Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Marie Stopes International Birmingham

4 Arthur Road, Edgbaston, Birmingham, B15 2UL

Tel: 01179063194

Date of Inspection: 10 December 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Marie Stopes International
Registered Manager	Mrs. Alison Peters
Overview of the service	Marie Stopes International Birmingham is an independent healthcare clinic that provides termination of pregnancy services and contraception advice. The clinic does not have overnight beds. The Birmingham clinic is supported by a satellite clinic based in central Birmingham, where early medical terminations are carried out. Services are provided to both NHS and private patients.
Type of services	Acute services without overnight beds / listed acute services with or without overnight beds Urgent care services
Regulated activities	Diagnostic and screening procedures Family planning Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff, reviewed information given to us by the provider, were accompanied by a pharmacist and reviewed information sent to us by commissioners of services.

What people told us and what we found

We visited the main Birmingham clinic but we did not visit the satellite clinic, this had been providing services for only a few weeks at the time of our inspection. During our visit we asked the nursing staff to notify people using the service that we were visiting and would be happy to speak to them. Three people agreed to speak with us about their views of the service they had received. They told us they were satisfied with the service they had received. One person told us "I wasn't very happy before I came here today, I was very nervous and distressed but now I feel relieved".

People who used the service were given appropriate information to help them understand their treatment. Before people received care or treatment they were asked for their consent.

The provider had an effective system in place to continuously monitor the quality of the service. We found that the systems for record keeping and managing medicines had improved since our last visit.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The provider had an 'Informed Consent Policy'. This outlined the different ways of obtaining valid consent and described the two stage process required to obtain written consent for treatment such as termination of pregnancy. The first stage was described as the provision of information, discussion of options and initial decision. The second stage was the confirmation by the patient that they wish to proceed with treatment.

A consent form was used to document both the information and the confirmation stage. We checked a sample of 8 records where treatment had proceeded and found that consent had consistently been recorded. Where one person had needed the assistance of an interpreter both the person receiving treatment and the interpreter had signed the consent form.

There were clear procedures in place for obtaining consent from young people (under 18 years of age) and children (under 16 years of age) and advice was set out in the informed consent policy. All children requesting a termination of pregnancy were required to be seen by a specially trained counsellor.

The people we spoke with told us they were given appropriate information to allow them to make informed decisions about their treatment. There was also literature available in the clinic and on the Marie Stopes website. Staff told us that some people who attended the clinic spoke limited or no English. We saw that information was available in a range of different languages and in different formats and that an interpreter service was available to support people for whom English was not their first language.

We found that one person whose first language was not English had an interpreter with them. They told us this had been arranged by the clinic. One person told us, "They explained everything well today and answered any questions I had". Another person told

us, "The nurse rechecked I was sure I wanted to proceed. They put it across in a nice way, they were not judgemental".

People were given the option as to whether or not they wanted their GP to be informed that they had received treatment at the centre. Staff told us that if they consented to this, a letter was sent to the person's GP informing them of the treatment they had received.

Records showed that staff had completed mandatory training in consent. This was on line training. We were told that only staff who had been signed off as competent were permitted to obtain consent.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People attending the clinic on the day of our visit were complimentary about the service. One person told us, "I wasn't very happy before I came here today, I was very nervous and distressed but now I feel relieved".

We did not observe consultations or pre-treatment checks on the day of our visit. We spoke with staff about the process that was followed. They told us that many women chose to have a telephone consultation with staff in the call centre. Consultation included an assessment of people's past and present medical history, social circumstances, medication and any known health risks. If they decided to proceed with treatment, an appointment was then booked for them to attend a centre of their choice. We were told that this could be arranged from within a few days or up to a number of weeks, depending on each woman's circumstances.

People's records were held electronically, with some information held in paper format. We looked at one person's electronic records and at 10 paper records. The electronic records showed that the patient's medical history was recorded and the reason for the patient's choice of treatment was clearly outlined. It was evident that the risks and benefits associated with the treatment of choice had been discussed with the patient and documented.

We were told that consideration was given to the distance women had to travel to the clinic. Some women travelled long distances to receive treatment at the clinic. There were arrangements in place to cater for these people, including a quiet room where they could relax. This area had been introduced since our last visit to the clinic.

People's privacy and dignity were respected. In the waiting room we observed that people were approached by a member of staff who introduced themselves and escorted them to one of the consulting rooms. All consulting rooms were private and had 'engaged' signs in place when occupied. Each room had a curtain that could be drawn around the couch if an examination was required. One person told us, "I have been treated with respect and dignity".

When women attended the clinic they had further explanation and exploration of their treatment options. They received a range of pre-treatment tests, including an ultrasound scan. There was also a discussion about the reason for them requesting a termination, which is a legal requirement. The treatment then had to be authorised by two medical practitioners. This was sometimes done remotely, depending on the availability of medical staff. All authorising doctors had remote access to the woman's electronic medical record which was completed by the admitting nurse/ health care assistant. We looked at a sample of medical records and saw that the necessary medical authorisation had been obtained before any treatment took place. In some instances, neither of the authorising doctors had seen the person. The provider may find it useful to note that it is considered good practice that one of the two certifying doctors has seen the person, though this is not a legal requirement.

We were informed that anyone under the age of 18 would always be seen by one of the certifying doctors. We looked at the records for two people under 18 and found they had both been seen by a doctor.

We saw evidence to show risks were assessed and discussed with people who used the service. One member of staff discussed a recent situation when the centre been unable to provide treatment because of the associated health risks. The member of staff explained that following assessment the person was referred to an alternative service to make sure the risk was managed appropriately.

During our visit we spoke with one of the medical staff. They told us that before any surgical termination took place they had sufficient time to review the person' records and to meet with them to discuss any concerns if needed.

We noted that surgical safety checklists had been completed for all people who underwent surgery. These checklists, developed by the World Health Organisation (WHO), required checks such as consent and identity to be read out in theatre and jointly adhered to.

People were given a discrete discharge booklet when their treatment had been completed. This included a telephone number for the twenty-four hour, seven days a week aftercare line available for patients. There was also a number for patients to call if they were ringing in from overseas. One person told us, "I've been given an information leaflet to take home with me and had details of the 24 hour advice line".

There were arrangements in place for foreseeable emergencies. Emergency medication and equipment such as oxygen were available on site. The provider may find it useful to note that we were informed the maintenance person checked the oxygen cylinders weekly but that this had not been recorded. The manager told us they would ensure this was rectified.

There was a transfer policy to be followed in the event of an emergency situation, in which case, people were transferred via emergency ambulance from the site to the local NHS hospital. We had been made aware of one emergency transfer occurring in 2013.

All clinic staff were trained in basic life support, and nursing and medical staff were trained to a higher level. We noted that some staff were due for refresher training and we were informed this was arranged for January. Regular resuscitation drills were carried out. The clinic employed a specialist company to do this. The last one had taken place in October 2013.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. The service had a secure central store and medicine stock levels were managed from there by a dedicated member of staff. The receipt of medicines was recorded on arrival. The clinic and theatre areas obtained their medicine supplies by completing a request form, which was then fulfilled by the central store. The receipt of medicines to the clinic and theatre areas was confirmed by the nursing staff. This meant that medicines were being accounted for and there was minimal risk that these medicines could be used inappropriately.

Medicines were kept safely. We found that medicines were kept in locked designated cupboards throughout the clinic, to which only authorised people had access. We found that medicines requiring cold storage conditions were being kept in secure fridges. Medicines being stored securely will ensure that they cannot be used inappropriately and will safeguard the women visiting the service.

The service had two fridges which were being used to store medicines. We found that the temperature of these fridges was being monitored properly and therefore the service was able to show that these medicines would be fit for use. Medicines stored at the correct temperature will ensure that they work effectively to treat the conditions they were prescribed for.

We found that the service had computerised its record keeping for the prescribing, dispensing and administration of medicines. We found that the computerised system had made the process more accountable and the service was able to demonstrate that the administration and dispensing of medicines was only carried out when they had been prescribed by a doctor. We found that the medical termination procedures were being carried out in accordance with the Abortion Act. We found that appropriate arrangements were in place in relation to recording the administration of these and other related medicines. Good record keeping will ensure that women using the service will be protected against the risks associated with the poor management of medicines.

We found that the ordering, receiving, storage and administration of Controlled Drugs used by the service were complying with the guidance on the safer management of Controlled

Drugs.

The provider may wish to note that at the last inspection we found that the service was dispensing medicines to women to take home and administer at a later time without a dispensing label being attached. At this inspection we found that the service had introduced two labels which they were attaching to the dispensed medicines before giving them to the women to take home. We found that the information displayed on these labels would not ensure that the dispensed medicines would be used safely. We found that there was no cautionary information on the labels offering advice to women on how the medicines should be taken and what should be avoided during the administration. The use of cautionary information on the labels will help women to take their medicines safely.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The staff team consisted of medical, nursing and non clinical staff. The clinic used the services of surgeons and anaesthetists who worked across several Marie Stopes clinics. Since our last inspection there had been some changes to the staffing arrangements with a system of remote access to doctors introduced. Staff spoken with told there were no issues in accessing the remote doctors when needed. Some staff commented that they felt the new system was better for people as it provided better continuity of care. One member of staff told us that the new arrangements meant they were not able to give people as much time as they would like. They told us they did not rush the appointments but that this may result in delays for people.

A rotation system was in place so that nursing staff worked in different areas of the clinic, rather than in one area. The staff rota was colour coded so that each member of staff knew which area they were assigned to. People using the service told us that staff had supported them in a friendly, reassuring and understanding manner. One person told us, "Treated super, great. The staff have been very kind".

During our visit, we spoke with nursing and medical staff and all had a good understanding of people's care needs. With the exception of one member of staff, they did not raise any concerns with us regarding staffing levels at the clinic. One member of staff told us that staffing levels were satisfactory providing there was no one off work sick. We were informed that when there was staff sickness then one of the senior managers would provide cover. We found this to be the case on the day of our visit as one of the nurses was off work due to sickness. The provider may wish to note that one member of staff told us that staff did not want to work extra shifts to provide cover as they were often too tired. Our discussions with senior managers showed that the clinic did not have 'bank' staff who could be contacted to provide staff cover when needed.

From our discussions it was evident that staff had a good understanding of their job roles. Staff told us they were generally satisfied with the level of support and training they received. The staff training matrix showed that staff received the training needed to perform their role. One member of staff told us, "It is a good staff team and we all work together". Another member of staff told us they had been able to access shadowing opportunities at another of the provider's clinics. Staff who undertook specific tasks such

as scanning confirmed they had completed the relevant training to enable them to do this.

We were informed that for nursing and medical staff, information about their registration with professional bodies was collected centrally to ensure it was up to date and that the member of staff had the right to practice. Evidence of this was provided after our visit to the clinic.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service were asked for their views about their care and treatment and they were acted on. Every person who attended the centre was given a questionnaire to complete about the service they had received. We noted there was a 'red alert' system which identified any negative feedback. All red alerts had to be investigated by the registered manager and reported back to the provider.

A quarterly report on the completed questionnaires was compiled and returned to the clinic by the provider. The report contained the results of all the UK Marie Stopes International centres, so the Birmingham centre was able to compare their performance against other centres in the company. We were shown the last report received by the centre. Feedback from people who used the service showed that the overall satisfaction rating was at 94%. The centre had received a low satisfaction rate regarding people not always being informed of delays. The manager told us about the actions taken to improve this and that negative comments in relation to this issue had reduced. During our visit, the three people we spoke with did not raise any concerns regarding delays. One person told us, "I did not have to wait long for my appointment today".

A log of incidents was maintained. Serious incidents were investigated so that the 'root causes' of the incident were identified. We saw that investigations also identified areas where the clinic could improve. We looked at one investigation report and checked to make sure the recommended actions had been implemented. The provider may find it useful to note that we found that one of the actions had not been completed within the timescale given. The manager had told us the action was a corporate action and they would contact the person concerned to ensure it was completed.

We found that the registered provider had quality monitoring arrangements in place. An audit had been completed in May 2013 by the provider's quality assurance team to assess if the clinic was meeting essential standards of quality and safety. We found the audit had not identified any significant concerns. We saw there was also programme of regular internal audit. The audits identified shortfalls and there was clear evidence that these were followed up routinely to monitor improvements.

We saw minutes of an Integrated Governance Committee meeting. These showed that senior management convened to discuss all matters relating to the service. The meetings covered such areas as risk management, incidents and transfers, infection prevention, health and safety and results from the client satisfaction survey. We noted that the minutes reported that the service had not been reporting some incidents to the provider and that this had been rectified. This showed that the provider's systems for monitoring quality and safety were effective.

The provider took account of complaints and comments to improve the service. Arrangements were in place so that people could raise any concerns that they had about the service they received. The provider showed us their complaints register which showed that they had received five complaints in 2013. We sampled two of the complaints received. People's complaints were fully investigated and resolved where possible to their satisfaction.

The manager told us that in response to some comments from people using the clinic there were proposals to alter the environment. This was dependant on the building structure and lease conditions permitting the changes. If completed, these changes to the building will enable people to have their partner stay with them for part of their patient pathway, should they wish.

There were appropriate fire precautions in place. Fire risk assessments and regular audits of fire safety had taken place. The fire log demonstrated that regular checks took place of fire-fighting equipment and there were regular fire drills.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our last visit in November 2012 we found that improvement in the quality and availability of some records was needed. At this visit, we found that improvements had taken place. Requested records were available. Previously there was no training matrix to show the training undertaken by staff. We found this had now been completed.

At our last visit we identified a number of shortfalls in the care records and medicine administration charts we reviewed. The clinic had now introduced a new electronic recording system and this had helped to reduce the risk of any incomplete information.

The Abortion Act 1967 requires that two doctors provide a certificated opinion, formed in good faith, that at least one of the grounds for a termination of pregnancy as set out in the Act, is met. One of the ways in which the regulations provide for doctors to certify this opinion is in an HSA1 form. If using the HSA1 form, both of the certifying doctors must complete the form as required and sign and date the certificate. The opinion of each doctor is required to relate to the circumstances of the individual person's case. During our visit, we looked at a random sample of medical records for people who had undergone a termination of pregnancy. We found no evidence that the forms were being signed by doctors prior to consultations taking place.

There had been some previous issues in doctors sometimes not filing in all parts of the HAS1 form. We found that action had been taken to address this and that regular audits of records were being completed to ensure they met the required standard. We looked at eight HSA1 forms and found the majority had been appropriately completed. The provider may find it useful to note that on one of the forms the doctor had not recorded if they had or had not seen the person.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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