

BPAS - Nottingham West

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

BPAS Nottingham West became a registered BPAS location in April 2015, having successfully tendered for the Nottinghamshire service provision. The service is currently providing consultation and early medical abortion (EMA) treatment up to nine weeks gestation and Medical Vacuum Aspiration (MVA) procedures up to 14 weeks and six days gestation under local anaesthetic. BPAS Nottingham West has two satellite units, BPAS Newark and BPAS Mansfield. Both can provide consultations and EMA treatments up to 11 weeks gestation.

We inspected the service by way of an announced inspection on the 28 and 29 April 2016 and undertook an unannounced inspection on 5 May 2016. We inspected this service as part of a wider programme to inspect providers of acute independent healthcare.

This service was inspected but not rated.

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. Although we do not currently have the powers to rate these services, we report on whether they are safe, effective, caring, responsive to people's needs and well-led. We highlight areas of good practice and areas for improvement.

Are services safe at this service?

There were areas of good practice.

- Patients were protected from abuse and avoidable harm as staff were confident to report serious incidents, whistle blow or challenge if they suspected poor practice. There were arrangements in place to implement good practice and an open culture to encourage a focus on patient safety and risk management practices.
- The clinic had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Patients were protected from abuse and avoidable harm, all staff we spoke with were confident to report serious incidents, whistle blow or challenge if they suspected poor practice
- Managers encouraged staff to report all incidents and ensured they shared lessons so that learning took place nationally, regionally and locally across the organisation.
- All staff had completed adult safeguarding training and level three childrens safeguarding training.
- Staff were aware how to escalate concerns if a patient's health deteriorated and could describe how to arrange an emergency transfer to local NHS services when necessary.
- Completion of annual mandatory training was 100% compliant.

However, there were some areas requiring improvement regarding safety.

- Staff had not been recording the checking of emergency equipment when the clinics were in progress. We escalated this to the manager who rectified the issue immediately whilst we were inspecting. On the unannounced visit we observed the emergency equipment was checked daily and recorded.
- We observed bloodstains on the fabric curtains in the treatment room; we informed the registered manager who arranged for the curtains to be changed before the clinic reopened. On our return we observed that the curtains were changed.

Are services effective at this service?

- There were processes in place for implementing and monitoring the use of evidence-based guidelines and standards to meet patients care needs.
- Patients were assessed for and provided with adequate pain relief in a timely manner.

Summary of findings

- Doctors provided evidence of (General Medical Council) GMC registration, indemnity insurance, qualifications and evidence of annual appraisal / revalidation to gain and maintain privileges (medical staff are recruited from other organisations and following security checks are allowed to work for the service).
- Consent to treatment was obtained appropriately. Staff were up-to-date with training regarding the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff were aware of Gillick competence and Fraser guidelines which were incorporated within the service treatment records.
- Staff were competent in their roles and this was reviewed through annual appraisals.

Are services caring at this service

- All staff we observed treated patients with compassion, kindness, dignity and respect.
- The results of the corporate BPAS quality report 2015 demonstrated that the friends and families test showed 99% of patients would recommend the service to someone they know. The service patient satisfaction test scored 9.5/10 and said that they will continue to strive for improvement.
- Counsellors and staff gave appropriate emotional support to patients.
- All patients were offered the opportunity for counselling before and after termination of pregnancy, contraception advice and there was access to specialist advice and support when needed.

Are services responsive at this service

- Service planning monitored patient activity and sufficient clinics were scheduled to meet demand.
- The service met waiting time guidelines and patients could choose a date or alternative venue for their procedure.
- Staff had access to a specialist placement team who would arrange referral to appropriate providers for patients with complex or additional medical needs, who did not meet the risk assessment criteria.
- The service had a robust complaints procedure and shared learning from complaints.

Are services well led at this service?

- The service had an experienced and stable senior leadership team.
- There was strong local leadership of the service from the Treatment Unit Manager, Area Manager and Regional Director of Operations.
- Managers were approachable, available, and supported staff within the service.
- There was good staff morale and staff told us they felt supported.
- There were robust arrangements between the senior management team and the Medical Director to monitor, agree, and review practising privileges.
- At a corporate level there was a comprehensive committee and meeting structure to ensure effective governance, risk and quality management and the compliance for the process of the HSA1 and HAS4 forms.

However:

- Locally there was not a systematic process for reviewing or registering local risks, all risks were cited on the corporate risk register.

Our key findings were as follows:

- Medical and nurse staffing levels met patient needs.
- There was enough equipment to allow staff to carry out their duties. The service had processes for checking and maintaining equipment.
- Staff understood their responsibilities to raise concerns and report incidents and near misses.
- There was evidence of a culture of learning and service improvement.
- Medicine management and record keeping was good.

Summary of findings

- There were systems for the effective management of staff which included an annual appraisal and support for revalidation
- The service had a rolling programme of local clinical audits, which covered a range of areas including infection prevention and control and medicines management. Managers monitored and benchmarked performance of all units across the organisation using a performance dashboard.
- The service did not provide us at the time of our inspection with all of the audits defined by the Department of Health; number of women who did not proceed to TOP, the availability of a female doctor, staff competent to provide methods of reversible contraception, patient choice of service provision, rates of compliance, failure rates, number of women having repeat TOP's and follow up appointments attended.
- Senior and departmental leadership was good. Leaders were aware of their responsibilities to promote patient and staff safety and wellbeing. Leaders were supportive and the culture encouraged candour, openness, and honesty.

We saw several areas of good practice including:

- The provider ensured that all patients received a private initial consultation without anyone else present to protect patients against possible coercion or abuse, and to give them the opportunity to disclose such information in a safe environment.
- Staff were aware of the procedures for safeguarding children, young people and vulnerable adults, and had a heightened awareness of the needs and vulnerabilities of children and young people using their service.
- Staff treated patients with kindness respect and dignity.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

This report describes our judgement of the quality of care at this clinic. 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 clients, the public and other organisations.

This service was inspected but not rated.

The Care Quality Commission does not currently have a legal duty to award ratings for services that provide solely

or mainly termination of pregnancy. Amendment to the current Care Quality Commission (Reviews and Performance Assessment) Regulations 2014 is required to enable us to do this.

Although we do not currently have the powers to rate these services, we report on whether they are safe, effective, caring, responsive to people's needs and well-led. We highlight areas of good practice and areas for improvement.

Summary of findings

Contents

Summary of this inspection

	Page
Background to BPAS - Nottingham West	6
Our inspection team	6
How we carried out this inspection	6
Information about BPAS - Nottingham West	6

Detailed findings from this inspection

Outstanding practice	20
Areas for improvement	20

Summary of this inspection

Background to BPAS - Nottingham West

The British Pregnancy Advisory Service was established as a registered charity in 1968 to provide a safe, legal abortion service following the 1967 Abortion Act. BPAS Nottingham West and the two satellite treatment centres; Mansfield and Newark, became a registered BPAS location in April 2015.

BPAS Nottingham West has a contract with the Clinical Commissioning Group to provide termination of pregnancy services. The service was registered as a single speciality service for termination of pregnancy and is registered for the following activities:

- Diagnostic & Screening Procedures
- Family Planning Services
- Treatment of Disease, Disorder and/or Injury

- Termination of Pregnancy
- Surgical Procedures

BPAS Nottingham West provide the following services under these activities:

- Pregnancy Testing
- Unplanned Pregnancy Counselling/Consultation
- Medical Abortion
- Surgical Abortion Local Anaesthetic/conscious Sedation
- Abortion Aftercare
- Miscarriage Management
- Sexually Transmitted Infection Testing and Treatment
- Contraceptive Advice
- Contraception Supply

Our inspection team

Our inspection team was led by:

Inspection Lead: Martine Pringle, Hospital Inspector, Care Quality Commission (CQC).

The team included two CQC inspectors with termination of pregnancy (TOP) training and an assistant inspector who shadowed the inspection.

How we carried out this inspection

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

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

We carried out the announced inspection of BPAS Nottingham West (including the satellite sites BPAS

Mansfield and BPAS Newark) on 28 and 29 April 2016 followed by an unannounced inspection on 5 May 2016. We talked with four patients, the treatment unit manager, the area manager, two qualified nursing staff and two unqualified staff, one medical staff, and one administration staff. We observed how staff cared for patients and reviewed nine patient's clinical records.

Prior to the announced inspection, we reviewed a range of information we had received from the service.

Information about BPAS - Nottingham West

BPAS Nottingham West provides early medical abortion up to nine weeks gestation, and manual vacuum aspiration (MVA) (a MVA is a method of terminating a

pregnancy by the use of a hand held plastic aspirator) up to 14 weeks and six days under local anaesthetic. The service provides termination of pregnancy services to

Summary of this inspection

young people below the age of sixteen years. Staff caring for patients below the age of 16 years follow strict safeguarding and management processes. The service holds a licence from the Department of Health to undertake termination of pregnancy procedures, which was visible in all three units. The Secretary of State will consider the approval of places for the purposes of section 1(3) of the Abortion Act 1967 if proprietors undertake to comply with:

- The Abortion Act 1967 and Regulations made under the Act
- The requirements set out in regulations under the Health and Social Care Act 2008; and
- The Required Standard Operating Procedures (RSOPs) in Section 3 of this document;

Only after having registered with the CQC and on receipt of written approval from the Secretary of State for Health will independent healthcare providers be able to carry out a termination of pregnancy.

BPAS Nottingham West service facilities include one consultation room, one consultation/treatment room and a room where patients recover. At Mansfield and

Newark, there is a consulting/treatment room within the medical centres. The service performed 609 early medical abortions and 123 surgical abortions between April 2015 and April 2016.

The BPAS Nottingham West clinic is open on Tuesdays and Thursdays; the Mansfield clinic opens on Mondays and the Newark clinic is open on Fridays. Patients could choose their preferred treatment option and location subject to their gestation and medical assessment. Both units accept NHS patients and private paying patients from anywhere in the United Kingdom.

One registered nurse worked across all sites (there was one full time vacancy), BPAS employed one doctor to provide treatment at the Nottingham site. In addition, there are two support workers and one receptionist to work across the three sites. The senior leadership team includes the registered manager, who was supported by an area and regional manager. Corporate specialist nurses provide specialist advice for the service.

The inspection for termination of pregnancy as a core service was undertaken using the Care Quality Commission's comprehensive methodology.

Termination of pregnancy

Safe	Not sufficient evidence to rate 
Effective	Not sufficient evidence to rate 
Caring	Not sufficient evidence to rate 
Responsive	Not sufficient evidence to rate 
Well-led	Not sufficient evidence to rate 

Summary of findings

Termination of pregnancy services were safe, caring, effective, responsive and well led, however, there were some areas for improvement within the safe domain.

There was an open culture of reporting and learning from incidents. All staff we spoke with could demonstrate their understanding of safeguarding adults and children and knew what actions they needed to take in cases of suspected abuse. All patients received a private initial consultation without anyone else present to safeguard against possible coercion or abuse and to give them the opportunity to disclose such information in a safe environment. Staffing levels, medicine management and record keeping were good.

Staff followed evidence-based guidelines, patient assessments were thorough and staff followed clear pathways of care. The service managers used a clinical dashboard, which measured and facilitated improvement in the quality and safety of clinical standards.

All staff we observed treated patients with compassion, dignity, and respect. Staff were very aware of the additional needs and risks associated with the care of young people and made every effort to ensure young people were supported through their treatment. Patients gave very positive feedback in the BPAS patient satisfaction reports.

Information and advice was available from staff, leaflets and on-line to patients at all stages of their care. Interpreting and counselling services were available to all patients, and staff made every effort to meet

individual patients' needs. Staff had access to a specialist placement team who would arrange referral to appropriate providers for patients with complex or additional medical needs, who did not meet usual acceptance criteria. There were systems in place to ensure sensitive disposal of foetal remains in accordance with the Human Tissue Authority guidance.

Senior managers had a clear vision and strategy for this service and there was strong local leadership of the service with quality care and patient experience seen as the responsibility of all staff. Staff felt supported by their managers and were confident they could raise concerns and have them dealt with appropriately.

There was effective governance systems in place and staff received feedback from governance and quality committees. There were corporate risk registers and business continuity plans in place, however there was limited oversight of identification of risk locally. The organisation had a proactive approach to staff and public engagement. Innovation, learning, and development were encouraged.

Termination of pregnancy

Are termination of pregnancy services safe?

Not sufficient evidence to rate

- Staff reported incidents appropriately and lessons were learnt
- Patient risk assessments were appropriately completed and documented in the medical notes.
- All staff we spoke with were aware of the trust's safeguarding policy and how to report any concerns.
- All members of staff had received appraisals and completed mandatory training.

However we found that:

- Curtains around the treatment couch in the treatment room was soiled.
- The emergency equipment was not checked daily.

Incidents

- Patients were protected from abuse and avoidable harm all staff we spoke with were confident to report serious incidents, whistle blow or challenge if they suspected poor practice
- Staff told us that there was an open culture to encourage a focus on patient safety and risk management practices.
- All staff we spoke with could tell us the embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were no never events reported across the sites between April 2015 and April 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.
- Incidents were reported and investigated, staff we spoke to were aware of their responsibilities in relation to incident reporting. Staff understood the principles of 'being open' and had received information about the 'Duty of Candour'. The 'Duty of Candour' is a regulatory duty that requires providers of health and social care

services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology.

- There had been one serious incident reported between April 2015 and March 2016. We reviewed the actions and staff were able to describe learning following the incident. We were unable to review this record, staff could explain the process for Duty of Candour and linked it to the recommendations from the Francis Report .
- We reviewed four sets of minutes from Clinical Governance Committee and Risk Management meeting that incidents were investigated using a 'root cause analysis' approach. We saw that appropriate actions were taken to reduce the risk of future incidents.
- Staff told us they received feedback from incidents via email and at their team meetings or on a one to one basis with their manager. We observed emails arranging one to ones. Staff gave an example of an incident of a failed abortion and they now scan every patient following the procedure to ensure it is complete.
- The registered manager was responsible for reviewing all incidents and noting any required actions. Incidents were reported to the corporate risk manager for another review to look for trends across the organisation.
- Incidents were reported regionally and nationally through the Regional Quality Assurance and Improvement Forum (RQuAIF) and clinical governance meetings and learning was shared with all members of staff.
- The BPAS corporate team at head office received alerts from Medicines and Healthcare products Regulatory Agency (MHRA) and the manager explained they would be emailed to the treatment unit manager to share with all staff.
- The Quality Report 2014/2015 showed that there have been no patient safety incidents resulting in death for the last three reporting years. Staff would inform head office who would notify CQC and the DoH.

Cleanliness, infection control and hygiene

- Clinical areas at BPAS Nottingham West were visibly clean, however we found the fabric curtains in the clinical treatment room where terminations of pregnancy took place to be stained with blood. We also observed a piece of equipment used to examine pregnancy remains had been left in a sink in the dirty

Termination of pregnancy

utility room and had not been cleaned following its use. We raised this with the registered manager at the time of our inspection who took immediate action to rectify the situation. At the unannounced inspection, they had been changed to disposable curtains which were dated.

- All staff had completed infection prevention training.
- Staff working in a clinical role were observed to be compliant with bare below elbows policy.
- There was access to handwashing facilities and there was a supply of personal protective equipment (PPE) such as disposable gloves and aprons.
- The overall infection control audit for the service that we observed was 91% compliant which was above the target of 90%.
- Single use equipment was used and disposed of following its use throughout the service, which meant the service did not need to sterilise equipment between uses.
- There were suitable arrangements for the handling, storage and disposal of clinical waste, including sharps in a clinical environment.
- Cleaning was undertaken on a daily basis by a contracted cleaning company, when the service was closed to patients. This meant staff had little opportunity to monitor the cleaning service. However there were no concerns raised regarding cleanliness of the environment or infection control issues.
- The service had reported no incidence of Methicillin resistant Staphylococcus Aureus (MRSA) and clostridium difficile in the reporting period to March 2016.

Environment and equipment

- Equipment suitable for patients was seen in all clinical areas.
- We checked some equipment throughout the service and saw stickers with dates confirming that maintenance checks had taken place.
- The environment was uncluttered and well maintained
- There were no daily checklists for the resuscitation equipment. This was escalated to the senior nurse and a system put in place to perform daily checks when the clinic was in use. When we returned on the unannounced daily checks of the emergency equipment had been completed.

Medicines

- Staff involved in the supply and administration of medicines were required to comply with the BPAS

medicines management policy (2015), which set out systems and staff responsibilities in line with national standards and guidance. However, not all references in the policy were the most up to date version of such guidance, despite a recent review. Following our inspection action has been taken to make appropriate amendments.

- BPAS had a centrally managed contract for the purchasing of medicines. An approved pharmacy supplier supplied medicines. Orders for medicines were placed electronically and checked by an authorised person. Supplies were sent direct to each centre. There were no controlled drugs (medicines subject to additional security measure), stored or administered at this location.
- Medicines were stored in a locked cupboard or where they needed to be stored below a certain temperature in a designated refrigerator for this purpose. The minimum and maximum temperature of fridges used to store medicines were monitored and recorded to ensure that medicines were kept at the required temperature. We saw fridges used for this purpose were locked, were clean and tidy and found no surplus or expired stock.
- There were systems in place to check for expired medicines and to rotate medicines with a shorter expiry date so they were used first. All the medicines we looked at were in date and correctly stored in line with manufacturers' instructions. However there were intravenous fluids not locked away, we brought this to the attention of the manager who ensured they were moved to a locked cupboard immediately. We reviewed the storage on our unannounced visit and they remained in a locked cupboard.
- Patients were asked about allergies and we saw that allergies were recorded on all the records we reviewed.
- Doctors used a secure electronic prescribing system to prescribe medicines remotely, or they were supplied and administered under Patient Group Directions (PGDs). (PGDs are written instructions for the supply and administration of medicines to groups of clients who may not be individually identified before presentation for treatment).
- One medicine supplied and administered under a PGD was a medicine called Misoprostol. This is not in accordance with NICE guidelines (MPG2). Misoprostol is licensed in the UK to treat ulcers of the stomach and small intestine and to prevent ulcers associated with taking certain anti-inflammatory pain medication in

Termination of pregnancy

adults. Misoprostol is also used to initiate an early abortion under ten weeks of pregnancy. However, Misoprostol does not have a UK licence to induce a termination of pregnancy, so its use in this way is described as 'off-label'. The use of 'off-label' medicines must be fully explained to clients before they take them. We saw that this was explained to patients as part of the consent process, and was documented in each patient's treatment records.

- Medicines that induced a termination of pregnancy were prescribed for patients undergoing medical abortion only after a face to face consultation with a member of the nursing team had taken place, written consent and completion of the HSA1 form (the legal document to allow an abortion to be carried out) signed by two medical signatories.
- Doctors reviewed all the referral and consultation documentation about patients to inform their decisions about treatment, patients could have a face to face consultation if required.
- Nurses administered all prescribed medicines for patients undergoing medical abortion including the first and subsequent doses of misoprostol. Post-procedure antibiotics were prescribed to all patients to reduce the risk of infection.

Records

- Patient treatment records were paper base. Patient information and records were held in a filing cabinet inside a lockable room.
- Medical records were well maintained and completed with clear dates, times and designations of the health care professional documenting. It was however difficult to read the signature of the consultant and we found this signature differed throughout the medical records. We reviewed nine sets of patient records and found all of them to be written legibly with all assessments completed.
- Comprehensive pre-operative assessments were undertaken for patients undergoing surgical termination of pregnancy.
- The assessment process for termination of pregnancy legally requires that two doctors agree that at least one and the same ground for a termination is met and sign a form to indicate their agreement. All of the records we looked at met these requirements.

- The service audited five sets of notes at each site monthly. The results of the audits were discussed at the monthly team meetings.
- The Department of Health (DoH) requires every provider providing termination of pregnancy services to submit data following every termination of pregnancy. This information had been correctly gathered and reported on.
- Staff told us that patients were made aware of the statutory requirements of the HSA4 forms during their initial consultation (a requirement to notify the Department of Health (DoH) of an abortion) and were reassured that the data published by the DoH for statistical purposes was anonymised.

Safeguarding

- BPAS had adult safeguarding and child protection policies that we saw were available to all staff via the location's intranet. The policies were up to date with regard to current legislation and national guidance including guidance for staff regarding child exploitation and female genital mutilation they reflected the changes to the national guidance 'Working together to safeguard children'.
- Good systems were in place to safeguard vulnerable adults and young people. All staff we spoke with were all aware of their responsibilities and had access to appropriate safeguarding pathways.
- Patients below the age of 13 years of age who accessed the service would automatically have had a safeguarding referral. Young people aged up to 16 years had a safeguarding risk assessment completed and a decision for referral was made on the outcome of the assessment.
- There were two national corporate designated adult and children's safeguarding leads, and all staff we spoke with were aware of who the safeguarding leads were, and how they would escalate safeguarding concerns to relevant people within the service.
- Contact details and explanation of the local authority safeguarding team were displayed for staff to use when needed. A member of staff told us it was useful when she made a referral for a patient under the age of 13.
- Staff were trained in the safeguarding adults and of safeguarding children up to level three.

Termination of pregnancy

- Patients had access to information about local organisations to support them in case of domestic abuse. We saw posters and cards that patients could access easily within the service.
- All patients had a one to one consultation with a nurse. All the records we reviewed showed that staff asked patients a question to confirm the patient's safety at home. 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.
- Initial assessments included questions around consent and coercion to sexual activity and lifestyle to identify suspicion of sexual exploitation or grooming, or sexual abuse.
- We observed that efforts were made to encourage young people aged less than 16 years old to involve their parent or to be assisted by another adult who could provide support.
- An ultrasound scan which confirmed pregnancy dates and viability was performed for every patient. This ensured the procedures offered were safe and appropriate.
- Prior to the termination of pregnancy the patient should have a blood test to identify their blood group. Patients who have a rhesus negative blood group should be given an injection of anti-D Immunoglobulin (this treatment protects against complications in the event of further pregnancies). The records we reviewed indicated that all patients received a blood test prior to them undergoing a termination of pregnancy procedure and women who required Anti-D were given this appropriately.
- All patients booked for a termination of pregnancy were assessed for their risk of developing blood clots, which was documented in the patient's records and where necessary, actions were taken to mitigate any identified risks. The quality audit report for 2015 showed 100% compliance for patients being risk assessed prior to the procedure.

Mandatory training

- Mandatory training included a range of topics: life support, fire safety, health and safety, life support, safeguarding, moving and handling, infection control and information governance.
- The organisational target for completing mandatory training was 100%. All staff we spoke with told us they had completed all their mandatory training.

Assessing and responding to patient risk

- Records we reviewed confirmed that before treatment, all patients were assessed for their general fitness to proceed with the treatment. The assessment included obtaining a medical and obstetric history, measurement of vital signs, including blood pressure, pulse and temperature.
- Data provided stated that the BPAS Suitability for Treatment Guideline is used to outline which medical conditions would exclude patients from accessing treatment, and which medical conditions require careful risk assessment by a doctor. BPAS has a specialist placement team that source NHS appointments for patients who are not suitable for treatment at BPAS on medical grounds.

- Staff were trained in immediate life support and told us that the procedures offered were safe and appropriate. At all sites staff would telephone for an ambulance immediately if a patient's condition deteriorated whilst having their treatment and call ahead to the local NHS trust where they had a local transfer agreement.
- The 'BPAS Safer Surgery checklist' which was designed to prevent avoidable mistakes during surgical procedures had been carried out for patients undergoing a manual vacuum aspiration (MVA) procedure. (a MVA is a method of terminating a pregnancy by the use of a hand held plastic aspirator). We reviewed nine records eight were fully completed.
- The service used a modified early warning score tool to assist the detection of the deteriorating patient in recovery. We observed charts were fully completed.
- We observed information being discussed with patients prior to discharge, patients were given appropriate advice regarding signs of infection and haemorrhage and contact numbers were provided for 24 hour advice and further counselling if required.

Nursing staffing

- Staff we spoke with at the Nottingham West Clinic told us that on most occasions two registered nurses were

Termination of pregnancy

on duty plus one support worker and an administration clerk. At the time of our inspection there was one full time equivalent nurse vacancy with a planned date for interviews to fill this post. .

- The clinic could access regional nurses employed as excess staff to cover shifts due to vacancy, or unplanned absence. We discussed this with the manager and staff told us they did not have shifts uncovered.
- At all three sites staff did not work alone.

Medical staffing

- BPAS Nottingham West employs one doctor to undertake surgical terminations of pregnancy. There was also one doctor who occasionally worked at the unit under practising privileges (authority was given to the doctor to provide patient care).
- There was a formal process to ensure that suitable checks were carried out to enable staff to practice. The range of checks undertaken by human resources included qualification, insurance, registration, Disclosure and Barring Service checks (DBS), and revalidation reports. Following these checks the medical director granted the practising privileges.

Major incident awareness and training

- There were local business continuity plans staff followed for example; fire or loss of utilities and staff underwent scenario-based training regarding these.
- Staff also arranged scenario medical emergency training at least twice a year.
- There was an emergency transfer agreement with two NHS trusts staff were able to show us the pathway they used. One patient had been transferred in the last year with a good outcome. Staff would call 999 in the first instance and the patient would be transferred to the NHS trust.

Are termination of pregnancy services effective?

Not sufficient evidence to rate

- Care was provided in line with national best practice guidelines. patients were offered appropriate pain relief, anti-sickness medication, antibiotic treatments to prevent infection and post-surgical contraceptives.

- The hospital performed audits recommended by Royal College of Obstetricians and Gynaecology (RCOG). These audits included, infection control, consenting for treatment, discussions related to different options of abortion, contraception discussion, confirmation of gestation and medical assessments audits.
- All staff we spoke with told us they had annual appraisals and received clinical supervision. Staff had access to specific training to ensure they were able to meet the needs of the patients. Medical staff, nursing staff and other non-clinical staff worked well together as a team.
- Advice was accessible 24 hours per day, seven days a week at their treatment centre during working hours and by telephone out of hours.
- Patients were consented appropriately and correctly. Gillick competence and Fraser guidelines were embedded throughout the service and was included as a question format within the paperwork used by staff.

Evidence-based care and treatment

- Staff had access to up-to-date policies and procedures via the BPAS intranet.
- Updated policies or guidelines were cascaded to staff via email.
- Policies relating to termination of pregnancy and professional guidance were developed in line with Department of Health (DoH) Required Standard Operating Procedures (RSOPs)
- We reviewed three policies; Safeguarding Adults, Consent to Examination and Treatment and Medicines Management. All were in date, version controlled and contained evidence based references.
- Staff followed the corporate guidance for the counselling of women prior to termination of pregnancy and best practice, following RSOPs and RCOG clinical guidelines for medical abortions.
- There was a programme of clinical audit, which included audit of consultation and patient pathways and HSA4 (a requirement to notify the Department of Health of an abortion). Immediate feedback was given to the lead manager on the day of the audit. Results

Termination of pregnancy

were reported centrally for benchmarking and recommendations for action were made where necessary. We requested the results of these audits but did not receive them to review.

- Patients' blood was tested at the initial assessment to determine their rhesus factor and Anti-D immunoglobulin was administered to patients who were found to be rhesus negative.
- All patients were offered a test for Chlamydia infection (Chlamydia is a sexually transmitted bacterial infection) prior to any treatment. Patients with positive test results were referred to sexual health services. Patients were offered and referred to sexual health services for further screening for other sexually transmitted infections (STI's) and treatment if needed.
- Contraception was discussed with patients at their initial assessment and a plan was agreed for contraception after the termination of pregnancy. Patients were provided with contraceptive options. These included Long Acting Reversible methods (LARC).
- All patients were scanned post-manual vacuum aspiration (MVA) to ensure products of conception had been removed completely.

Pain relief

- Pain relief was prescribed on the patient medication records, handwriting was legible and signed and dated. Best practice was followed non-steroidal anti-inflammatory drugs (NSAIDs) were prescribed. These were recognised as being effective for the pain experienced during the termination of pregnancy.
- Patients were advised to take NSAIDS medication one hour prior to the treatment to aim to reduce pain during the procedure.
- Staff advised patients to call the advice line if they were experiencing significant pain and the NSAIDs were not effective.

Nutrition and hydration

- In the recovery area whilst having observations taken, patients were given a drink and biscuit prior to leaving the clinic.

Patient outcomes

- Complication rates such as retained products of conception, on-going pregnancy, post procedure infection and transfer to a local hospital trust were collected. We asked the provider for this information but were not provided with the specific data to review.
- Audits included, reception of clients, pregnancy options discussed, confirmation of gestation, medical assessment, consenting for treatment, contraception discussion, point of care testing, infection control and safeguarding audits. The results of these audits were documented on a clinic audit feedback form to have an overall score that was 98% for December 2015.
- The dashboard to monitor patient outcomes for the service included results on medicines management, staffing levels, clinical supervision, infection prevention, case note audits, serious incidents, safeguarding, complaints, laboratory sampling, labelling and staff sickness. The most recent risk management and clinical governance minutes showed that all results were within the BPAS expected levels.
- Due to the service being set up very quickly to meet the contractual requirements the focus of audit had not been a priority. At the time of the inspection the service was not able to provide all of the audits in relation to the RSOP 16 performance standards. The manager explained now the service was established, this was a priority to improve the audit process.

Competent staff

- Staff told us they received one to one support and annual appraisals. Information provided by the service indicated that 100% of staff had received an annual appraisal at the time of our inspection.
- All staff were supported through an induction process and competence based training relevant to their role which was signed off by their mentor.
- Staff who undertook ultrasound scans completed appropriate training and assessment of competence in ultrasound scanning.
- The manager attended BPAS corporate managers two day training every two years.
- Standard Operating Procedure (RSOP) 14 states that all staff involved in pre assessment counselling should be trained. Staff who were involved in counselling had undertaken the BPAS Patient Support Skills and Counselling and Self Awareness course.

Termination of pregnancy

- Initial contact for any of the services provided by BPAS was made through a national contact treatment unit. Dedicated BPAS staff that had completed a competence based training specific to the role ran the treatment unit.

Multidisciplinary working

- We observed medical staff, nursing and other non-clinical staff working well together as a team. Staff showed respect for each other and were able to learn from each other.
- There were clear lines of accountability that contributed to the effective planning and delivery of care.
- Staff told us they had good relationships with the local hospital trusts who provided emergency treatment for patients who became unwell.
- Staff were aware of the need to work collaboratively with social services to safeguard vulnerable patients who were at risk of domestic abuse or sexual exploitation.
- We observed a discharge talk with a patient, staff asked her for consent to send a copy of the discharge letter to her General Practitioner (GP).

Seven-day services

- BPAS Nottingham West did not operate a five day per week service. The clinics provided services on Mondays, Tuesdays, Thursdays and Fridays. If a patient needed to use services on another day, they could be signposted to alternative BPAS clinics to suit their preferences or to ensure they received timely treatment in accordance with DoH standards.
- RSOP3 states that patients should have access to a 24-hour advice line, which specialises in post termination of pregnancy support and care. A BPAS 'Aftercare Line' was available 24 hours a day, seven days a week. Patients who accessed the BPAS Aftercare Line could speak to a registered nurse or midwife who gave support and guidance. The dedicated team of nurses and midwives received in-house training to enable them to provide the service.

Access to information

- Patient treatment records were paper based and kept on site for six months post procedure and they were then sent to head office for archiving. If any complications occurred, staff had easy access to records. Records were archived following this time but could be retrieved if needed.

- RSOP 3 states that wherever possible the patient's GP should be informed about their termination of pregnancy. Patients were asked if they wanted their GP to be informed. We saw that patient's decisions were recorded and their wishes were respected.
- A board was in use in the theatre to identify the patient's name, type of procedure, gestation, local anaesthetic used, contraception, rectal medication, allergies, clotting medication required and consent were all documented.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were given training regarding obtaining informed consent. Including Fraser guidelines and Gillick competence. Even if the young person was deemed competent, the BPAS safeguarding policy insisted that they came for the treatment with an adult. This meant that the young person would have to disclose their decision to an adult.
- All patient treatment records we reviewed contained a signed consent form. Staff explained possible side effects and complications which were recorded. It was clear that these had been fully explained in the medical records we reviewed.
- Consent was checked prior to treatments taking place.
- Staff we spoke with were aware of Fraser guidelines to obtain consent from young people regarding sexual health treatment and contraception.
- Posters were also displayed in waiting areas about assessment of Gillick competence.
- Staff told us they had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There was 100% staff compliance for MCA and DoLS training.

Are termination of pregnancy services caring?

Not sufficient evidence to rate

- Patients were treated by staff with compassion, dignity and respect. The patient was at the centre of the care and treatment given to them, staff focused on the needs of the patient and were caring, compassionate and responded quickly to their needs.

Termination of pregnancy

- Patients preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care.
- The staff explained the different methods and options available for abortion. If patients needed time to make a decision, this was supported by staff and a further appointment made. All patients considering termination of pregnancy had access to pre-termination counselling.
- Patient's wishes were respected; their beliefs and faith were taken into consideration regarding the disposal arrangements for foetal tissue.

Compassionate care

- Staff displayed non-judgemental, compassionate care when consulting patients. They recognised that it was a difficult decision for patients to seek and undergo a termination of pregnancy.
- Staff introduced themselves to patients on entry to clinic.
- Post procedure, we observed staff caring in a positive engaging manner with patients in the recovery area.
- Fetal remains were managed respectfully, and were covered during removal from the treatment room. They were logged and documented then stored in a biodegradable bag in a plastic box until collected for disposal.
- Four patients we spoke with told us staff were kind, and sensitive to them throughout their experiences.
- Staff responded immediately and appropriately to a patient in recovery who became unwell following their procedure. We observed staff giving post-operative care, they were attentive and reassuring while taking clinical observations such as repeated blood pressure recordings and monitoring blood loss.
- The service used the 'your opinion counts' survey at a corporate level. We observed staff encouraging service users to complete the survey, by giving the patient a form to complete after the procedure.
- We reviewed examples of thank you cards which said 'Thank you so much for being so warm and professional' and another wrote 'All staff including the receptionist were kind and understanding'.

Understanding and involvement of patients and those close to them

- Staff established patient's preferences for sharing information with their partner or family members. This was respected and reviewed throughout their care pathway.
- We observed a number of patient interventions and found that assessments were thorough and staff followed pathway guidance. We also observed staff giving information effectively.
- Patients told us they understood what was happening and had enough information to follow their prescribed treatment and aftercare advice.
- Staff within the treatment room provided patients with good explanations of their treatment throughout the procedure.
- We observed that staff answered patients' questions appropriately, and in a way they could understand.

Emotional support

- Patients considering termination of pregnancy should have access to counselling before making a decision to undergo a termination of pregnancy. All the patients who attended the treatment unit were offered pre-termination counselling. This was undertaken by a nurse who had completed the BPAS Patient Support Skills and Counselling and Self-Awareness courses. Patients we spoke with confirmed that counselling was offered to them.
- We observed staff supporting patient's emotional wellbeing, especially during the procedure.

Are termination of pregnancy services responsive?

Not sufficient evidence to rate

- The service was provided five days of the week and was accessible for the booking of appointments, for advice and support 24 hours, seven days a week.
- There were systems in place to ensure sensitive disposal of foetal remains.
- An interpreter could be accessed if a patient did not speak English. We saw leaflets were available in different languages on the BPAS intranet.
- Patients were offered other BPAS centres if an appointment was required sooner to meet the patients wishes.

Termination of pregnancy

Service planning and delivery to meet the needs of local people

- BPAS Nottingham West has a contract with the Clinical Commissioning Group to provide termination of pregnancy services.
- Patients could book their appointments through the BPAS telephone booking service, which was available 24 hours a day throughout the year. The booking system offered patients a choice of appointments to ensure patients were able to access the most suitable appointment for their needs in a timely manner. .
- BPAS Nottingham West was able to offer a service at other BPAS treatment units within the region for patients who preferred a different location, or where a convenient appointment was not available at BPAS Nottingham West.
- Various treatment options were available in relation to termination of pregnancy including medical and surgical techniques.
- Agreements were in place with the local hospital to provide emergency medical advice and support and to facilitate emergency transfers when needed.
- During times of peak demand, the service was able to provide additional or longer clinics.

Access and flow

- Patients could self-refer or could be referred to the BPAS service via their GP.
- The clinic provided privately funded consultations and procedures, although this was quite rare.
- Patients were able to choose their preferred treatment option and location, dependant on their gestation and medical assessment. The electronic triage booking system offered patients a choice of dates, times and locations.
- RSOP11 states that patients should be offered an appointment within five working days of referral and they should be offered the termination of pregnancy treatment within five working days of the decision to proceed. The service monitored its performance against this waiting time standard that had been set by the Department of Health.
- Between April 2015 and March 2016 the number of patients who had their consultation within seven days (five working days) was 15%. The proportion of women who could have had their consultation within seven days was 44% the manager explained that when they

set up the service they inherited a huge backlog of patients which they found difficult to provide timely treatments. They had provided extra clinics to try to reduce the delays in treatment. Staff told us that some patients chose to have later appointments or needed extra time in which to make a decision. The service had not audited to identify how many delayed treatments were due to patient choice.

Meeting people's individual needs

- The service was provided in a purpose built NHS facility, which was spacious and provided privacy and dignity.
- The unit was fully accessible to people who used a wheelchair and disabled toilet facilities were available.
- Staff undertaking assessments had a range of information that they could give to patients as required. This included advice on contraception, sexually transmitted infections, miscarriage and services to support patients who were victims of domestic abuse and how to access sexual health clinics.
- Patients were given the opportunity to make informed choices about the disposal of pregnancy remains and were given the option of arranging a funeral if this was their wish.
- Staff told us that although they rarely had patients with learning disabilities. Staff would see the patient and make reasonable adjustments such as ensuring they were accompanied by a friend or carer who could stay with them during their consultation and or treatment.
- At the consultation with the patient staff told us they provided patients with the opportunity to discuss disposal of their foetus; we observed nine treatment records and staff documented the discussion and patient's decision.
- Staff gave all patients seeking a termination of pregnancy a 'My BPAS Guide' which gave information about treatment options, what to expect, contact numbers and aftercare advice. This was revisited, and information reinforced throughout the patient's care pathway.
- A chaperone was provided at the patient's request to be present during consultations and examinations; there were signs clearly on display to inform patients that this was available.
- Staff were able to use a translation service if required all leaflets were available in different languages and could be accessed from the BPAS website.

Termination of pregnancy

Learning from complaints and concerns

- Patients were encouraged to raise a concern or make a complaint and staff were positive about learning from complaints.
- There were posters and leaflets on display in the waiting areas advising how to raise concerns and give feedback. The information clearly stated how feedback could be given and how concerns would be dealt with.
- Patients were given a survey/comment form 'Your Opinion Counts'. There were boxes at the unit for patients to submit their forms. The treatment unit manager initially reviewed locally submitted forms, which meant that any adverse comments could be acted on immediately.
- Staff told us they would resolve any concerns raised immediately if they could and that it was rare for formal complaints to be received.
- The BPAS Patient Engagement Manager was responsible for the oversight of the management of complaints. Any case needing escalation was brought to the attention of the Regional Director of Operations and the responsible member of the Executive Leadership Team.
- Locally they had received two verbal complaints which were dealt with by the staff at the time.
- Verbal complaints were managed by staff at a local level. If they were written the complaint was managed corporately. The main corporate theme for complaints was waiting times.

Are termination of pregnancy services well-led?

Not sufficient evidence to rate

- Senior managers had a clear vision and strategy for this service and there was good local leadership of the service. Quality of care and experience was seen as the responsibility of all BPAS staff.
- There were effective corporate governance systems in place and staff received feedback from governance and quality committees.
- Staff felt supported by their managers and were confident they could raise concerns and have them dealt with appropriately.

- Staff spoke positively and passionately about their roles and about the impact they had on women's lives.

However we found:

- Staff could not articulate the values within the corporate strategy.
- There was not a local risk register for the service. Risk was managed at a corporate level, there was little oversight of risk at a local level.

Vision and strategy for this core service

- The corporate strategy for the service was to provide safe and effective care for patients undergoing termination of pregnancy and these values were made clear to all new staff through the induction process and training.
- It was important to the organisation and to local staff that all new staff could uphold the value of enabling patients to make informed choices.
- The registered manager and regional manager were knowledgeable about the corporate strategy and understood how this affected the local provision of services; however, staff we spoke to were not aware of the corporate strategy.

Governance, risk management and quality measurement for this core service

- There was a structured governance system within the organisation, which included a clinical governance committee and a board of trustees.
- The clinical governance committee reviewed incidents and patient feedback. It also ratified policies and received annual reports. The minutes of the meetings were available to all staff.
- The governance groups monitored staffing levels at a regional and national level.
- There was a corporate risk register, which was written by the financial director of BPAS. The risk register went through the risk management committee to the board. However we did not see a local risk register to monitor local risk. This meant that local risks were not being monitored effectively.
- 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 has been met. They must be in agreement that at least one and the same ground is

Termination of pregnancy

met for the termination of pregnancy. They must indicate their agreement by signing the HSA1 form. In the records we looked at we found that all the forms included indication of which of the grounds of the Abortion Act was met in each patient's case, and there were signatures of two doctors.

- BPAS centres completed monthly HSA1 audits to ensure and evidence with BPAS compliance. BPAS Nottingham West's audits consistently showed 100% compliance with HSA1 forms.
- The unit held and displayed in each area a Department of Health Certificate of Approval.

Leadership

- There was good local leadership of the service; staff reported their manager was supportive.
- The manager of the service had good support and links to the area manager and the senior management team.
- All staff we spoke with were positive about the culture in the service and in the management team; they were able to provide examples of when they had received personal support from the management team and their colleagues.

Culture of service

- The culture within the service was caring and supportive. Staff were actively engaged in the running of the local service. Innovative ideas and approaches to care were encouraged and supported.
- All staff we spoke with were proud of their colleagues and the team they worked in. Staff spoke positively and passionately about their role in the clinic.
- Nursing staff, managers and doctors we spoke with all enjoyed working for the organisation we observed the culture as being patient centred, caring, compassionate and supportive of the development of staff.

Public engagement

- Patients were given feedback forms that asked for their opinion of the service. Staff however, told us that due to the sensitive nature of the procedure it was challenging to obtain feedback.
- We observed three complimentary thank you cards praising staff for their support.
- The registered manager monitored all feedback for the units and shared these with the team. We requested team meeting minutes but did not receive them to review them.

- Patients were able to give direct feedback to the BPAS website and read other patient's feedback.

Staff engagement

- Annual staff surveys were undertaken. This gave staff the opportunity to give feedback at a national level. The corporate 2015 staff survey showed that 92% of staff were proud to work for BPAS and 86% said it was a good place to work.
- Staff told us that BPAS held a two-day event for clinical staff every two years and to update staff and provide sessions on new initiatives.
- Staff we spoke with told us they had regular meetings we were not able to review these because we did not receive minutes for staff meetings. Feedback from the national forums and meetings was shared with staff at their local team meetings. Urgent information was emailed or discussed directly with staff.
- Staff were able to engage with the wider organisation through an online staff forum. Staff could feedback to managers and the executive team through this system.

Innovation, improvement and sustainability

- For the last 12 months the service focused on setting up and establishing three sites in a short timeframe.
- Staff told us that they were more confident that the service provided was more established and they would be able to improve the audit processes.
- All staff we spoke with were passionate and keen to improve services they provided and now the service was more established felt they were able to focus on audit and outcomes to improve.

Areas for improvement

Action the clinic SHOULD take to improve

- The service should ensure staff always sign and print name when making document entries and that signature sheets are kept up to date.
- The service should continue to ensure daily checks are performed on emergency equipment when clinics are in use.
- The service should ensure all RSOP 16 recommended audits are performed.
- The service should ensure a local risk register is developed and risks identified have actions and mitigations.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The service should ensure staff always sign and print name when making document entries and that signature sheets are kept up to date.
- The service should ensure daily checks are performed on emergency equipment when clinics are in use.
- The service should ensure audits of delays to treatment are performed and the reason why there was a delay.
- The service should ensure an improvements in audits performed to fully comply with RSOP16.
- The service should ensure a local risk register is developed and risks identified have actions and mitigations.
- The service should ensure the service complies with NICE guidance (MPG2) and the doctors prescribe medication required.