

National Unplanned Pregnancy Advisory Service
Limited

National Unplanned Pregnancy Advisory Service Surbiton

Inspection report

Hollyfield House
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

It is the first time we rate this service. We rated it as good because:

- The service had enough staff, with appropriate training in key skills, to care for women and keep them safe. Staff understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records.
- Staff provided good care and treatment, Staff worked well together for the benefit of women, advised them on how to lead healthier lives, and supported them to make decisions about their care.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to meet the needs of local people, took account of women's individual needs and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supporting staff to develop their skills. Staff felt respected, supported, and valued. They were focused on the needs of women receiving care.

Summary of findings

Our judgements about each of the main services

Service

Termination of pregnancy

Rating

Good



Summary of each main service

It is the first time we rate this service. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, and supported them to make decisions about their care.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women and their relatives.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported, and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities.

However:

- The provider offered limited opportunities to local staff to benchmark the service's performance against other similar services.
- The provider aimed to offer Mental Capacity Act 2004 related training annually to all clinical staff, however, only three out of nine people were up to date with this requirement.
- The service did not always meet its 10 days treatment target for waiting time from the initial contact to treatment.

We rated this service as good because it was safe, effective, caring, responsive, and well led.

Summary of findings

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Summary of this inspection

Background to National Unplanned Pregnancy Advisory Service Surbiton

NUPAS Surbiton is part of the provider group National Unplanned Pregnancy Service (NUPAS). The service is located within a health centre and shares the premises with other services. The service offered is provided under contract with various London integrated care boards (ICB) for NHS patients. The service also accepts self-referrals and private patients.

NUPAS Surbiton provides termination of pregnancy service. The service is available three days per week. The service only carries out early medical terminations. The service operates as a hub for other satellite clinics associated with it which are managed by the same team. Those clinics offer similar services, based in Wandsworth, Battersea, Finchley, Fulham, Twickenham, and Essex.

NUPAS Surbiton provides the following services:

- pregnancy testing
- unplanned pregnancy consultation
- medical termination of pregnancy
- termination of pregnancy aftercare
- sexually transmitted infection testing
- contraceptive advice and contraception supply.

How we carried out this inspection

We carried out the unannounced inspection visit on 15 March 2023 at the main registered location at Hollyfield House, 22 Hollyfield Road, Surbiton, KT5 9AL. On 14 April 2023, we followed up with an additional visit to one of the satellite clinics located at Health Centre, 16 Torrington Park, N12 9SS in Finchley.

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

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a clinic **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it from failing to comply with legal requirements in future or to improve services.

Action the service SHOULD take to improve:

Summary of this inspection

- The service should ensure information related to clinical outcomes and day-to-day service delivery is bench-marked against other similar services run by the provider. Where possible they should identify trends and patterns and share information with all staff to ensure continuous service improvement.
- The service should ensure Mental Capacity Act 2004 training is provided annually to all clinical staff.
- The provider should improve compliance with its 10 days treatment target (waiting time from the initial contact to treatment).






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Termination of pregnancy	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Termination of pregnancy

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Is the service safe?

Good 

It is the first time we rate this domain. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. It included training in key areas such as health and safety, how to respond to an emergency such as fire, and equality and diversity amongst others.

The mandatory training was comprehensive and met the needs of women and staff.

Clinical staff completed training on recognising and responding to women with mental health needs and learning disabilities.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific to their role on how to recognise and report abuse. The training provided included a module specific to female genital mutilation (FGM) that raised staff awareness of the issue and equipped them with knowledge on how to support women affected (FGM; involves the partial or total removal of external female genitalia or other injuries to the female genital organs). Additional training completed by staff annually included Child Sexual Exploitation and Domestic Violence and Abuse (DVA) training.

Staff could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act.

Termination of pregnancy

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. There was information displayed for women and people who visited the clinic related to support available for victims of domestic abuse.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff ensured that women were not accompanied by a person that had attended the clinic with them during their initial face-to-face consultation to ensure they could freely talk and express any concerns they had. Staff identified the need for chaperones and proactively offered these to patients and where they identified vulnerabilities or safeguarding concerns, ensured a chaperone was always available.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves, and others from infection. They kept equipment and the premises visibly clean.

Clinic areas were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). Every two years staff received training in infection control (level 1 and 2).

Staff cleaned equipment after patient contact and kept a record of the cleaning activity taking place. Staff cleaned their clinical space before and after each list and used antibacterial processes between patients.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment as appropriate. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of women. The service, in cooperation with the building management, undertook environmental risk assessments, such as those related to water safety or fire safety, to ensure staff and visitors were protected from harm.

The service had enough suitable equipment to help them safely care for women. Portable electrical appliances were tested to check if they were safe to use.

Staff disposed of clinical waste safely. Staff followed Control of Substances Hazardous to Health (COSHH) Regulations. They stored chemicals securely and maintained up-to-date safety information on each item. The service was compliant with DHSC HTM 07/01 and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 concerning sharps waste.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and quickly acted upon women at risk of complications.

The service had an agreement with the local NHS trust and protocols that guided staff in supporting women who experienced unforeseen complications and for potential cases when women need to be referred outside of the clinic because of an emergency.

Termination of pregnancy

Appropriate emergency equipment was readily available in the clinics where patients were seen. This included equipment such as resuscitation equipment and emergency oxygen. The clinic had automatic external defibrillators (AEDs), oxygen, anaphylaxis kits, and airway management equipment. All staff were trained in life support and resuscitation to a level appropriate to their role, including training in basic life support or immediate life support. Staff knew how to recognise and respond to a sepsis infection and training on sepsis recognition and response was provided to clinical staff.

Staff completed risk assessments for each woman during the initial consultation and confirmed the information on the day of the procedure, they used a standardised tool. Staff knew about and dealt with any specific risk issues. Staff carried out a meeting each day to go through the risks for each patient.

Women had 24-hour access to support services they could use if they had any questions related to the procedure.

Staff shared key information to keep women safe when handing over their care to others.

Staffing

The service had enough staff with the right qualifications, skills, training, and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave all staff a full induction.

The service had enough nursing and medical staff to keep women safe.

Managers accurately reviewed the number of nurses and other staff needed for each day and could adjust staffing levels daily according to the needs of women.

Senior staff members ensured new staff received adequate support. All new staff received formal induction training and had time to learn through practice observations while working as a supernumerary team member during the initial weeks.

The number of staff working matched the planned numbers.

The service had low vacancy and turnover rates. Staff worked across clinics and the senior team ensured they only used staff that were familiar with the service.

The service used only regular agency staff to ensure service continuity and that agency staff felt part of the team. Managers made sure all agency staff had a full induction and understood the service.

Records

Staff kept detailed records of women's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Women's notes were comprehensive, and all staff could access them easily according to their job roles and individual needs. The service used an electronic patient record system. All the termination records contained a Department of Health and Social Care abortion form, signed by two doctors with a valid reason for carrying out the termination, in line with national legislation.

When women were referred to another service, there were no delays in staff accessing their records.

Termination of pregnancy

Records were stored securely.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each women's medicines and provided advice to them about their medicines. Doctors reviewed patients' current prescription medicines to ensure abortion medicines were safe and minimise the risk of contraindications.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely. They monitored the temperature of storage areas to ensure these remained within manufacturer limits. Staff managed documentation and other aspects of the stock in line with national guidance.

Staff followed national practice to check patients received the correct medicines. They learned from safety alerts and incidents to improve practice.

Staff safely dispensed medical abortion medicine for the patient to receive it. They also arranged for patients to collect the medicines from a clinic on request. This system meant patients could choose the most appropriate delivery method for their circumstances and helped them navigate challenges at home, such as not wanting others in the house to be alerted to a delivery.

Incidents

The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. They used the provider's electronic incident reporting system for incidents and near misses.

Staff raised concerns and reported incidents and near misses in line with the clinic's policy. All post-procedure complications were reported as an incident for follow-up and review. Managers investigated incidents thoroughly through a peer review process to ensure managers did not investigate their own incidents. They debriefed and supported staff after any serious incident.

Staff understood the duty of candour. They were open and transparent and gave women a full explanation if and when things went wrong.

Staff received feedback from an investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. Staff informed patients about changes that were implemented because of the feedback provided by them.

Termination of pregnancy

Is the service effective?

Good 

It is the first time we rate this domain. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high-quality care according to evidence-based practice and national guidance. Policies and standard operating procedures were stored and accessed on an electronic system and were available to all staff. The provider had established a process to ensure policies were reviewed and updated in line with a schedule and when national guidance changed.

Care and treatment were based on best practice guidance from relevant organisations such as the Royal College of Obstetricians and Gynaecologists and the National Institute for Health and Care Excellence (NICE). It meant that patients received effective and consistent care.

At meetings when discussing individual patients, staff routinely referred to the psychological and emotional needs of women and their relatives. Women were advised on how to access care and support after the abortion in line with abortion care guidance.

Staff provided access to women's preferred method of contraception at the time of their abortion, or soon after, to reduce the risk of future unintended pregnancies and abortions. This improved the uptake of contraception and its continued use, as well as the woman's satisfaction with the ease of access to contraception.

Pain relief

Staff monitored women to see if they experienced discomfort. They advised on pain relief as appropriate.

Staff provided advice on pain management during the consultation and over the telephone should women experience discomfort after the procedure.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

The service monitored patients that experienced unforeseen outcomes and any complications after the termination of pregnancy procedure. They reviewed if outcomes for women were positive and consistent. Managers and staff used the information related to improving women's outcomes, they proactively reached out to patients when they had no information related to treatment outcomes.

Staff reviewed the gestational impact of pregnancies when planning care. They prioritised patients who presented ahead of nine weeks and six days to prevent unnecessary surgical terminations.

Termination of pregnancy

The manager told us they had a low risk of readmission and post-procedure complications. They collected suitable data related to treatment. However, this data was not used by the local service to benchmark outcomes against other similar services run by the provider. It was available but not widely shared with all staff to drive improvement and where possible to identify trends and patterns to improve clinical outcomes.

Managers and staff investigated any cases where outcomes were not as expected and implemented local changes to improve care and monitored the improvement over time.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of women.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

The service used a competency framework to support new staff with clinical skills development, it was focused on performing individual clinical tasks. All staff were required to be confirmed by a senior member of the team as competent before being able to perform those tasks independently.

Multidisciplinary working

Doctors, nurses, and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.

Staff held regular and effective meetings to discuss patients and improve their care, those meetings involved all health professionals working at the service.

Staff worked across healthcare disciplines and with other agencies when required to care for patients. Staff referred women for mental health assessments when they showed signs of mental ill health and depression.

Seven-day services

Key services were available seven days a week to support timely care.

Women were reviewed by doctors depending on their care needs. Women had access to over the telephone support which included counselling services.

Whenever required, staff could call for support from doctors and other disciplines, including psychological support and diagnostic tests.

Termination of pregnancy

Health Promotion

Staff gave women practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support. The service provided sexual health promotion resources and information to patients and their partners. This included access to contraception and printed information on sexually transmitted infections.

The service offered sexual health and contraception advice and support, they also offer sexual health tests and treatment when required.

Staff assessed each woman's health and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked the capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure women consented to treatment based on all the information available.

Staff recorded consent in the woman's records.

Staff understood Gillick Competence and Fraser Guidelines and supported young people who wished to make decisions about their treatment.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. The provider aimed to offer Mental Capacity Act 2004 related training to all clinical staff annually, however, only three out of nine people eligible were up to date with this requirement.

Managers monitored how well the service followed the consent procedures and made changes to practice when necessary.

Is the service caring?

It is the first time we rate this domain. We rated it as good.

Compassionate care

Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Termination of pregnancy

Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way.

Women said staff treated them well and with kindness.

Staff kept women's care and treatment confidential, they followed protocols and policies that guarded patient confidentiality.

Staff understood and respected the individual needs of each woman and showed understanding and a non-judgemental attitude when caring for or discussing women's mental health needs.

Staff understood and respected the personal, cultural, social, and religious needs of women and how they may relate to care needs. They focused on building open and honest relationships with patients and their loved ones.

Patients' comments about the care and treatment received were mostly positive. 'Client satisfaction survey' indicated women had trust and confidence in the staff supporting them through their treatment (100% of 917).

Emotional support

Staff provided emotional support to women, families, and carers to minimise their distress. They understood women's personal, cultural, and religious needs.

Staff gave women and those close to them help, emotional support and advice when they needed it. They supported women who became distressed and helped them maintain their privacy and dignity.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Patients spoke positively about their experiences. Staff understood the emotional and social impact that a person's care, treatment, or condition had on their well-being and on those close to them. Client satisfaction survey indicated 99.3% of women were offered access to counselling and provided with information on how to access it in the future should there be a need.

Understanding and involvement of women and those close to them

Staff supported and involved women, families, and carers to understand their condition and make decisions about their care and treatment.

Staff made sure women and those close to them understood their care and treatment. Staff explained what to do if anything unexpected happened and ensured patients knew who to contact out of hours. They supported women to make informed decisions about their care.

Women could give feedback on the service and their treatment and staff supported them to do this. They gave positive feedback about the service. The provider monitored the feedback provided and the local team discussed actions that could be taken in response during team meetings. Actions taken in response were noted on the notice board in the waiting area.

Termination of pregnancy

Staff talked with women in a way they could understand. The client satisfaction survey indicated that women felt able to ask questions at any time and were provided with information in a way that they could understand (100% of 912 respondents). Nearly all the respondents said they were told what the risks of the treatment were (99.6%). Equally, women felt they were told enough about how to care for themselves after the treatment at NUPAS (99.9%).

Is the service responsive?

Good 

It is the first time we rate this domain. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population. Facilities and premises were appropriate for the services being delivered.

Women could access support 24 hours a day 7 days a week. The service had systems to help care for women in need of additional support or specialist intervention.

Managers monitored and took action to minimise missed appointments.

Managers ensured that women who did not attend appointments were contacted to find out if there were any obstacles to accessing the service, which they could support them with.

Staff offered and arranged counselling services in line with Department of Health and Social Care guidance, including offering this to young people aged 13 to 17 years old who received care under the Fraser Guidelines and Gillick Competencies.

Meeting people's individual needs

The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.

Staff made sure women received the necessary care to meet all their needs. The clinic was designed to meet the needs of patients. The service minimised the number of times women needed to attend by ensuring they had access to the required staff, scans, and tests on one occasion. Staff provided services that were flexible and promoted informed choice and continuity of care.

Staff understood and applied the policy on meeting the information and communication needs of women with a disability or sensory loss. Managers made sure patients and staff could get help from interpreters or signers when needed. Staff could use a loop system to support people living with hearing difficulties, a special type of sound system for people who use hearing aids. The provider used the appointment booking process to identify individual needs, any adjustments that were required, and to bring it to the attention of the local clinic staff. For example, they noted if a patient had a safeguarding, language, or access need.

Termination of pregnancy

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat and discharge women were monitored and staff worked to reduce them.

Managers monitored waiting times and made sure women could access services when needed and received treatment within agreed timeframes. Staff worked to make sure women did not wait longer than they needed to, they aimed to offer an appointment within 10 working days from the initial contact. However, they were able to meet this standard only in 84% of cases (January to February 2023, Surbiton location). We observed that compliance with this target was worse for the satellite locations associated with the main service; for example, it was 79% in Essex, 69% in Finchley, and 72% in Wandsworth. The overall wait for the appointment was approximately 10.2 working days.

Managers worked to keep the number of cancelled appointments to a minimum. The service monitored did not attend rates, uptake of sexually transmitted infections testing, and oral and long-acting reversible contraception acceptance.

Staff acted to protect patients at risk of undiagnosed infections by referring them to other local services that could provide screening and treatment. Where patients needed a service, the provider could not offer, staff used local partnerships to arrange these.

Staff ensured women had not had their appointments cancelled at the last minute, there were systems to make sure appointments were rearranged as soon as possible and within the national guidance.

The provider had a dedicated, centralised administration and operations support team for patients. The remote team triaged queries and booking requests from patients and coordinated consultations and clinical treatment appointments. This system ensured patients had access to the best choice of clinic for their needs and enabled them to access other sites if this was convenient for them and clinically appropriate for their medical needs.

Managers monitored occasional patient moves between services and if there was another service involved, they kept information related to treatment outcomes and any potential complications.

The service referred women out only when there was a clear medical reason or in their best interest.

Managers monitored the number of women whose treatment was delayed. They investigated each case and took action to reduce any potential treatment delays.

Most care was provided through integrated care board (ICB) contracts and patients needed to be registered with the NHS. Most patients self-referred although the service accepted referrals from GPs or other NHS services. The service could facilitate treatment for private patients, such as those not normally resident in the UK.

Learning from complaints and concerns

It was easy for people to give feedback and raise care concerns. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

Women, relatives, and carers knew how to complain or raise concerns. The service displayed information about how to raise a concern in patient areas.

Termination of pregnancy

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. They shared information across the provider's services to facilitate learning and to ensure improvements were achieved across all services managed by the provider.

Staff knew how to acknowledge complaints and women received feedback from managers after the investigation into their complaint was complete.

Staff could give examples of how they used women's feedback to improve daily practice.

Is the service well-led?

Good 

It is the first time we rate this domain. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Leaders were visible and approachable in the service to patients and staff. They supported staff to develop their skills and take on more senior roles.

The service and its satellite locations were managed by the regional manager supported by the regional clinical lead, clerical staff, and other staff. The local team was supported by the provider's national senior leadership team which included the head of nursing, head of compliance, and medical director amongst other senior managers.

All the staff we spoke with were positive about the leadership team and development opportunities. Staff said the senior team offered them development pathways and access to training.

Managers were demonstrably invested in the success of the service. They valued honest contributions from staff and empowered everyone, regardless of role, to talk to them about ideas for improvements. During the inspection, we observed positive interaction between staff and managers. Staff told us they felt comfortable and were able to raise any concerns they had with the management team.

Vision and Strategy

The service had a vision for what it wanted to achieve. The vision and strategy were aligned with local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The vision for the provider was to “respect the individual's right to choose, by providing a safe environment with compassionate staff, where women can have a termination of pregnancy, contraception and sexual health service”. Staff were led by NUPAS values of respect, transparency and honesty, teamwork, passion and being caring and valuing and supporting staff.

Termination of pregnancy

The provider strategy was focused on eight key areas that included: the development of a new surgical termination of pregnancy clinic in response to the needs of the local population; maximising the capacity of existing clinics; and upskilling local teams to ensure the service was not reliant on agency staff amongst other goals.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us they enjoyed working at the clinic and had a good relationship with their team members and management. They felt comfortable raising concerns and felt they were genuinely listened to. They described a positive working culture and high standards of morale.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The provider had a national governance structure that provided regional staff with support and operational frameworks. It included numerous committees such as the infection control committee and patient safety and risk oversight committee; all of them had defined focus areas and purpose.

The service reported to the clinical quality and governance committee. At the time of the inspection, the provider was undertaking a review of the governance structure to ensure relevant information was cascaded to the senior leadership team and the main clinical quality and governance committee.

At the local level, there were regular regional leadership team managers' meetings and local staff team meetings chaired by the regional manager. Meetings had standardised agendas where incidents, patient complaints, patient feedback and operational issues were discussed. The service prepared reports to inform the discussions and identify improvements.

The team used a series of compliance monitoring audits to identify good practice and areas for development and these contributed to improvements and developments in the service.

The service had processes in place to ensure compliance with the Abortion Act 1967. This included documentation of a doctor-approved reason for abortion using the mandated HSA1 form. The UK government requires providers to report each instance of abortion to the Department of Health and Social Care within 14 days using the HSA4 form.

Management of risk, issues, and performance

Leaders and teams used systems to manage performance effectively.

Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact. The senior team used a risk register to document and track risks. There was evidence of continual tracking and mitigation. There was a patient safety and risk oversight committee that met regularly to review risks and relevant information was fed into the clinical quality and governance committee meetings.

The service had plans to cope with unexpected events and any potential disruption to service delivery.

Termination of pregnancy

Staff contributed to decision-making to help avoid pressures compromising the quality of care. Staff discussed any risks, incidents, and complaints during staff meetings to identify potential improvements and their shared learning within the service and the organisation.

There were numerous audits carried out that monitored the quality of the service that included infection prevention and control audits, clinical records audits, and medicines management audits amongst others. However, local staff did not always know how the results of those audits compared to other similar services managed by the provider and if they performed better or worse in comparison. Local staff shared information with the regional leaders and relied on their feedback. They were not provided with an opportunity to routinely benchmark all their outcomes to measure standards and track progress or rank against other similar services.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, and make decisions and improvements.

The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. The service submitted data to the Department of Health and Social Care regarding abortion procedures in line with national requirements.

The provider shared information with other services in cases where staff found evidence of abuse or a need for safeguarding action.

All staff were required to undertake regular information governance training. The service carried out records quality audits to ensure records were accurate, secure, and confidential.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.

The service collaborated with partner organisations to help improve services for patients. For example, they maintained a good relationship with the local NHS trust to ensure care and treatment were coordinated between both services.

Staff told us they felt they could freely engage with their leaders and the organisation and could influence the service delivery.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of the need for continuous quality monitoring and improvement.

The service learnt from incidents and was proactive in seeking opportunities to improve patient pathways. They opened satellite services in response to women's needs and had plans to further improve access by providing surgical pregnancy terminations in the near future.