service was available for patients whose first language was not English, to enable them to communicate with staff.
- Complaints were managed locally and, where unresolved, were escalated to the central office. Feedback was given to staff and the complainant.

Is the service well led?

- There was a vision, philosophy, and objectives for the service. Staff were familiar with the NUPAS strategy and spoke positively of a culture that recognised there was a need for continuing service development.
- The certificate of approval (licence for termination of pregnancy) issued by the Department of Health was available at each location.
- The direction of the service was discussed with staff, who were allocated specific roles to support service improvements.
- There were corporate governance arrangements to manage risk and quality and to ensure the service adhered to the requirements of the abortion act. However, the governance arrangements mainly took place at a national level.
- Incidents and risks were not always identified, reported or acted upon by people with the authority to do so.

Summary of findings

- The audit programme was not fully implemented, in particular: incomplete monitoring and review of record keeping and medicines management.
- The culture within the service was caring, non-judgmental and supportive to patients.
- Staff felt supported by the treatment unit manager and senior managers, and felt encouraged to learn and develop in their roles.

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

The provider should ensure :

- Greater local ownership among staff of practices and procedures carrying out risk assessments and audits that are proportionate to the size of the treatment unit. The risk register should include any local risks that have been identified.
- An up to date policy on counselling services, training and supervision is available to staff and standards are monitored and reviewed against it.
- Delivery and stock control of medicines are managed in accordance with legislation, provider policy, and professional standards and national guidance.
- Staff are supported to independently report incidents of all kinds, including those with a potential to cause harm to patients or staff, even when no harm occurred. All staff should receive prompt feedback to reduce the risk of recurrence of incidents.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

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Summary of this inspection

Background to Unplanned Pregnancy Advisory Service Finchley

The service is provided in two locations, which are leased on a sessional basis: at the ground floor of Finchley Memorial Community Hospital, and at a satellite treatment unit which is part of Marks Gate Health Centre, Romford, Essex.

The service was registered in 2013 as a single specialty termination of pregnancy service providing a range of services including early medical abortion (EMA) up to a

gestation of 9 weeks. The service opened at Finchley Memorial Hospital in 2013, and at Marks Gate in September 2015. Services at both locations include: pregnancy testing, unplanned pregnancy counselling/consultation, early medical abortion, abortion aftercare, sexually transmitted infection testing, and contraceptive advice and contraception supply. The service is provided for patients aged 13 and above.

Our inspection team

The inspection team included two inspectors and a specialist advisor in midwifery and nursing.

Why we carried out this inspection

This was part of our planned inspection programme

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 Finchley Unplanned Pregnancy Advisory

Service. The announced inspection took place on 28 and 29 June 2016 and we visited the service at the main site, Finchley Memorial Hospital and the satellite clinic at Marks Gate Health Centre.

To inform our inspection we reviewed data provided by the service. We spoke to staff, observed care and treatment and spoke with patients. We looked at 17 sets of medical records and also reviewed other relevant records held by the service such as complaints, incidents and relevant policies. 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.

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Safe

Effective

Caring

Responsive

Well-led

Information about the service

NUPAS Finchley is contracted by Clinical Commissioning Groups (CCGs) in the London area to provide a termination of pregnancy service. The service also accepts self-referrals and private patients and is provided in a dedicated suite of rooms in two locations that are leased on a sessional basis, five days a week including some Saturdays.

The following services are provided:

- pregnancy testing
- unplanned pregnancy counselling/consultation
- early medical abortion up to nine weeks of pregnancy
- abortion aftercare
- sexually transmitted infection testing
- contraceptive advice and contraception supply.

The treatment unit at Finchley Memorial Hospital consists of:

- reception area
- administration suite
- two consultation / treatment rooms.

The treatment unit at Marks Gate consists of:

- reception area
- administration suite
- three consultation / treatment rooms.

Are termination of pregnancy services safe?

- There were processes in place to report and investigate safety incidents; however, the incident reporting policy

did not have a review date and staff we spoke with were unsure when it was last updated or due for review. Incidents, including those with a potential to cause harm to patients or staff, were not always reported. Staff had an understanding of the duty of candour but were not aware of some aspects.

- There were 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. However, there was no documentary evidence of the processes used by staff to account for movements of medicines stock in between the monthly check or to formally identify stock discrepancies. National specifications for infection prevention and control were adhered to. There was clear segregation of clean and dirty equipment and waste. Checklists to provide instruction and monitoring of cleaning standards and equipment were in place.
- There was a specialist placement team to source appointments within the NHS for patients who were not suitable for treatment at NUPAS, for example, on medical grounds.
- Records were securely stored, well maintained and generally completed with clear dates, times and designation of the person documenting.
- Safety and maintenance checks were carried out on equipment in accordance with local and national requirements, including calibration of equipment used for the diagnosis and management of patient treatment and care. All equipment was clean and ready for use.
- There were sufficient numbers of suitably trained staff available to care for patients.
- Arrangements were in place to manage emergencies and transfer patients to another health care provider where needed and were known to all staff. There were no emergency transfers between January 2015 and May 2016.

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- All patients underwent a risk assessment to determine their individual risk of developing blood clots.

Incidents

- There were policies and procedures in place for reporting and reviewing incidents. This was supported by a trigger list to guide staff on what may constitute a reportable incident. All staff we spoke with were familiar with how to report incidents, and two gave examples of incidents that they had personally reported. However, the majority of staff had not reported a safety incident within the last year, and told us there had been under reporting.
- The system for reporting clinical and non-clinical incidents was paper based using an incident reporting book, that was held by the treatment unit manager. Incidents were then reviewed and escalated to the head of clinical services as required, who would record them on a central register. Learning points were shared with all NUPAS treatment unit managers at monthly meetings, and were then cascaded to relevant staff.
- We looked at paper records of safety incidents reported to NUPAS at a corporate level, between March 2015 and March 2016. Only three incidents were reported; however it was not clear which treatment unit they related to. In one of the three reports the category of incident rating was not completed, and in a second report the manager's signature was not in place.
- There were no 'never events' reported by the service between March 2015 and 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 reported serious incidents requiring investigation between March 2015 and March 2016.
- An internal monthly bulletin 'NUPAS News' was established in June 2016 that informed staff of any issues arising from safety incidents at other NUPAS treatment units. It included learning points related to consent not being signed, medicines errors, telephones not being diverted correctly and incomplete incident forms. Staff had access to the bulletin and spoke positively about its content and format.

- 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.
- We saw a staff newsletter issued in June 2016 contained information about the duty of candour and referred to national guidance on the topic. A policy and training on the topic was introduced in March 2016.
- Staff we spoke with showed a degree of understanding about candour and its meaning of being open and honest when an error occurred. However, staff were not aware of the detail of the regulation, for example, apologising in writing. Staff could not provide us with any examples of when candour was applied.

Cleanliness, infection control and hygiene

- The environment and equipment at both locations appeared clean and tidy, and free of dust, body fluids and contamination. There was washable impermeable flooring throughout the facilities.
- There were no methicillin resistant staphylococcus aureus (MRSA) cases or other health acquired infections reported by the service between March 2015 and March 2016.
- As a corporate provider NUPAS had a range of policies and procedures to guide infection prevention and control (IPC) practice, that took into account the Health and Social Care Act 2008: code of practice for health and adult social care on the prevention and control of infections and associated guidance, 2015 (the code).
- Cleaning schedules detailed the required standard were in place and were followed, and arrangements for contract monitoring were in place.
- Internal reviews of IPC practices were conducted monthly. These demonstrated compliance with expected standards and a low level of risk. There were no outstanding actions within the last year.
- The most recent external IPC audit was completed in June 2016. No areas of concern or outstanding actions were identified.
- Protective personal equipment (PPE) such as disposable gloves and aprons was readily available, and correctly stored and used by staff. Staff adhered to the

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dress requirements set out in the code, and best practice guidance on uniform published by the Royal College Nursing to minimise the risk of health care acquired infections.

- Hand washing sinks, soap, and hand sanitisers were readily available and we saw staff used them in accordance with the handwashing policy.
- During our inspection we saw that all staff followed bare below the elbow guidance published by the National Institute for Health and Care Excellence (NICE). The guidance states that hands need to be decontaminated after contact with a patient's surroundings as well as after every episode of direct contact with patients.
- Disposable curtains with an antibacterial covering were used in all treatment areas and were clearly labelled with a date to show when they were last changed.
- Spillage kits for the safe disposal of body fluids were provided; however we found one that was past its expiry date, and brought this to the attention of the lead nurse. Staff knew where to locate the kits, and correctly described the procedure for managing this situation in accordance with the local policy.
- Legionella testing was completed with no areas of concern identified.

Environment and equipment

- At both treatment units, the service was provided in a suite of rooms with controlled access that were used solely by NUPAS, and included facilities and access for people with a disability.
- All portable electrical appliances on the premises had been inspected and tested for electrical safety to the requirements of the electricity at work regulations, and had a valid certificate.
- First aid and resuscitation equipment was portable and available in case of an emergency and was checked on the days the treatment units were open to ensure it was available and fit to use. Single-use items were sealed and in date, and all emergency equipment had been serviced.

Medicines

- Staff involved in the supply and administration of medicines were required to comply with the NUPAS medicines management policy which set out systems and responsibilities in line with national standards and guidance.
- Medicines that induced termination of pregnancy (abortifacient medicines) were only supplied and administered once there was a written prescription by a doctor. The prescription was instigated following: a face to face consultation with a member of the nursing team, remote or face to face assessment by the doctor, written consent and completion of the HSA1 form (the legal document to allow an abortion to be carried out). Medication administration records formed part of the patient records and were clear, concise and fully completed in all of the records we looked at.
- Staff we spoke with could not recall any medicines management training or learning shared from medicines audits. Managers confirmed there was no consistent approach to training or audit in this area.
- Managers told us that prior to April 2016 the clinic had routinely used faxed prescriptions. This was not in accordance with medicines legislation. Prior to our visit the CQC raised concerns with the NUPAS senior executive team in April 2016 regarding this practice, who provided assurance that it would cease with immediate effect. As part of our inspection we found the provider had responded to our concerns, and we found no further evidence that this was happening.
- All medicines were prescribed by a doctor after an initial assessment. Doctors signed prescriptions when they were at the treatment unit or would use a courier service to transport prescriptions from doctors at other NUPAS licensed premises if required. We were told there was work in progress to implement an electronic prescribing system in the foreseeable future.
- Monthly stock checks of medicines were carried out; however, there was no documentary evidence of processes used by staff to account for movements of stock in between the monthly check or to formally identify stock discrepancies. We raised this as a concern with the registered manager who told us corrective action would be taken. Staff told us that on rare occasions, when stocks were low they had transported medicines from other NUPAS treatment units. The most recent example was within the previous six months

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when antibiotic stocks were insufficient. National guidance (RPSGB 2005 Safe and secure handling of medicines) from the royal pharmaceutical society of Great Britain recommends that risk assessments, including for the use of delivery services should be carried out, to determine potential risks to patients and staff. We asked to see the risk assessment and standard operating procedures supporting the transfer of medicines, and none was available.

- All medicines were stored in locked cupboards that were clean and tidy and allowed for stock rotation to ensure medicines were in the right order.
- Medicines orders were submitted to a central procurement team by the lead nurse so that arrangements could be made for direct delivery to the treatment unit.
- There was a system in place for the safe disposal of unused or expired medicines that could be tracked to the place of origin.
- Patients were asked if they had any known allergies and we saw this was clearly recorded in all patient records we looked at.
- National medicines safety alerts were received, disseminated and acted upon.
- On line resources and the British National Formulary were used by staff who needed additional medicines information; however the copy of the available formulary at Marks Gate was out of date. We brought this to the attention of the registered manager who told us corrective action would be taken.
- Staff told us they could obtain pharmaceutical advice from a consultant pharmacist at the central office, however, they could not recall a situation when they had needed to do so.
- There was no evidence of any review of the pharmacy service, and the registered manager confirmed this was the case.
- There were systems in place to check for expired medicines. All the medicines we looked at were in date and correctly stored in line with manufacturers' instructions.
- There were no controlled drugs stored or used at either location.

Records

- Patient records were mainly paper based and only accessed by relevant staff.
- Patient information and records were held securely in locked cupboards for up to three months and then sent to a central archive.
- An audit of patients' notes reported at the Medical Advisory Committee meeting in September 2015 showed non-compliance in completion of notes, and HSA1 certificates including by doctors.
- In the medical records we checked, all gestations were 9 weeks or fewer prior to termination. All HSA1 forms had the signatures of two registered medical practitioners.
- All of the records we looked at were well maintained and completed with clear dates, times and designation of the person documenting. However, we saw some illegible entries in the nursing notes, which we brought to the attention of the registered manager.

Safeguarding

- At the time of our inspection all staff had completed level two vulnerable adult and children's safeguarding training. Clinical staff who could contribute to assessing, planning, intervening and evaluating the needs of a child or young person must have safeguarding level three (vulnerable adults and children) training to meet national requirements set out in the Intercollegiate document Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (March 2014) and 'Working Together to Safeguard Children' (March 2015).
- Managers did not have clear oversight over which staff had been trained to level three safeguarding. The registered manager was trained to level three. The registered manager told us there were gaps in safeguarding training for other staff and had identified this as a risk. They said there were plans in place for all staff to complete joint safeguarding level three training for both vulnerable adults and children. Staff we spoke with confirmed this to be the case. Following our inspection, the registered manager told us that all staff received level three safeguarding training. We saw a sample of three certificates confirming this.

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- There were no safeguarding concerns at the time of our visit.
- Staff knew how to access the safeguarding policies and demonstrated a good understanding of the processes involved for raising a safeguarding alert. The policies and processes were updated in March 2016 to reflect up to date national guidance on sexual exploitation of children and young people, and female genital mutilation. Staff we spoke with were aware of the changes and correctly described these principles.
- The registered manager was the designated safeguarding lead responsible for acting upon adult or child safeguarding concerns locally, co-ordinating action within the treatment unit, and liaising with other agencies.
- Patients had access to information about local organisations to support them in case of domestic abuse.
- All patients were seen in a one to one consultation with a nurse or midwife initially to ensure the decision they made was their own.
- Staff told us they routinely took the opportunity to ask patients about domestic abuse in line with NICE guidelines [PH50] Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively. This guidance is for everyone working in health and social care whose work brings them into contact with people who experience or perpetrate domestic violence and abuse. However, we observed one consultation where this did not happen.
- All patients under the age of 18 had a safeguarding assessment at initial consultation. Patients under the age of 16 years were encouraged to involve their parent or another appropriate adult who could provide support. Staff discussed the assessment of patients under the age of 14 with the safeguarding lead. All patients aged 13 or under were referred to the local authority safeguarding team and to the NHS for treatment.
- Staff were aware of the systems in place to ensure the identity of patients using the service remained confidential at all times. We saw these were correctly applied by clinical and administrative staff.
- Staff told us and data confirmed that managers supported staff to maintain mandatory training.
- Mandatory training covered a range of topics: life support, fire safety, health and safety, safeguarding, moving and handling, infection prevention and control and information governance. We were told that there were reminder systems to prompt staff when they were due for their mandatory training. Data provided by the organisation showed mandatory e-learning rates of 100% compliance for all modules – infection prevention and control, safeguarding (level one and two), conflict resolution, equality and diversity, information governance, fire safety, health and safety, and manual handling.
- Completion of mandatory training generally met the service's requirements and targets. There had been some delays in nursing staff completing life support training during 2015, however these were resolved by the time of our inspection.

Assessing and responding to patient risk

- All staff had completed basic or intermediate life support training and accurately described the necessary steps they would take to manage emergency situations. First aiders were trained and appointed at both locations and accurately described their role and responsibilities.
- There were arrangements in place to refer patients to NHS services if they required more specialist services or were not suitable for treatment at NUPAS on medical grounds, for example.
- All patients were assessed for their general fitness to proceed to 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. Relevant laboratory testing was undertaken as appropriate: for example haemoglobin levels.
- If further details were needed about a patient's condition prior to treatment, the information was requested from their GP, with their consent.

Mandatory training

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- Approximately four weeks after treatment patients were contacted by telephone. The nurse would ask the patient if they had any problems and whether they had used the pregnancy test they were given upon discharge.
- Best practice guidance recommends that all patients having a termination of pregnancy should undergo a venous thromboembolism (VTE) risk assessment prior to treatment to determine their risk of blood clots. All records we looked at showed this had happened.
- Patients who travelled from overseas to use the service were asked to stay near to the treatment unit for at least 24 hours and were provided with a taxi.
- We saw that patients were not discharged until they were assessed as fit for discharge by the nurse.
- All patient records we looked at showed that blood was tested at the time of the initial assessment to determine Rhesus factor. Anti-D immunoglobulin was administered to patients who were found to be rhesus negative. Testing for sexually transmitted infections was available and carried out with the patient's consent.
- Clinical and non-clinical staff we spoke with were able to describe the actions required in the event of a medical emergency and how to summon emergency assistance. In the case of a medical emergency the provider administered first aid and then transferred patients to a neighbouring NHS Trust hospital. Staff could not recollect a time when they had transferred a patient under these circumstances.
- First aiders had been trained and appointed and accurately described their role and responsibilities.

Nursing staffing

- There were no nurse vacancies at the time of our inspection. When patients attended the treatment unit there would be at least one registered nurse on duty. There were four whole time equivalent nurses, supported by two whole time equivalent (WTE) health care assistants, and four WTE administrators.
- Staff rotas were managed locally with access to staff from other locations. This allowed the managerial staff to arrange cover by equally competent staff in the events of holidays or sickness absence for example, so that wherever possible the service needs were met without having to use agency staff. No agency nurses were used within the previous year.

- A checklist was used to ensure new staff completed an induction and orientation to the environment and policies.

Medical staffing

- There were no vacancies for doctors at the time of our inspection.
- Doctors worked on site between two and three days a week to provide services that include assessment, confirmation that the lawful grounds for abortion were fulfilled, and prescribing of abortifacient medicines.
- At other times doctors worked remotely. In this case they completed the HSA1 form and wrote prescriptions from other licensed premises within the NUPAS organisation.
- Doctors were employed by other organisations, and worked at NUPAS under practising privileges. Practising privileges is the authority given to a doctor, to provide patient care and is limited by the individual's professional registration, experience and competence.

Major incident awareness and training

- A major incident and business continuity plan provided guidance on actions to be taken in the event of a major incident or emergency. Staff we spoke with were aware of the procedure for managing major incidents and could not recall any examples of when these had happened. Managers and staff could not provide examples of any major incident training; however they clearly described their role and responsibilities.

Are termination of pregnancy services effective?

- Care and treatment was generally provided in line with Department of Health Required Standard Operating Procedures (RSOPs) and national best practice guidelines.
- A range of clinical audits were presented at monthly performance and quality meetings. These included: consenting for treatment, discussions related to different options of abortion, contraception discussion, confirmation of gestation, point of care testing, infection control, safeguarding and medical assessments audits.

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- However, staff told us that audits tended to be undertaken on an 'ad hoc' basis or when specific risks were identified.
- Policies were reviewed and signed off by the Medical Advisory Committee prior to implementation.
- All staff had received an appraisal in the 12 months prior to our inspection and were supported to learn and develop in their role.
- Appropriate systems were in place to obtain consent from patients, including the use of Fraser guidelines for young people under 16 years old. Staff were clear about their roles and responsibilities about the Mental Capacity Act (2005) and Deprivation of Liberty Standards (DoLS).
- Patients were offered pain relief, preventive antibiotic treatments and post-abortion contraceptives.
- The NUPAS after care telephone service was accessible to patients over 24 hours a day and for seven days a week. Staff told us that patients rarely attended the treatment unit following their procedure.
- The service recorded the number of failed termination of pregnancy procedures so that trends could be identified.
- The treatment unit adhered to RCOG guidelines for the treatment of patients with specific conditions, such as ectopic pregnancy (when a fertilised egg implants itself outside of the womb).
- All patients underwent an ultra sound scan at the treatment unit to determine gestation of the pregnancy. This was in line with the NUPAS clinical guideline for all abortions but outside the guidance issued by the RCOG which states that the use of routine pre-abortion ultrasound scanning is unnecessary (The Care of Patients Requesting Induced Abortion; Nov 2011).
- Blood was tested at the initial assessment to determine Rhesus factor. Anti-D immunoglobulin was administered to patients who were rhesus negative.
- RCOG guidance and RSOP 13: contraception and sexually transmitted infection (STI) screening requires that all women should be offered testing for chlamydia, offered a risk assessment for other STIs and tested as appropriate. The guidance also states that future contraception should be discussed with patients, and, as far as possible, the chosen method should be initiated immediately. Records we looked at showed this was happening. Contraceptive options were discussed with patients at the initial assessments and a plan was agreed for contraception after the abortion. The patients were provided with contraceptive options and devices at the treatment unit. These included Long Acting Reversible methods (LARC) which are considered to be most effective as suggested by the National Collaborating Treatment unit for Women's and Children's Health.

Evidence-based care and treatment

- Policies were accessible for staff that took account of best practice guidance 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).
- All new policies or amendments to existing policies were reviewed and signed off by the medical advisory committee prior to implementation.
- Patients were offered two options for Early Medical Abortion (EMA). They could choose to take the two stage abortifacient medicines 24-48 hours apart, or six hours apart. The six hour option is outside of Royal College of Obstetrician and Gynaecologist (RCOG) guidance which recommends that mifepristone is administered first, to soften the cervix followed by the administration of misoprostol 24-48 hours later to complete the abortion. A structured approach had been taken when planning and implementing both pathways and it was kept under regular review. However, the information leaflet given to patients did not include data on the complication rate for the six hour option.
- Audit showed that the treatment unit was 100% compliant in following discussion around contraceptive advice, and that there was 100% uptake of condoms. All patients were supplied with an aftercare pack which contained information leaflets, a pregnancy test, condoms, and details of the 24 hour contact centre.

Pain relief

- All patient records we looked at showed that pre and post procedural pain relief was prescribed on individual medication records for patients undergoing termination of pregnancy. Best practice was followed as

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non-steroidal anti-inflammatory drugs (NSAIDs) were usually prescribed. These are recognised as being effective for the pain experienced during the termination of pregnancy.

- Patients were advised to purchase over the counter medicines for use at home and were advised about when and how to take them.
- Advice on how to manage pain once the patient had left the treatment unit was included in the aftercare information leaflet given to all patients.

Patient outcomes

- Patients undergoing EMA were asked to complete a pregnancy test four weeks after treatment to ensure that the termination had been successful. Patients could contact the NUPAS after care line and were invited back to the clinic if they had any concerns.
- From March 2015 – March 2016 50 patients (5%) were referred to an alternative provider due to their medical condition.
- From January 2016 to March 2016 there was 70% uptake of STI screening, 40% uptake of long-acting reversible contraception (LARC), and 100% uptake of condoms. 70% of patients were treated within ten days. Reasons for variations from expected ranges were not provided. Continuing pregnancy was the most common complication of EMA. However, there was no available record of failure rates.
- NUPAS had a planned programme of clinical audit that included audits recommended by RCOG: consenting for treatment, discussions related to different options of abortion, contraception discussion, confirmation of gestation, point of care testing, infection control, safeguarding and medical assessments audits.
- Audit outcomes and service reviews were reported in a quarterly quality and risk assurance report.

Competent staff

- Staff told us they had annual appraisals. Provider records confirmed 100% of doctors, 100% of nurses and midwives and 100% of administrative staff had completed an appraisal between March 2015 and March 2016.
- All staff had a training record to demonstrate their competence, level of training and recruitment status.

- All staff were supported through an induction process and competence based training relevant to their role. This included information about the legal requirements of termination of pregnancy.
- The registered manager told us the counsellors were trained to diploma level. This was in line with RSOP 14: Counselling. Staff provided the pre and post abortion counselling service from the NUPAS central office. We asked to see the policy for counselling and counselling training and supervision, and none was available.
- Nurses were supported to complete a sonography course externally. A competency framework was used to make sure staff had the relevant level of clinical experience and ability to determine the gestational stage of patients. We saw that staff were required to demonstrate competency through various means, including observation of 15 scanning procedures, prior to practising the skills.
- Staff were trained in obtaining consent and applied the Fraser guidelines when consenting patients under the age of 16 years.
- We saw that health care assistants were working towards a care certificate. The care certificate is a framework that demonstrates learning against a set of standards which include: person centered care, communication and safeguarding.
- Suitable checks were carried out to enable medical staff to practice at the treatment unit: for example professional registration, qualifications, insurance, disclosure and barring and revalidation.

Multidisciplinary working (related to this core service)

- Medical staff, nursing staff, health care assistants and administrative staff worked well together as a team. There were clear lines of accountability set out in job descriptions that contributed to the effective planning and delivery of patient care.
- Managers told us NUPAS Finchley had close links with the NHS and other agencies and services such as the local safeguarding team.

Seven-day services

- NUPAS provided counselling and assessment sessions to patients via the aftercare telephone service which

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was available 24 hours per day and seven days a week. Callers to the aftercare telephone service spoke with a registered nurse or midwife who performed triage and gave advice.

- Patients were also offered a follow up consultation by staff at the treatment unit they had attended, either by a phone call or by appointment at the clinic. However, we were told this option was rarely taken up.

Access to information

- RSOP 3: Post Procedure recommends that wherever possible the patient's GP should be informed about treatment. Patients were asked if they wanted their GP to be informed by letter about the care and treatment they received. Patients' decisions were recorded and their wishes were respected.
- Staff at the treatment unit ensured that patient care records were transferred in a timely and accessible way and in line with local protocols.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated clear and concise explanations of the options for terminating pregnancy and for ongoing contraception. Staff spoke with patients about any care and treatment that was being carried out before they went ahead with it.
- The patient records we reviewed showed that consent had been obtained from patients in all cases.
- Staff could not recall a situation at NUPAS Finchley where they had cared for a patient who lacked the mental capacity to give consent to treatment, however they demonstrated an understanding of their roles and responsibilities regarding the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DOLs). Staff we spoke with discussed the need to ensure that patients had capacity to make an informed decision. A counsellor offered patients the opportunity to discuss their options and choices, by telephone.
- All patients under 18 years discussed their options with a counsellor prior to being asked for their consent.
- Staff assessed patients aged younger than 16 years by using Gillick competence and Fraser guidelines which helped to assess whether a child (16 years or younger) had the ability to make their own decisions and understand the implications of those decisions.

Are termination of pregnancy services caring?

- Feedback from patients was positive. Staff were caring and compassionate and treated patients with dignity and respect. Patients' wishes were respected and their beliefs and needs were taken into account. Patients felt safe and well cared for and consistently reported about the non-judgmental approach of staff.
- During the initial assessment, nurses explained to patients all the available methods for termination of pregnancy that were appropriate and safe. Staff considered gestational age and other clinical needs whilst discussing these options.
- Patients considering termination of pregnancy had access to pre and post treatment counselling by telephone, but were not obliged to use the counselling service.

Compassionate care

- We observed all patients and those close to them being treated with compassion, dignity and respect. All consultations took place in a private room and privacy was respected at all times in all areas at the treatment unit.
- Patients and their supporters were positive about the way they had been treated by staff. Comments from patients included: "Staff were very caring which helped with my nerves", "the staff answered every single question", "the staff nurse was lovely, I felt comfortable and less nervous as she went through everything to reassure me". People commented positively about the 'non-judgmental approach' shown by staff they interacted with.
- Patients' preferences for sharing information with a supporter were established, respected and reviewed throughout their care.

Understanding and involvement of patients and those close to them

- We saw that staff explained to patients all the available methods for termination of pregnancy. The staff considered gestational age (measure of pregnancy in weeks) and other clinical needs whilst suggesting these options.

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- Patients were given leaflets which had information regarding different methods and options available for abortion. If patients needed time to make a decision, this was supported by the staff, and patients were offered an alternative date for further consultation.
- All of the records we reviewed showed that post discharge support for patients had been considered and recorded. Patients were given written information about accessing the 24 hour aftercare telephone service for support following abortion procedures.
- We asked staff if there were occasions when patients changed their minds about a procedure. We were told that patients could access counselling and that they may change their minds or use another service if they wanted a different procedure.

Emotional support

- Patients had access to advice and counselling by telephone before and after their procedures. The aftercare line was available 24 hours a day, 7 days a week.
- We observed that patients, and those close to them, who were anxious or unsure about their decision were provided with extra support.

Are termination of pregnancy services responsive?

- The service was planned to meet the needs of patients. Patients either referred themselves or were referred by their GP. They were able to book appointments through the NUPAS telephone booking service which was open 24 hours a day throughout the year. This enabled booking in a timely manner and meant patients could choose the location of the treatment unit they attended.
- There was access to telephone consultations or face to face consultations. This was to help reduce waiting times, improve the patient experience and to help meet individual needs.
- There was no formal monitoring of the time patients waited for their appointment once at the clinic or the reasons for any delay, however staff said they could not recall any significant delays.
- Patients were referred to other services for termination of pregnancy, where appropriate, for example due to a medical condition or late gestational date.

- Patients were provided with information to help them to make decisions.
- A professional interpreter service was available for patients whose first language was not English, to enable them to communicate with staff.
- Complaints were managed locally and, where unresolved, were escalated to the central office to be managed by the head of clinical services. Feedback was given to staff and the complainant.

Service planning and delivery to meet the needs of local people

- The senior management team was involved in developing the facilities and the planning of the service along with commissioners.
- Patients could book their appointments through the NUPAS telephone booking service, which was available 24 hours a day throughout the year. The booking system offered patients a choice of appointment to help ensure they accessed the most suitable appointment for their needs and at their preferred location, and as early as possible.
- The treatment units were accessible to wheelchairs users and people with restricted mobility.
- A fast track appointment system was available for patients with higher gestational age or those with any complex needs.

Access and flow

- Patients were referred from a variety of sources including GPs, and also through self-referral. The service included all aspects of pre-assessment including counselling, dating scans to confirm pregnancy and determine gestational age, and other assessments of health and wellbeing.
- Opening times and clinics were arranged to ensure a minimum delay for patients accessing treatment.
- RSOP 11: Access to Timely Abortion Services state that patients should be offered an appointment within five working days of referral and they should be offered the abortion treatment within five working days of the decision to proceed. Data on the performance against the waiting time guidelines set by the Department of Health was not available to us.

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- 59 patients had waited more than 10 days for treatment from March 2015 until March 2016. The reasons for this were not made available to us. However, managers subsequently told us that any clients waiting longer than ten days was due to their choice.

Meeting people's individual needs

- If an ectopic pregnancy was detected, patients were referred to NHS hospital services.
- We saw patients attended medical consultations and treatment in a private room to allow for their privacy and dignity to be upheld.
- A general guide for patients attending any NUPAS treatment unit was available. This provided information about different options available for termination of pregnancy and the associated potential risks, and what to expect after the treatment. This included the 24 hour telephone number of where to seek advice if they were worried. There was also a range of more specific written information for patients. This included advice on contraception, sexually transmitted infections, miscarriage, services to support patients who were victims of domestic abuse and how to access sexual health clinics.
- The general information leaflet included details on the risks of early medical abortions, including the rate of failure (stated as one to 3 per 100 cases).
- The treatment units were accessible to wheelchairs users and people with restricted mobility.
- A professional interpreter service was available to enable staff to communicate with patients for whom English was not their first language. Staff told us that they used the interpreter service to ensure the patient understood and could weigh up the decision to continue with the treatment.
- There was a clearly defined referral process for patients who required a specialist service. NUPAS treated fit and healthy patients without an unstable medical condition. For patients who did not meet such criteria a referral was made to the most appropriate NHS provider to ensure that they received the treatment they required in a timely and safe way. We were told that there were 50 such referrals (five per cent of patients) between March 2015 and March 2016.

Learning from complaints and concerns

- Staff told us that the treatment unit manager was the first point of call for complaints and concerns so that they could be addressed at treatment unit level. All unresolved complaints would be managed centrally by the head of clinical services. A full investigation of a complaint would then be carried out and feedback given to relevant staff. We saw this had happened.
- Each treatment unit kept a record of verbal and written complaints. Between March 2015 and March 2016 NUPAS Finchley received one written complaint at the Finchley location and Marks Gate received one written complaint. Staff were aware of the issues raised and resulting changes to practice.
- Literature was displayed advising patients and their supporters how they could raise a concern or complaint formally or informally. Information on how to make a complaint was also included in the 'Having an Abortion' and the 'Abortion Aftercare' booklets issued to patients.
- We were told by staff that NUPAS complaints procedures were discussed as part of the corporate induction and saw the programme which confirmed this.

Are termination of pregnancy services well-led?

- There was a vision and objectives for the service. Staff were familiar with the NUPAS philosophy and spoke positively of a culture that recognised there was a need for continuing service development.
- The certificate(s) of approval issued by the department of health was available at each location.
- Communication with staff showed that the direction of the service was discussed with staff, and staff were allocated specific roles to support improvements to the service.
- There were corporate governance arrangements to manage risk and quality and to ensure the service adhered to the requirements of the abortion act. This included an audit programme and a system to cascade learning from incidents and patient feedback. However, the arrangements for governance mainly took place at a

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national level. Incidents and risks were not always identified, reported or acted upon by people with the authority to do so. There was no risk register identifying risks specific to the local treatment units.

- The audit programme was not fully implemented, in particular, there was incomplete monitoring and review of record keeping and medicines management.
- The culture within the service was caring, non-judgmental and supportive to patients. Staff spoke positively about the need for and value of the service to patients.
- Staff felt supported by the treatment unit manager and senior managers, and felt encouraged to learn and develop in their roles.

Vision and strategy

- The service's mission statement was to provide advice relating to medical and surgical abortions, and to promote the sexual health of women and adolescents. It supported patients to make an informed decision regarding their treatment.
- Staff we spoke with were familiar with this philosophy and also with business and personal objectives.

Governance, risk management and quality measurement

- There were structured governance processes applied to ensure the service adhered to the abortion act.
- Legislation requires that for an abortion to be legal, two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination is met. They must be in agreement that at least one and the same ground is met for the termination to be lawful. All of the records we looked at met these requirements.
- The Department of Health requires every provider undertaking termination of pregnancy to submit data following every termination (HSA4 form). This information had been correctly gathered and reported on.
- A national risk register was maintained by the central office. Staff and managers were not involved in formally recording or managing local risks specific to each treatment unit and viewed risk as a central office

(corporate) concern. A local risk register was provided to us, however, this did not list specific local risks. It listed only potential issues such as the clinic not being chosen to provide a service.

- Monthly meetings attended by all NUPAS treatment unit managers took place to discuss clinical governance, safety incidents, audit outcomes, operational issues and information governance. A record of the completed actions taken in response to audits and to reduce the level of risk was not always maintained.
- Managers told us that audits were not always completed as frequently as expected during the reporting period. For example, monthly record keeping audits had not been completed for three months, and there was no monthly medicines management for nine months in 2015. This meant that opportunities to prevent or minimise harm could be missed.
- The incomplete audits were attributed to an unsettled period prior to changes in leadership and management roles at the treatment units and also at the central office.
- Staff demonstrated an improvement in governance arrangements and spoke positively about recent changes including central office governance appointments, leading to a more structured approach to reviewing and monitoring standards.
- A director of infection prevention and control (DIPC), based at NUPAS central office was responsible for leading the organisation's infection prevention and control processes. The DIPC was part of the organisation's clinical governance structures, and was supported by the treatment unit manager and an infection control link nurse to ensure that local policies and practices were correctly implemented.
- Legislation requires that for an abortion to be legal two doctors must independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination is met. They must be in agreement that at least one and the same ground is met for the termination to be lawful. They are required to, sign and date the HSA 1 form to say they agree the reason for the abortion met the conditions under which a legal abortion would be performed (HSA1 Form). We looked

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at 17 sets of notes and saw that all forms correctly included two doctors' signatures, and the reason for termination, which was based on the assessment documented by the nurse in the patient's notes.

- NUPAS treatment units completed monthly audits of completion of HSA1 forms to ensure and evidence compliance with the NUPAS policy. In the last three months the service 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 practising privileges at NUPAS completed HSA4 notifications for those patients for whom they had prescribed medication. A record was stored in the patients' notes that the HSA4 form was completed and submitted. The service did not audit the completion of HSA4 forms; however the registered manager told us they were assured that the system in place meant they were always submitted on time.

Leadership of service

- The service was led by a treatment unit manager who was responsible for both locations.
- Staff and managers were knowledgeable about the service and associated risks and challenges.
- Staff told us the senior management team was visible and had a regular presence at the treatment unit.
- The lead nurse had dedicated time to fulfil management responsibilities as well as clinical responsibilities.
- Managers operated an open-door policy where staff were able to contact the manager at all times. A whistleblowing policy was accessible to all staff.

Culture within the service

- 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 high quality care and services they provided for patients and were proud to work for NUPAS. They described NUPAS as a good place to work and as having an open culture, and felt they could approach managers if they felt the need to seek advice and support. Senior staff told us they could approach national managers if they needed advice and support and spoke positively about recent appointments to the executive management team.
- Staff who worked at the treatment unit were required to be pro-choice, and were supported by the organisation to promote the values through training and ongoing support to ensure they recognised different cultural needs and beliefs.

Public and staff engagement

- The service routinely engaged with patients to gain feedback about how to improve the service.
- Patients using the service were given a patient satisfaction survey to complete. Staff told us that due to the sensitivity of the treatment and the emotional experience for the patients, it was sometimes a challenge to engage with patients and get a response. However the analysis of feedback from surveys was discussed at monthly managers' meetings and showed consistent overall satisfaction with the service. The majority of patients demonstrated they were either very satisfied or satisfied with the service. 100% of respondents said they would recommend the service to others.
- Staff meetings and team briefings took place at least quarterly to update staff on any changes to the service, finances, marketing and staffing. A monthly staff newsletter was recently introduced and staff told us it was informative, and spoke positively of its content and style.