BPAS Chester

Quality Report

British Pregnancy Advisory Service (BPAS) Chester
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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

Ratings

Overall rating for this location

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Summary of findings

Letter from the Chief Inspector of Hospitals

BPAS Chester is part of the British Pregnancy Advisory Service and provides termination of pregnancy and vasectomy services to both private and NHS patients from the Wales, Chester and neighbouring areas. The service provides consultations, early medical terminations and medical terminations up to 10 weeks gestation. Surgical terminations were carried out via manual vacuum aspiration up to 12 weeks 6 days gestation under local anaesthetic.

We carried out this inspection as part of our comprehensive inspection programme of termination of pregnancy services. As part of our inspection we reviewed termination of pregnancy arrangements for medical terminations, early medical terminations and surgical terminations via manual vacuum aspiration at the BPAS Chester clinic. There were no vasectomies carried out at the time of our inspection.

The announced inspection of BPAS Chester took place on 15 June 2016. We carried out the unannounced inspection on 2 August 2016 to observe how patients were cared for during a surgery day.

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.

Are services safe?

- There were processes in place to report and investigate incidents; all staff we spoke with understood their roles and responsibilities in relation to reporting incidents. Lessons learned were shared amongst all staff via staff meetings. This was to prevent further occurrence of any avoidable harm to patients or staff themselves.
- All staff were aware of their responsibilities relating to the Duty of Candour legislation and were able to give us examples of when this would be used. The service had a Duty of Candour process in place to ensure that people had been appropriately informed of an incident and the actions that had been taken to prevent recurrence. We saw evidence that a patient had been informed and supported appropriately following a serious incident in line with Duty of Candour requirements.
- The BPAS safeguarding policy was in date and took into account current statutory guidance such as “Working Together to Safeguard Children” (2015). Staff were trained in safeguarding adults and children and understood how to recognise and report concerns. Staff were able to demonstrate their understanding of female genital mutilation and sexual exploitation.
- Staffing was reviewed by the Registered Manager, in the reporting period of February and June 2016 there were no shifts covered by agency staff. Staff worked longer hours or additional shifts to bridge staffing gaps. Staff who were new to the joined a 12 week training programme, during which period they were supernumerary, they visited other BPAS sites, consolidated their learning and followed a competency-based framework against which they were regularly assessed.
- An agreement was in place between BPAS Chester and the local acute NHS hospital for the safe transfer of patients. The protocol was in date and displayed in the treatment, sluice and the recovery room. In the last 12 months, one patient had been transferred to the local acute NHS trust hospital as an emergency.
- The mandatory training record provided by the Registered Manager showed a record of staff designation and when training was overdue.

Are services effective?

- The service provided care and treatment that took account of best practice policies and evidence based guidelines. The service did not follow best practice guidance in relation to the simultaneous administration of abortifacient medication (medicines used to bring about abortion) for early medical abortions. BPAS introduced simultaneous administration of abortifacient medications in March 2015. This is not in line with Royal College of Obstetricians and Gynaecologists (RCOG) guidance. However, a structured approach had been taken when planning and implementing this pathway and it was kept under regular review.

Summary of findings

- The clinic followed the BPAS planned programme of audit and monitoring. Audit outcomes and service reviews were reported to the governance committees and Regional Quality, Assurance and Improvement Forums (RQuAIF).
- Appropriate systems were in place to obtain consent from patients and consent was well documented in the patient record.
- Staff had received training in specialist areas such as scanning and consent to treatment. All staff had received an appraisal in the last 12 months.
- Appropriate systems were in place to obtain consent from patients. Consent was sought from patients prior to delivering care and treatment.
- Screening for chlamydia was commissioned by NHS Clinical commissioning groups. It was offered to all patients under the age of 25 years old. This was not in line with RSOP 13 which states that "all women should be offered testing for chlamydia, offered a risk assessment and tested as appropriate" (Department of Health, page 26).

Are services caring?

- The staff provided compassionate care to patients and treated them with kindness, dignity and respect.
- We observed that staff were sensitive and understanding of the emotional impact of care and treatment. Staff told us that they put the needs of patients first. Staff were non – judgemental and provided patients with a number of options in order to make a decision about any treatment
- All patients were seen by a client coordinator to discuss pregnancy options prior to consultations. They were then able to be accompanied by a friend or relative if preferred. Counselling services were also available post termination if needed to support patients.
- Feedback from patients showed that 100% would recommend the service to someone who needed similar care.

However;

- Patients were not informed about the statutory requirement of HSA4 forms; Staff did not explain to patients that these details were sent to the Department of Health and that it was a legal requirement.

Are services responsive?

- The service worked to clear inclusion and exclusion criteria and did not accept patients who did not fit this. For example patients over 12 weeks and 6 days gestation period were referred to another clinic.
- The service was planned and delivered to meet the needs of patients. Medical and surgical procedures were available for patients up to 12 weeks and six days gestation. For later gestations, patients were offered treatment at other sites of BPAS.
- Patients were referred by a number of routes that included G.P's, hospitals and self – referral and were able to book appointments 24 hours a day, seven days a week.
- Patients from the local area received treatment as well as out of district that included international patients. Care and treatment was either funded by a clinical commissioning group or was self – funded.
- Information leaflets and booklets were provided to patients and sections of the BPAS guide explained in detail.
- Patients knew how to make a complaint although there were minimal and had been dealt with promptly.

However;

- The clinic was not accessible for patients with reduced mobility. Patients would be directed to another site if required.
- Data provided by the clinic showed patients were not always seen within RCOG recommended timeframes. The reasons for delays or extended waiting times were not given but it was possible that these delays were due to patient choice.

Are services well led?

- Staff were aware of the BPAS vision and were supported to follow the corporate strategy. Staff were able to demonstrate common aims during individual interviews and described ways of working as a team.

Summary of findings

- There was clearly visible leadership within the service; staff spoke positively about the culture and the level of support they received. Staff felt senior managers were visible and available for further advice. The Registered Manager had a good understanding of the service, its risks and actions needed to improve the service they delivered to patients.
- Practising privileges were reviewed annually by the Medical Director and Registered Manager. The clinical department at Head Office flagged when an individual's practising privileges were due. Clinicians had a month to submit the necessary documentation (including proof of indemnity, appraisal and registration with the General Medical Council) otherwise their practise was suspended until the information was provided.
- Arrangements were in place to make sure that the certificate(s) of opinion HSA1 were signed by two medical practitioners.
- HSA4 forms were submitted electronically to the Department of Health within 14 days of the termination.
- Staff felt supported to promote the values of BPAS through training opportunities. For example staff attended an array of training courses depending on the needs of their role.

However;

- There was no local risk register or other document that identified local risks and the control measures in place. However the provider had recently employed a risk management and client safety lead who was working with Registered Managers nationally to implement systems such as a local risk register and improved incident reporting systems (including the implementation of an electronic reporting system).

There were some areas where the provider needs to make improvements.

The provider should;

- Ensure medication fridge temperatures are checked daily.
- Ensure all medication is stored securely, including when prepared for transportation.
- Consider working with commissioners to ensure Chlamydia testing services are provided in line with the requirements of RSOP 13.
- Staff must inform patients of their legal requirement to complete the HSA4 and send the information to the Department of Health.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Overall summary

- There were processes in place to report and investigate incidents; all staff we spoke with understood their roles and responsibilities in relation to reporting incidents. Lessons learned were shared amongst staff to prevent further occurrences.
- Staff were trained in safeguarding adults and children and understood how to recognise and report concerns. Staff were able to demonstrate their understanding of female genital mutilation and sexual exploitation.
- The assessment, treatment and recovery rooms were all visibly clean. Hand hygiene protocols were followed and we observed all clinical staff adhering to bare below elbows guidelines. Monthly hand hygiene audits were carried out and showed a high level of compliance. However, whilst observing staff on the announced, we noted that staff did not wash their hands between patients.
- Medicines were securely stored and were placed in fridges. All medicines we checked were in date and staff followed systems for checking orders and deliveries.

Summary of findings

- Records we reviewed were clear and legible. Audit results showed compliance against the BPAS record criteria. Records were securely kept on the premises for four months and then were couriered to BPAS Head Office.
- Patients were clinically assessed to make sure they were medically suitable for an abortion. This involved reviewing their medical history and checking their blood group as well as vital signs.
- The service provided care and treatment that took account of best practice policies and evidence based guidelines including standards set by the Royal College of Obstetricians and Gynaecologists (RCOG) guidance and the Required Standard Operating Procedures (RSOP) guidance from the Department of Health.
- Staff provided appropriate pain relief and advice pre and post procedures.
- Staff had received training in specialist areas such as scanning and consent to treatment. All staff had received an appraisal in the last 12 months.
- The staff provided compassionate care to patients and treated them with kindness, dignity and respect. Staff were non – judgemental and provided patients with a number of options in order to make a decision about any treatment. Feedback from patients showed that 100% would recommend the service to someone who needed similar care.
- All patients were seen by a BPAS member of staff individually prior to consultations and then could be accompanied by a friend or relative if preferred. The Client Care Coordinator was not trained to diploma level in counselling, as recommended in the RSOP 14. However, they had undergone a BPAS training programme which included theory and competency based assessments. Staff who were involved in counselling, including midwives, nurses and client care coordinators had undertaken the BPAS patient support skills and counselling and self-awareness course.
- Patients were referred by a number of routes that included G.P's, hospitals and self – referral and were able to book appointments 24 hours a day, seven days a week. Medical and surgical procedures were available for patients up to 12 weeks and six days gestation. For later gestations, patients were offered treatment at other sites of BPAS,
- Data provided by the clinic showed patients were not always seen within RCOG recommended timeframes. The reasons for delays or extended waiting times were not given but it was possible that these delays were due to patient choice.
- Information leaflets and booklets were provided to patients and sections of the BPAS guide explained in detail. Patients had access to a 24 hour helpline, seven days a week for advice post procedure.
- There were systems in place to support patients when making a complaint. Complaints about the service were resolved in a timely manner and information about complaints were shared with staff to aid learning.
- Staff were aware of the BPAS vision and were supported to follow the corporate strategy. Staff were able to demonstrate common aims during individual interviews and described ways of working as a team. Local leadership was evident and lines of accountability were clear. Staff felt senior managers were visible and available for further advice. The Registered Manager had a good understanding of the service, its risks and actions needed to improve the service they delivered to patients.
- Risk management arrangements were in place to make sure that the certificate(s) of opinion HSA1 were signed by two medical practitioners in line with regulatory requirements.
- HSA4 forms were submitted electronically to the Department of Health within 14 days of the termination.
- The mandatory training record provided by the Registered Manager showed a record of staff designation and when training was overdue

However;

- We reviewed fridge temperature recording sheets and found seven omissions in daily checks.
- The service did not follow best practice guidance in relation to the simultaneous administration of abortifacient medication (medicines used to bring about abortion) for early medical abortions. BPAS introduced simultaneous administration of abortifacient medications in March 2015. This is not in line with RCOG guidance but a structured approach had been taken when planning and implementing this pathway and it was kept under regular review.

Summary of findings

- Screening for chlamydia was offered to all patients under the age of 25 years old and also as required by NHS Clinical commissioning groups. This was not in line with RSOP 13 which states that “all women should be offered testing for chlamydia, offered a risk assessment and tested as appropriate” (Department of Health, page 26).
- Patients were not informed about the statutory requirement of HSA4 forms; Staff did not explain to patients that these details were sent to the Department of Health and that it was a legal requirement.
- The clinic was not accessible for patients with reduced mobility; patients would be directed to another site if required.
- There was no local risk register or other document that identified local risks and the control measures in place but the provider had recently employed a risk management and client safety lead who was working with Registered Managers nationally to implement systems such as a local risk register and improved incident reporting systems (including the implementation of an electronic reporting system).

Summary of findings

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Summary of this inspection

Background to BPAS Chester

BPAS Chester is part of the British Pregnancy Advisory Service (BPAS). BPAS Chester was opened in 2013 and provides termination of pregnancy and vasectomy services to both private and NHS patients from the Wales, Ireland, Chester and neighbouring areas. The service provides consultations, early medical terminations and medical terminations up to 10 weeks gestation. Surgical terminations were carried out via manual vacuum aspiration up to 12 weeks 6 days gestation under local anaesthetic. At the time of our inspection, the service did not provide treatments under conscious sedation although they planned to.

The service also offers the following:

• Pregnancy Testing

• Unplanned Pregnancy Counselling/Consultation

• Abortion Aftercare

• Miscarriage Management

• Vasectomy

• Sexually Transmitted Infection Testing and Treatment

• Contraceptive Advice

• Contraception Supply

The service has two screening rooms, three consulting rooms, a treatment room and a recovery room.

BPAS Chester is registered for the following regulated activities:

- Diagnostic and screening procedures

- Surgical procedures

- Family planning

- Termination of pregnancies

- Treatment of disease, disorder or injury

The Registered Manager has been in post since 2008.

We carried out this inspection as part of our comprehensive inspection programme of termination of pregnancy services. As part of our inspection we reviewed medical and surgical termination of pregnancy services provided at the BPAS Chester clinic.

Our inspection team

Our inspection team was led by:

Inspection Lead: Emily Harrison, Inspection Manager, Care Quality Commission.

The team included two CQC inspectors and an obstetricsand gynaecology nurse practitioner (specialist advisor).

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we held about BPAS Chester. The announced inspection took place on 15 June 2016 and we visited all areas within the service including the consultation rooms, screening rooms and waiting areas. We also carried out an unannounced inspection on 2 August 2016 to see how patients were cared for during a surgery day.

To inform our inspection we reviewed data provided by the service and spoke to a range of staff which included: registered nurses, doctors, the Registered Manager, administration staff and the regional operations manager.

Summary of this inspection

We spoke with three patients and their relatives. We observed care and treatment and looked at 14 records for both medical and surgical patients. We also reviewed other relevant records held by the service such as complaints, incidents and relevant policies.

We would like to thank all staff and patients for sharing their views and experiences of the quality of care and treatment provided at BPAS Chester.

We have not provided ratings for this service. We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

Information about BPAS Chester

The service carried out1101 (80%) medical terminations of pregnancy and 280 (20%) surgical terminations between May 2015 and April 2016.

The service reported that 83 patients had a vasectomy, under local anaesthetic between May 2015 and April 2016.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

There were processes in place to report and investigate incidents; all staff we spoke with understood their roles and responsibilities in relation to reporting incidents. Lessons learned were shared amongst all staff via staff meetings. This was to prevent further occurrence of any avoidable harm to patients or staff themselves.

The BPAS safeguarding policy had been reviewed and took into account of current statutory guidance such as “Working Together to Safeguard Children” (2015). Staff were trained in safeguarding adults and children and understood how to recognise and report concerns. Staff were able to demonstrate their understanding of female genital mutilation and sexual exploitation.

The assessment, treatment and recovery rooms were all visibly clean. Hand hygiene protocols were followed and we observed all clinical staff adhering to bare below elbows guidelines. Monthly hand hygiene audits were carried out and showed a high level of compliance. However whilst observing staff on the announced and the unannounced inspection, we noted that staff did not consistently sanitize their hands between patient contacts.

Records we reviewed were clear and legible. Audit results showed compliance against the BPAS record criteria. Records were securely kept on the premises for four months and then were couriered to BPAS Head Office.

Patients were clinically assessed to make sure they were medically suitable for an abortion. This involved reviewing their medical history and checking their blood group as well as vital signs.

The mandatory training record provided by the Registered Manager showed a record of staff designation and when training was overdue.

However;

Medicines were not securely stored; those kept in fridges were stored at the right temperatures. All medicines we checked were in date and staff followed systems for checking orders and deliveries.

The root cause analysis investigation report we reviewed did not identify and consider all relevant information and contributory factors.

Summary of this inspection

Are services effective?

The service provided care and treatment that took account of best practice policies and evidence based guidelines including standards set by the Royal College of Obstetricians and Gynaecologists (RCOG) guidance and the Required Standard Operating Procedures (RSOP) guidance from the Department of Health.

Staff provided appropriate pain relief and advice, pre and post-procedures.

Staff had received training in specialist areas such as sonography and consent to treatment. All staff had received an appraisal in the last 12 months.

Patients had access to a 24 hour helpline, seven days a week for advice post procedure. Discharge letters were only sent to the GP if the patient agreed prior to leaving the clinic.

However;

Whilst most services offered by the provider were in line with current RCOG guidance, the practice of simultaneous administration was not. The service introduced simultaneous administration of abortifacient medications in March 2015. A structured approach had been taken when planning and implementing this pathway and it was kept under regular review.

Screening for chlamydia was offered to all patients under the age of 25 years old; this criteria was set by NHS Clinical commissioning groups. This was not in line with RSOP 13 which states that "all women should be offered testing for chlamydia, offered a risk assessment and tested as appropriate" (Department of Health, page 26).

Are services caring?

Staff provided compassionate care to patients and treated them with kindness, dignity and respect.

Staff were non – judgemental and provided patients with a number of options in order to make a decision about any treatment.

All patients had a discussion with the client coordinator to discuss pregnancy options prior to consultations.

Counselling services were also available post termination if needed to support patients.

Feedback from patients showed that 100% would recommend the service to someone who needed similar care.

However;

Summary of this inspection

Patients were not informed about the statutory requirement of HSA4 forms. Staff did not explain to patients that these details were sent to the Department of Health and that it was a legal requirement.

Are services responsive?

Patients were referred by a number of routes that included G.P's, hospitals and self – referral, and were able to book appointments 24 hours a day, seven days a week.

Patients from the local area received treatment as well as out of district, which included international patients. Care and treatment was either funded by a clinical commissioning group or self–funded.

Early medical, medical and surgical procedures via manual vacuum aspiration were available for patients up to 12 weeks and six days gestation. For later gestations, patients were offered treatment at other sites of BPAS.

Patients were provided with Information leaflets and a BPAS guide, this booklet contained details of the different types of procedure, what to expect and support networks.

Support was available for patients living with learning difficulties, a mental health illness or other complex needs. The clinic referred patients with complex learning difficulties to another clinic or the NHS.

Systems were in place to support patients when making a complaint. Patients were given information about how to complain and raise concerns and how the service responded to complaints.

However;

Data provided by the clinic showed patients were not always seen within Royal College of Obstetricians and Gynaecologists (RCOG) recommended timeframes. The reasons for delays or extended waiting times were not given but staff us spoke with said it was possible that these delays were due to patient choice.

The clinic was not accessible for patients with reduced mobility. Patients would be directed to another site if required.

Are services well-led?

Staff were aware of the BPAS vision and were supported to follow the BPAS strategy. Staff were able to demonstrate common aims during individual interviews and described ways of working as a team.

Local leadership from the unit manager was evident and lines of accountability were clear. Staff felt senior managers were visible and available for further advice.

Summary of this inspection

The unit manager had a good understanding of the service, its risks and actions needed to improve the service they delivered to patients.

HSA4 forms were submitted electronically to the Department of Health within 14 days of the termination.

Staff felt supported to promote the values of BPAS through training opportunities. For example staff attended an array of training courses depending on the needs of their role.

However;

There was no local risk register or other document that identified local risks and the control measures in place. However the provider had recently employed a risk management and client safety lead who was working with Registered Managers nationally to implement systems such as a local risk register and improved incident reporting systems (including the implementation of an electronic reporting system).

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are termination of pregnancy services safe?

Incidents

- There were established systems for reporting incidents, all staff had received training and were confident in using the paper based incident reporting system. All the staff we spoke to were familiar with reporting incidents and felt confident with how to report them.
- There were no never events at BPAS Chester from January 2015 to the time of inspection. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- There had been one serious incident between May 2015 and May 2016, which related to a scan resulting in the estimation of an incorrect gestational age. The incident had been investigated using a root cause analysis (RCA) approach. A root cause analysis is an investigation of adverse incidents, which can identify system failures and areas for service improvement. However, the RCA investigation report we reviewed did not identify and consider all relevant information and contributory factors. For example, there was no consideration of when the person performing the scan had last been competency assessed or how many scans in the 1st and 2nd trimesters they had performed in the last 12 months.
- Evidence was provided that indicated the patient had been informed, in writing, about the incident and then a letter of apology was sent at the completion of the investigation in line with the requirements of the Duty of Candour. Staff we spoke with understood the principles of the Duty of Candour. The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- In the reporting period of January to December 2015, a total of 27 incidents were reported. Investigations showed 21 concerns were related to testing for sexually transmitted infections (STI's). Samples for testing were taken to an external laboratory; findings from incidents showed that reasons included, labelling of samples, tests not received by the external laboratory and two swabs in the test sample. Staff we spoke with were aware there had been issues and worked with the laboratory to ensure the correct processes were reinforced. The regional governance meeting minutes for July 2015 corroborated this as they stated: "The importance of ensuring correct procedures are followed in administering lab tests were reinforced".
- Incidents were reviewed at the clinical governance committee meetings that were held on a monthly basis. Staff gave examples of when the Registered Manager shared lessons learnt and actions were cascaded to clinical staff at local team meetings and then to local staff by email, e-learning and at daily staff meetings each morning.

Cleanliness, infection control and hygiene

- The Infection Control Committee (ICC) met three times a year. The committee's remit was to discuss infection prevention throughout all BPAS clinics, including BPAS Chester. As part of a larger organisation, there were policies and procedures in place for infection control.
- The clinic participated in the Department of Health's Essential Steps audit; this was developed by the Department of Health to support existing infection control protocols. The clinic achieved 100% in the Essentials Steps audit completed between April and December 2015.

Termination of pregnancy

- The 2015 environmental audits monitored the cleanliness of the clinic; this included checking linen, hand hygiene, waste disposal and medicine storage. The clinic consistently achieved above the BPAS target of 90%.
- The reception area, consultation rooms, recovery and treatment room were all visibly clean at the time of the inspection. The surgical treatment area had a separate sluice that was well maintained and organised.
- All clinical staff we observed adhered to the 'bare below the elbows' policy in clinical areas. Hand gel and sanitizers were readily available on entry to clinical areas. However, staff did not consistently sanitize hands between patient contact; this was observed three times in the recovery room and twice in the treatment room.
- Personal protective equipment (PPE) was readily available and included gloves and aprons, however we observed a member of staff performing a finger' prick' blood test without wearing gloves. This was not in line with the organisation's policy. We observed appropriate use of PPE on the unannounced inspection.

Environment and equipment

- Entry into the clinic was secure, staff on the reception desk were able to view patients through the camera and allow entry once they confirmed their name. The clinic area where patients were seen was all on the first floor of the building.
- The three storey building had a ground floor, first floor and second floor. The patients were seen on the first floor only. The fire exits were clear, however; the exterior steps to the fire exit on the ground floor were covered in moss which meant they were slippery and potentially unsafe to use. . The clinic responded to concerns raised about the steps leading to the fire assembly point on the announced inspection. During the unannounced visit, this had been addressed and we found the steps had been cleaned.
- On the day we visited, there was exceptionally heavy rainfall, which resulted in areas under the fire exit and in the recovery area to become flooded. Staff managed the situation promptly and reported the incident to the building maintenance staff.
- Single use equipment was used and disposed of following its use, which meant the clinic did not need to decontaminate equipment between uses. There were suitable arrangements for the handling, storage and disposal of clinical waste, including sharps in a clinical environment.
- There were two clinic rooms where medical termination of pregnancy treatments were administered. Each included a scanning machine, blood machine and computer. The hemocue for checking iron levels in the blood, if needed, was shared between the rooms.
- On the unannounced inspection, equipment, including a machine that we were told was for use in vasectomies, was found to be stored in an office that was being converted to a consulting room. There was also unsealed boxes of medication that we were told were to be transferred to another site. This was addressed on – site. It was explained that the room was usually occupied by a staff member and was not accessed by members of the public. The door was not locked.
- Records indicated that emergency equipment in the treatment room was checked weekly (or prior to surgery) and had been subject to electrical maintenance checks. Suction equipment, piped oxygen, and emergency call facilities were available in the room, in case of an emergency. Resuscitation equipment was kept in the corridor outside the treatment room; records indicated the trolley was checked every Tuesday before the treatment listed started to ensure that the correct equipment was available and fit to use.
- All single use items were sealed and in date, and emergency equipment had been serviced appropriately. We checked items such as syringes, needles and dressings. These all were in date and stored correctly.
- The majority of equipment we looked at had been subject to appropriate electrical maintenance checks. On the unannounced inspection, we found fans in an office that were overdue testing and the scanner in a consulting room was last tested 07/2015. This was addressed on – site.
- Arrangements were in place for the correct management of clinical waste including the disposal of pregnancy remains.
- There was an emergency call button system in place in all patient areas. Whilst on-site the emergency cord was pulled accidentally in the toilets. The staff responded immediately to the alarm.

- Records indicated that equipment in the sluice was maintained and regularly checked. For example we noted that the Hemotrol machine was checked on a daily basis. Staff signed all the equipment they checked.
- A major haemorrhage kit was stored in the treatment room for emergencies. This box contained equipment to catheterise a patient, medications such as syntocinon, and packed items such as venflons. Records indicated this box was checked and signed by staff every Tuesday morning before any surgery took place.

Medicines

- There were established systems in place for the management of medicines. This included clear monitoring of stock levels, stock rotation and the checking of expiry dates of medicines. However, there were discrepancies in some of the stock numbers of medication compared to the corresponding record. For example, misoprostol was recorded as 63 being in stock but 62 were counted and flagyl was recorded as 16 being in stock but 15 were counted. In addition, the record for codeine did not include the dose of the drug. This was addressed on site with the manager, who reassured us that records were updated at the end of the day, following treatments and would be followed up then to ensure accurate record keeping. On the unannounced inspection medication stocks were checked and we found no discrepancies in the stock numbers of medication.
- Medication used during treatment room procedures or during consultation was recorded in the patient record and stock book.
- Records indicated that fridge temperatures were checked daily in the majority of cases, including the minimum and maximum temperature ranges to ensure medicines were stored at the correct temperatures. However, there were seven omissions in daily checks between the period of April and June 2016.
- Medication for early medical abortion was offered simultaneously at one appointment or the patient could return the following day for the second part of the treatment. The first tablet was given orally followed by the second medication which was given vaginally either by the nurse or self – administration dependent on the patient's choice.
- There was clear documentation of information about allergies; this was documented in patient records. All records we reviewed had the patients allergy status recorded. The service used a red wrist band if a patient had an allergy and a sticker on the care records.
- The clinic kept a register of all patients receiving an Anti-D immunoglobulin injection which is given to neutralise any Rhesus positive antigens that may have entered the patient's blood during pregnancy. When reviewing patient records we saw that patients were tested for Rhesus positive antigens.
- Prophylactic antibiotics were prescribed against infection as well as anti – sickness medication. These were dispensed, from stock medication, as discharge medication along with analgesia. Patients were advised to take them, later in the day at home. All 15 prescription charts we reviewed were signed, dated and legible.

Records

- Patient records were paper–based. Prior to consultations, they were kept behind the reception area and following treatment they were stored in a secure cupboard.
- We reviewed eight care records for patients that had received a medical abortion and seven care records for patients following manual vacuum aspiration (MVA). All records were legible and completed to a good standard. Prescriptions were clearly dated and forms were fully completed.
- Patient notes were kept on the premises for up to four months and then securely sent to the Head Office site via a BPAS courier for them to be stored accordingly at Head Office.
- 'Monthly case note audits' of consultation records were carried out; five random care records were reviewed to check compliance. In the reporting period of January 2016 and May 2016, scores were RAG (red, amber or green) rated, with a target of 90% to achieve green. Four out of the five months scored green with the exception of April 2016, which scored amber as one file scored 86%.

Safeguarding

- The Registered Manager of BPAS Chester was the designated safeguarding lead and understood how to escalate a safeguarding alert locally to the local authority and to the national safeguarding lead based at Head Office.

- The Registered Manager was responsible for the sharing of necessary information with external safeguarding and child protection agencies in a timely manner. They were also responsible for the development and regular review of their local adult and child protection procedures.
- The service had links with the local safeguarding team and with the police should they need to refer a safeguarding concern.
- Staff had access to safeguarding policies and procedures for both patients and children. Further support was available from national leads, which were based at Head Office. The safeguarding and management of clients aged under 18 policy and procedure' was up to date and took into account current statutory guidance such as "Working Together to Safeguard Children" (2015) that includes information about female genital mutilation (FGM) and child sexual exploitation (CSE).
- Staff we spoke with had not dealt with female genital mutilation (FGM) or children sexual exploitation (CSE) but were aware of both and had been given training on how to identify and escalate such a case.
- If staff had concerns about the welfare of a patient, they were aware how to escalate the case to the safeguarding lead and then to the national clinical lead for further advice. Staff were also familiar with coordinating safe care with other agencies to ensure patients were not harmed.
- Records showed all staff had received level 3 (advanced) safeguarding training (adults and children).
- In the period of January to December 2015, data showed that the clinic treated 13 patients between the ages of 13 -18 years old. Staff completed a safeguarding risk assessment form for patients under 18 years old.
- The initial one to one consultation, with the BPAS client care coordinator was to ensure the patient was able to talk freely. Staff told us they encouraged patients to talk to parents. A safeguarding form would be completed and kept alongside medical records. Any subsequent consultation and treatment could be accompanied by a friend / relative if this was requested by the patient.

Mandatory training

- Staff were required to undertake mandatory training. We requested a copy of the training matrix that indicated dates when training was last completed or updated as well as future dates for when the training was booked for. The matrix included the eight members of staff that were employed at the service at the time of the inspection. These included clinical and administrative staff. All staff had completed basic life support (BLS), fire awareness and manual handling in July 2016. Other training was completed dependent on the role of the staff.
- Two staff had received training in immediate life support (ILS). It was BPAS policy for the lead nurse, nurse manager, and recovery nurse and treatment doctor to undertake ILS every year. The training record provided did not include details for any doctors, although it indicated that the lead nurse and one of the midwives had completed ILS training in April 2016 with a date arranged for the other midwife.
- The provider confirmed that any doctor employed via a practising privileges arrangement has a requirement to provide evidence of current advanced life support training. The training matrix was a list kept by BPAS to assure themselves of each individual staff members training and qualifications. Information received from the service confirmed that the midwife practitioner and lead nurse were trained in Immediate Life Support (ILS) but not advanced life support (ALS) trained. The medical doctor who performed the treatment was also ILS trained. We were informed by the BPAS that ALS training was not a requirement and not within BPAS policy. However, documentation provided by BPAS asked doctors to provide documentation of their ALS certification to obtain practising privileges.
- Conscious sedation had not commenced as suggested to the inspection team on the announced inspection. We were told this was because the service required two Immediate Life Support (ILS) trained staff, in the surgical treatment area, to do conscious sedation procedures. At the time of the unannounced inspection the service had not started at the clinic.
- The clinic ensured that a member of staff was trained how to use medical gases. The designated staff member last completed their training in December 2013, which meant at the time of the inspection this training was not in date. According to BPAS' policy, the designated member of staff should attend the training biennially.

Assessing and responding to patient risk

- The service had implemented processes to minimise risks to patients undergoing medical and surgical procedures. For example, data provided by the service stated all patients in the past 12 months underwent a

venous thromboembolism (VTE) risk assessment before the termination procedure. This was carried out by the nurse or the midwife practitioners to determine if any prophylactic treatments were required. The risk assessments were clearly documented in all the records we checked.

- As part of the initial consultation the nurse or midwife practitioner, checked the blood group and haemoglobin levels of patients. Haemoglobin levels were checked to ensure patients were medically fit to undergo any treatment. A low haemoglobin level increased the risk of complications if any blood was lost. Records showed that all those who had a Rhesus negative blood group received an Anti-D injection.
- Patients were asked about their medical and obstetric history, including any allergies they may have and previous pregnancies. Vital signs, including blood pressure, pulse and temperature was taken and documented before treatment. This information was used collectively to determine if the patient was medically well for treatment.
- An ultrasound scan was carried out, by the nurse or midwife, on patients who did not have an ultrasound scan with another provider. This was to determine the gestation and viability of the pregnancy and identify a suitable treatment method. Scans were either abdominal or transvaginal dependent on the expected gestation.
- If, during the assessment, patients did not fit the criteria to have their termination in a BPAS clinic, the specialist placement team would organise a suitable appointment at a different location. This team was a central team that sought appointments at an acute trust for patients who were not medically suitable for treatment at a BPAS clinic.
- Before surgical intervention commenced, the patient's name, gestation, allergies, Anti D status, contraception and cervical preparation medication was written on a white board. As part of the surgical procedure, health professionals checked the information with the patient and referred back to it as a check list. For example, we observed the healthcare assistant refer to the list to check the contraception method chosen.
- Records were labelled with "this patient has allergies" and patients were given a red wrist band if they had an allergy to medications. We observed staff check what allergy patients had in the treatment room; patients with a nut allergy were given doxycycline instead of azithromycin.
- The clinic used a surgical safety checklist; this was modelled on the Five Steps to Safer Surgery Checklist but adjusted to be fit for purpose within the specialist BPAS care environment. The Five Steps to Safer Surgery Checklist is a system to reduce errors and adverse events for patients having surgery. During the four procedures we observed, the Surgical Safety Checklist was used at the beginning and end of all cases. Specific instructions for staff on how to use the BPAS Surgical Safety Checklist within surgical setting was included within the Perioperative Care Policy and Procedure.
- After treatment had been completed a 'surgical check out' list was called out and confirmation that everything had followed protocol was agreed between the surgeon and healthcare assistant before the patient left the room. The unit manager carried out surgical safety checklist audits on a six months basis, ten care plans were reviewed. This was to determine if surgical practice complied with BPAS policy. We reviewed three audit pro-formas that showed the clinic achieved 100% compliance in September 2015 audit and in March 2016 audit.
- The medical doctor described the process routinely followed from treatment to recovery. On arrival to the treatment room, patient details were checked with the patient and written on the white board. The healthcare assistant explained the procedure to the patient and asked them to undress from the waist down behind the curtain. Once the patient was on the bed, the doctor advised the patients about the next steps and waited for the patient to confirm they were happy to proceed. After surgical treatment the patient was observed by the doctor and the patient's vital signs including pain level was monitored. If a patient became unwell, they were kept in the treatment room and closely monitored. If the doctor felt that the patient was deteriorating they triggered the transfer protocol and the patient was transferred to the nearest NHS hospital. Whilst on the unannounced inspection we observed one patient who felt dizzy after the procedure. The doctor examined the patient and asked them to stay in the treatment room until their blood pressure returned to normal levels. The patient was placed into a wheelchair and taken to the recovery room.

- In recovery, the patient's vital signs including pain level and vaginal blood loss was regularly monitored in recovery by the registered nurse midwife. Once patients were assessed and deemed medically fit they were discharged by a registered nurse/midwife.
- We reviewed the transfer protocol, the protocol included procedures to transfer a woman with a pregnancy anomaly or acute complication. This was an agreement between BPAS Chester and the local acute NHS hospital for the safe transfer of patients. The protocol was in date and displayed in the treatment, sluice and the recovery room. In the last 12 months, one patient had been transferred to the local acute NHS trust hospital as an emergency. All staff we spoke with were aware of the circumstances that led to the transfer and were familiar with the transfer policy.
- The 24-hour after-care helpline was available to patients for advise after their abortion. Call takers were BPAS trained staff, who advised patients about any concerns they had about their health or wellbeing.

Nursing staffing

- The clinic employed one registered nurse and two registered midwife practitioners and a healthcare assistant and a client care coordinator. A registered nurse or midwife was always present when the clinic was open. At the time of inspection the clinic had one nursing vacancy open.
- Staffing was reviewed by the Registered Manager. Between February and June 2016 there were no shifts covered by agency staff. Staff worked longer hours or additional shifts to bridge staffing gaps. However audit outcomes fed into monthly dashboards showed that the service did not always comply with their own planned staffing levels. The dashboards for April to December 2015 showed BPAS Chester did not achieve its staffing standards in September, the service failed to meet targets on minimum staffing levels. The clinic confirmed that lists were cancelled when staffing levels were low.
- Staff who were new to the organisation initially observed experienced staff and then participated in a 12 week training programme that involved visiting other sites.

Medical staffing

- The service employed two experienced doctors in the provision of termination of pregnancy (TOP) treatments. The medical staff were registered with the General Medical Council (GMC) and had undergone an annual medical appraisal. The surgeon only performed surgical terminations on Tuesday and in their absence, surgical treatments would not be listed.
- The clinic had not used any agency staff to cover doctors between April and June 2016 and had no medical vacancies at the time of the inspection.

Major incident awareness and training

- The clinic held a business continuity plan and the Registered Manager was familiar with the protocol. However, staff were unaware of the roles and responsibilities they would take on in a major incident was declared.
- Emergency plans and evacuation procedures were in place, staff knew where fire points were and how to get to them.
- The clinic had a back–up generator in case of a power failure as well as battery operated lighting in the treatment room treatment room.

Are termination of pregnancy services effective?

Evidence-based care and treatment

- The clinic delivered a service which was defined by clinical guidelines, policies and procedures that were evidence-based and referenced best practice, both national and international.
- Whilst most services offered by the provider were in line with current RCOG guidance, the practice of simultaneous administration was not. BPAS offered treatment for early medical abortions either by way of the simultaneous administration of the medicines necessary to effect a termination of pregnancy (only for pregnancy under 9 weeks) or initial dose followed at some point within a 72 hour window with a second medication. The provider no longer offers an interval of 6-8 hours between administrations of the medications because the outcomes with this interval were not found to be significantly better than with simultaneous administration. At the time of the inspection, we saw that patients were advised of the risks for medical abortions including the increased risk for simultaneous termination.

- Each clinical guideline, policy and procedure was regularly reviewed by a responsible officer at Head Office. These were then updated on the Intranet for staff to review. Policies we looked at were all in date and referenced.
- New or updated policies were cascaded to staff, they were asked to read and sign a recording sheet so managers could monitor who had sight of the new information.
- BPAS monitored national and international developments in care and service delivery at corporate level and reported to the BPAS Clinical Governance Committee on developments. BPAS had a Clinical Advisory Group which brought together clinicians to review and advise on clinical guidelines.
- BPAS had been involved at corporate level in providing advice and guidance to the Human Tissue Authority (HTA) on production of its recent document, 'Guidance on the Disposal of Pregnancy Remains Following Pregnancy Loss or Termination', and was part of the team that was updating the Royal College of Nursing's guidance document, 'Sensitive Disposal of all Foetal Remains'.
- The clinic practiced within the Human Tissue Authority (HTA) and RSOP 15 guidelines and disposed of pregnancy remains appropriately. The sluice contained a clearly labelled yellow box and sealed bags. Each bag was marked with an identifier and handled appropriately.
- Screening for chlamydia was only offered to patients under the age of 25 years old. This criteria was set by NHS commissioning groups and was not in line with RSOP 13 which states that "all women should be offered testing for chlamydia, offered a risk assessment and tested as appropriate" (Procedures for the approval of Independent Sector Places for the Termination of Pregnancy 2014, Department of Health, page 26)

Pain relief

- Doctors prescribed pre and post-procedural pain relief if patients needed it; this was recorded on medication records we reviewed. Patients were given advice on the use and dosage of painkillers once they had returned home.
- On the unannounced inspection we observed six procedures in the treatment room. All patients were given the appropriate amount of pain relief. Whilst administrating injections into the cervix, some patients expressed discomfort and were reassured that they wouldn't feel anything once the injections were given. All patients we observed in the treatment room were asked if they could feel pain before the procedure begun.
- In recovery, a pain score for abdominal pain was determined from the description given by the patient. Patients were offered different pain relief medication; we observed the recovery nurse offer paracetamol, codeine or ibuprofen. During the discharge discussion, we observed the nurse offered patients different ways of relieving pain. For example, using a hot water bottle over the abdomen was suggested to one patient.

Nutrition and hydration

- Staff gave patients the "My BPAS Guide" booklet during their consultation; this contained information about fasting prior to treatment.
- Patients were regularly asked if they wanted refreshments during their stay, a water machine was located in the recovery room and a hot drinks machine for patients and carers was available in the waiting room.
- We observed six patients in recovery, all of which were given biscuits and water after treatment to aid recovery.

Patient outcomes

- The service followed the BPAS planned programme of audit and monitoring that included areas recommended by RCOG such as consent for treatment, discussions related to different options of abortion, contraception discussion, confirmation of gestation, and medical assessments audits. Audit outcomes and service reviews were reported to the governance committees and Regional Quality, Assessment and Improvement Forums (RQuAIF).
- The service had locally agreed standards in place with commissioners. The clinic collected some data against RSOP 16 guidance of audit. RSOP 16 states providers must have clear locally agreed standards against which performance can be audited. These audits should have specific focus on outcomes and processes.
- Local audits of manual vacuum aspiration (MVA – surgical termination of pregnancy) care at the service were carried out. These included reception and admission procedures, nurse admission, treatment room, surgical safety checklist, recovery and discharge. In September 2015, there was 98.5% overall compliance, in March 2016, there was 100% compliance and in June

there was 99% overall compliance. Where compliance rates were below 100%, the Registered Manager spoke to staff members to identify any gaps in learning and remind them of the BPAS policy. These actions were documented on the audit pro-forma.

- Data provided by the clinic showed, 107 patients received contraceptive advice at the time of treatment. It was unclear what percentage of patients this was and the timeframe of when this data was collected was not provided by the clinic. Therefore we were unable to determine if practice was within guideline data and if all women received advice. Dates were requested on the unannounced visit, however; they were not received at time of writing the report.
- Data provided by the clinic for contraception uptake showed: 116 patients (35.2%) received long-acting reversible contraception (LARC). This included 5 patients (35.7%) of under 18 patients, 54 patients (35.1%) aged between 18 and 24, 41 patients (35.3%) aged between 25 and 34 and 16 patients (34.8%) aged between 35 and 44 years old. However, we were not provided a time frame of when this information was collected and therefore were able to assess current practice against guideline and RSOP standards. Dates were requested on the unannounced visit, however; they were not received at time of writing the report.
- Data was routinely collected to monitor complications. Between May 2015 and April 2016, there was a total of 83 vasectomy procedures performed with no complications at the location. This compared to 10 major complications (1554 in total; 0.64 %) and five minor complications (0.32%) for the provider as a whole.
- Audit of records indicated that contraception was discussed during the consultation and prior to discharge and we observed staff offer advice on contraception.

Competent staff

- All staff told us they regularly met with their manager to discuss their development and learning opportunities. Annual appraisals took place and were seen as an opportunity for staff to talk to their manager about enhancing their skills and competencies. At the time of the inspection all staff (100%) had undergone an annual appraisal in the last full appraisal year.
- Practising privileges for doctors were reviewed annually by the Medical Director and Registered Manager. We saw documentation confirmed medical staff had provided information to support their practice. Medical staff were asked to provide proof of post-graduation qualifications, up to date advanced life support qualification, and up to date appraisal documents. BPAS provided evidence that the medical doctor performing procedures met their practising privilege criteria. This included a valid General Medical Council registration, advanced life support qualification and insurance indemnity cover amongst others.
- New staff were supported through a 12-week induction programme and competency based training relevant to their role. They were given a competency based framework booklet to complete and were assessed by a senior member of the team to ensure they were fully competent.
- At the time of the inspection, a member of staff was going through this process and confirmed the programme was informative. The induction programme included training on various topics including the consent process, pregnancy options discussions, safeguarding, sexual health and contraception advice.
- Staff who were involved in pregnancy options discussions, including midwives, nurses and client care coordinators and healthcare assistants had undertaken the BPAS patient support skills and counselling and self-awareness course. Individuals completed the BPAS patients Support Skills and Counselling & Self-Awareness courses, and would be fully competent with the Client Care Co-ordinator competencies framework.
- BPAS Chester had various competency frameworks in order to support the training and development of staff. Nurses were in the process of completing a competency based training framework for performing procedures under conscious sedation. This was with the support from a BPAS unit in the midlands.
- Staff we spoke with told us that they completed clinical supervision every four months and midwives attended supervision with their supervisor of midwives (SOM).
- One member of staff was trained to scan 2nd and 3rd trimester pregnancies and the other nurse was trained to scan 2nd trimester pregnancies. Competencies were assessed by BPAS's lead sonographer every 18 months. This audit highlighted any training gaps.

Multidisciplinary working

- The clinic had a service level agreement with a neighbouring NHS trust which allowed them to transfer

a patient to the hospital in case of medical or surgical emergency. This transfer policy was displayed in all areas of the clinic to ensure staff were familiar with the process.
- It was evident that medical staff, nursing staff and other non-clinical staff worked well together as a team. Team roles were clearly defined and there were lines of accountability that contributed to the planning and delivery of patient care.
- Staff told us they had close links with external agencies and services such as the local safeguarding team and NHS hospitals for learning and development.
- Patients were given the choice of the GP being sent a discharge letter with information about treatment.

Seven-day services

- The service was open weekdays Tuesday to Friday from 9am to 5pm and was open in the evening; on Monday until 9pm. Patients were referred to another BPAS clinic if they needed an appointment out of hours.
- The clinic provided pregnancy option discussion and assessment sessions to patients every day. Patients were offered or referred for counselling at the initial assessment, if this was requested.
- Patients had access to a 24-hour advice telephone line that provided post abortion support and care. This was available seven days a week in line with the required standard operating procedures set by the Department of Health.

Access to information

- All staff had access to care plans, test results and policies electronically. Policies could be accessed using the computer at the reception desk.
- Patient records were stored at the unit for a maximum of four months. Thereafter they were archived offsite, at BPAS Head Office, in line with BPAS protocols.
- Patients were given the 'My BPAS Guide' at their consultation, the booklet contained information which included: consultation process, preparing for any of the procedures, risks associated with procedures, contraception choices, screening, and how to make a complaint or leave feedback. Patients were offered further information about aftercare at discharge.
- If a foetal anomaly was diagnosed via a scan outside of BPAS, details will follow the patient to BPAS. Staff at BPAS would follow BPAS policy (under 24 weeks of pregnancy only). Staff at BPAS were not trained to identify or diagnose a foetal anomaly from scanning, however if they suspected an anomaly on the ultrasound scan as an incidental finding then they would refer the patient to the NHS if the client wished. Otherwise BPAS staff would proceed with the termination through the usual TOP pathway based on the fetal gestational age of the pregnancy (not the foetal anomaly pathway).
- A remote doctor based at BPAS Chester used the electronic central authorisation system to ensure information and the HSA1 form was accessible and signed by doctors located at other BPAS units. The remote doctor on site at the unit signed HSA1 forms as the second signature across all BPAS clinics using the electronic system. The majority of the reasons given for terminating the pregnancy fell under "the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman". Some terminations were for patients who had fetal anomalies and the HSA1 form was signed under "there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped". Authorising doctors had access to information including the patients' medical history, blood test results, reason for seeking a termination and scan measurements. The scan pictures were not available electronically.
- All patients were given a copy of the discharge letter before they left the clinic. The letter contained information about the treatment she had received so that it could be shared with the General practitioner or the emergency department in an event where she became poorly.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We observed registered nurses and midwife practitioners obtaining consent from patients, in consultations, prior to any treatment both verbally and written. Patients were given the choice to keep a copy of the consent forms if required.
- If therapeutic counselling was required, BPAS will refer patients on to external services with appropriately trained counsellors.

Termination of pregnancy

- All care records we reviewed contained signed consent forms from the patient, agreeing to the termination. Patients were also consented after side effects and complications were explained to them.
- Staff assessed patients, less than 16 years of age for Gillick competence and applied Fraser guidelines. This was used to consent patients under 16 years to medical treatment if he/she is judged to be competent to give that consent. Patients younger than 18 years old were encouraged by staff to inform their parents of the termination.
- Before the surgical termination was carried out, the surgeon confirmed the patient's signatures with the patient on the consent forms. This was to ensure that the patients attending the abortion were certain of their decision.
- Staff understood and were aware of the Mental Capacity Act and sought advice from Head Office safeguarding team if they required further support. Staff supported patients living with learning disabilities in relation to consent; the counsellor offered more one to one appointments and carers were asked to attend appointments with the patient.

Are termination of pregnancy services caring?

Compassionate care

- Patients were treated with dignity and respect; we observed staff being non-directive, non-judgemental and supportive to patients receiving treatment for abortion.
- The reception and waiting areas were close together, although first names were used to confirm details initially to maintain confidentiality of patient details.
- Any procedure such as taking of vital signs or performing an ultrasound scan were explained fully. Patients were given a choice if they wanted to know the gestation or if it was a multiple pregnancy.
- Prior to surgical procedures patients were asked to remove clothing, we observed that the curtains were closed and a modesty blanket was placed over them to maintain dignity.
- Staff recognised that some patients felt scared and anxious and therefore would allow supporters to enter the treatment room with patients during the procedure. We spoke with six patients in recovery, who all said that the staff were "lovely" and were non-judgemental. We observed the health care assistant in the treatment room, hold patient hands and stroke the patients head when she felt scared.
- All BPAS patients were given a client survey/comment form entitled 'Your Opinion Counts'. Patients were advised on how to return the forms by post or at the front desk. Forms submitted at the clinic were reviewed by the treatment unit manager, prior to them being sent to the BPAS Head Office for collation and reporting.
- During the reporting period of January 2015 and December 2015, 100% of 1,087 patients said they would "recommend BPAS to someone they knew who needed similar care." Data for January to April 2016 was requested on the unannounced inspection, however; it had not been received at time of writing this report.

Understanding and involvement of patients and those close to them

- A copy of the 'My BPAS Guide' was provided to every patient. This included information on topics such as sexually transmitted diseases, contraception and contact details of the 24 hour helpline
- Patients were not informed about the statutory requirement of HSA4 forms; Staff did not explain to patients that these details were sent to the Department of Health and that it was a legal requirement.
- The clinic advised patients to carry out a pregnancy test two weeks after the termination and make an appointment with the clinic if they needed to. This was so that patients did not feel pressurised by the clinic and those who did not want to be contacted had no fear of the clinic calling them.
- Patients could be accompanied by a friend / relative, for the consultation and / or treatment after the initial meeting with the counsellor.

Emotional support

- The service offered patients counselling to discuss pregnancy options as recommended by the Royal College of Obstetricians and Gynaecologists (RCOG). All patients were offered counselling pre and post termination. All patients spoke to a counsellor prior to the treatment; this was to make sure that they felt supported in their decision to terminate their pregnancy. However, this was not to diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained counsellors.

- This service could also be accessed by patients at any time after the procedure, this could be days later.
- The clinic also offered patients an aftercare Line which was accessible for 24 hours, 7 days a week. The aftercare Line was manned by Registered Nurses or Midwives.

Are termination of pregnancy services responsive?

Service planning and delivery to meet the needs of local people

- BPAS Chester was contracted by several local Clinical Commissioning Groups (CCG's) to provide a termination of pregnancy service for the population of Chester and the surrounding areas.
- BPAS Chester was located in a suite of rooms that were leased and solely occupied by BPAS and was well served by public transport. The unit was open from Monday to Friday and included a late afternoon/evening session.
- Appointments for BPAS Chester were booked via the BPAS Contact Centre, which was open 24 hours a day for telephone booking and service information. Patients were able to choose their preferred treatment option and location, subject to their gestation and medical assessment.
- The clinic was accessed by a set of stairs, which meant there was no access entrance for patients with reduced mobility. We were told that a patient with an access need would be referred to an alternative clinic.

Access and flow

- The clinic closely monitored the appointment availability at the unit. To improve access times, BPAS operated an electronic triage booking system that offered patients a choice of dates, times and locations. This system ensured that patients were able to access the most suitable appointment to suit their needs and access treatment as early as possible.
- BPAS had reviewed available appointments within a 30-mile radius of the patient's home address, at the point of booking. The clinic reported in 2015/16, over 83% of patients had been treated below 10 weeks gestation, which was above the national average of 80% (Abortion Statistics, 2015).
- The service received patients from a variety of referral routes including GP's, hospitals, sexual health services, as well as self-referrals. Data collected on the different referral methods was used to inform commissioners of their regional referral rates. For example; 76.4% of patients self–referred, 17.9% were referred from GPs and 2.7% were referred from sexual health services. A timeframe for the data was not included. It was requested on the unannounced inspection, however; was not provided at time of writing the report.
- RSOP 11 states that all patients are offered an appointment within five working days of referral and offered the procedure within five working days of the decision to proceed. The clinic collected data on the average number of days patients waited, from initial contact to consultation, from consultation to treatment and the time taken for the whole pathway. This meant that BPAS could monitor their waiting times and patient choice of clinic. For example, across West Cheshire for the period of October to December 2015, 77.5% of patients had their consultation within five working days.
- Information received following the announced inspection, showed that, from 'booking' to 'pre-treatment' 73.2% of patients had been seen within seven calendar days. From the 'decision to proceed to treatment' to 'treatment', 71.7% of patients were seen within the same timeframe. From 'first contact' to 'treatment', six patients were seen over 21 days. A timeframe for when this data was extracted was not provided. Dates were requested, on the unannounced inspection, however; not received at time of writing this report.
- Royal College of Obstetricians and Gynaecologists (RCOG) guidance states providers should have arrangements in place to minimise delays in women accessing services and a choice of method should be provided at all gestations. Again the reasons for delays or extended waiting times were not given. Staff we spoke with told us that delays possibly could be due to patient choice.
- Results at BPAS Chester showed that in the last 12 months, (January – December 2015), 152 patients waited longer than 10 days from first appointment to termination of pregnancy. Senior managers we spoke with explained that some patients choose to be treated at a different unit or need extra time to make a decision about whether to proceed to abortion or continue the pregnancy. The clinic reported that the actual proportion of patients who could have had their consultation within five working days was 100% between January – December 2015.

Termination of pregnancy

Meeting people's individual needs

- The service was located within a building that did not provide access to wheelchair users, however if required; wheelchair users were directed to another BPAS clinic within a 30 mile radius.
- Patients were referred by a number of routes that included G.P's, hospitals and self – referral and were able to book appointments 24 hours a day, seven days a week.
- Patients were able to choose either to have early medical treatment during one visit or return for the second part of the treatment.
- Staff at the clinic undertook all aspects of the pre-assessment care pathway including date checking scans (to confirm intrauterine pregnancy and determine gestational age) and other pre-termination assessments. If a patient requested the contraceptive implant, the doctor was able do this at the clinic too.
- Following the treatment all patients were provided with a pack to take home. As well as pain relief, they were given antibiotics and anti-sickness medication to take later in the day, condoms and a pregnancy testing kit. They were also given a chart to monitor blood loss and the 24 hour helpline number was highlighted in their copy of the BPAS guide. They were also offered a text reminder when to carry out the pregnancy test.
- Patients could contact the clinic, post treatment for advice and support, for example if a positive pregnancy test was identified.
- Staff told us that most of the patients attending BPAS Chester would pass the pregnancy remains in their own home following the early medical abortion and the disposal of pregnancy remains was not discussed during the consultation but was present in the BPAS guide that was given to all patients. This provided patients with the opportunity to make an informed choice about the disposal of the pregnancy remains, including disposal by incineration, by burial or cremation. Patients were invited via the client information to raise the issue with staff should they have specific wishes. Otherwise, staff respected that patients did not wish to discuss disposal any further.
- Where patients do not have specific wishes with regard to disposal, pregnancy remains were collected after surgical treatment by an authorised carrier and stored separately from other clinical waste in the sluice. The clinic had a robust system to ensure remains were appropriately handled. This was observed whilst on the unannounced inspection. Remains were sent for incineration.
- An independent telephone interpreting service was available to staff and patients to enable them to communicate with patients whose first language was not English. However, due to the nature of the topic of conversation, staff always asked the interpreter if they were happy to proceed with the call.
- We did not see any information available in different languages; however, BPAS told us that they had key sections of the BPAS My Guide and BPAS consent to treatment forms available in multiple languages on the BPAS Intranet, for unit staff to print off if required.
- Staff told us they attended a workshop in Welcoming Diversity, which they thought was helpful in recognising the different cultural needs and specific beliefs of patients.
- Support was available for patients living with learning difficulties, a mental health illness or other complex needs. Staff followed BPAS's policy on advising and treating patients with learning difficulties and had received training. The numbers of such patients seen had been very small. Staff told us the carers of patient's with learning difficulties would be able to stay with them throughout to provide support.
- We saw a range of printed information that staff could offer to patients, this included advice on contraception and sexual health. We also saw information displayed in the patient's toilet on how to report domestic violence.
- Patients undergoing medical abortion were asked to complete a pregnancy test two weeks after treatment to ensure that the treatment had been successful. Patients could contact the BPAS aftercare telephone service and were invited back to the clinic if there were any concerns.
- Patients were given leaflets about what to expect after the procedure, this was so they could refer to the literature once they had left the clinic. This also included detail of the 24 hour advice line, patients could call if they had any worries after the procedure.

Learning from complaints and concerns

- The treatment unit had received two formal complaints and five verbal complaints between January and June 2016. The Registered Manager dealt with these

complaints at local level and resolved the complaints by a letter of apology that detailed an explanation and response to the concerns raised. We found no trends emerging from the complaints we reviewed.
- Posters were displayed throughout the clinic on how to make a complaint or give feedback. The information clearly set out expectations about timescales and how the concern would be dealt with.
- We saw survey/comment forms entitled 'Your Opinion Counts' left in the waiting and recovery room. Staff encouraged patients to leave comments on the care and treatment they received at the clinic. These forms were reviewed locally by the Registered Manager before they were submitted to Head Office for collation and reporting. Staff felt that this process allowed them to address any adverse comments immediately.
- A summary of patient comments and complaints were reviewed by the Regional Quality Assessment and Improvement Forum and the Clinical Governance Committee. The Registered Manager also made this summary available in the contract monitoring report submitted to local commissioners.

Are termination of pregnancy services well-led?

Vision and strategy

- The clinic had clearly defined corporate objectives that supported their local aims to deliver the highest quality care to patients they treated. Staff were able to demonstrate how they worked together to achieve common aims during individual interviews.
- Staff felt they delivered a valuable service to patients who chose to have their termination of pregnancy or vasectomy procedure at the clinic.

Governance, risk management and quality measurement

- The services had processes in place to notify the Department of Health of all terminations within 14 days that took place on the premises. In the care plans we reviewed, documentation confirmed that the forms were sent.
- BPAS had recently introduced a 'central authorisation system' (CAS) where staff uploaded documentation following the initial assessment by a nurse. Two BPAS doctors were allocated every day to CAS on a rota. This ensured there were always two doctors available within the region to review the documentation and sign the HSA1 form (if they agreed that the reason for the termination of pregnancy met one or more grounds of the Abortion Act) in a timely manner. Legislation requires that for an abortion to be legal, two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination is met.
- At the time of the inspection we were shown how the system worked. We observed one of the doctors reviewing remote patient records as the second doctor prior to signing the HSA1 form. The doctor had access to a copy of the patient's electronic notes. We found the doctor would not sign the form if they were unhappy with any aspect of the records and would challenge or request further information if any aspect, particularly in relation to scans, was unclear. The assessment process for termination of pregnancy legally requires the HSA1 form to be signed and kept for 3 years from the date of termination. This must be completed and signed by two doctors before an abortion is performed. In the medical records we checked, all HSA1 forms were completed and had two appropriate signatures; doctors working at other BPAS centres completed these remotely and electronically.
- A copy of the HSA1 form was printed and filed in the patient's medical record, which is considered best practice by the Department of Health (DH) Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (Abortion) required standard operating procedures (RSOPs). Documentation of HSA1 forms were audited monthly to check they were completed. Between January 2016 and May 2016, there was 100% compliance.
- The clinic completed online HSA4 forms to the Department of Health (DOH) post treatment; these were submitted electronically within 14 days of the termination, we reviewed records that confirmed that staff had sent the forms to the DOH. We spoke with the BPAS doctors at the clinic; they confirmed that they had a secure login and password from the Department of Health to use this service.
- There was a clearly defined governance structure in place at a national, regional and local level. The Clinical Governance Committee (CGC), as a sub-committee of the BPAS board reviewed all serious incident investigations and reports. They met three times a year and maintained oversight of all BPAS services. The CGC

consisted of representatives from the BPAS Executive and Senior Management team and included the Chief Executive, Medical Director, Director of Nursing and Operations and Regional Directors of Operations. The framework also enabled the dissemination of learning and service improvements and a pathway for reporting and escalation to the BPAS board. The CGC Chair attended each board meeting and reported to the board key points from the CGC Committee, including data on SIRIs and trends associated with incidents and serious incidents. However not all incidents were discussed, for example we reviewed an action plan which was developed following an investigation, it stated "this incident raises similar concerns to another in which clinician decision making around 2nd trimester ultrasound scanning resulted in patients continuing with unwanted pregnancies". The action to address this concern is stated as: "Disseminate to all clinical staff within the unit. Learning points to be shared at weekly clinical catch-up meetings". The timescale for completion of this action is "Immediate". We found no mention or indication whether this concern was flagged with the Board or whether there was a further investigation to review and identify potential themes and trends (for example, scanning processes).

- Arrangements were in place to make sure that the certificate(s) of opinion HSA1 were signed by two medical practitioners. The Abortion Regulations 1991, the Abortion (Amendment) (England) Regulations 2002 and the DoH Required Standard Operating procedures (RSOPS).
- The Clinical Advisory Group was a sub-committee chaired by the Medical Director and attended by a group of clinicians. Minutes for these meetings confirmed they took place every three months and the purpose of the committee was to review policies, practice concerns, complication rates and serious incidents. This then fed into the Clinical Governance Committee meetings. Documentation audit outcomes fed into monthly dashboards along with safeguarding, serious incidents, lab sampling/labelling errors, sickness absence, complaints and staffing levels were also reviewed. The dashboards for April to December 2015 showed BPAS Chester achieved all standards in every month except April, June, September and December. In September, the service failed to meet targets on minimum staffing levels and incidents. In April, June and December the service reported a lab sampling/labelling error. Dashboards identified the reason for any failure to meet a target and the subsequent action taken.
- Information from corporate and regional governance meetings should have been shared with staff via staff meetings. However, these meetings were not minuted and therefore we could not verify if information had been discussed but all staff we spoke with felt they were well informed and up to date with changes in the clinic.
- Practising privileges were reviewed annually by the Medical Director and Registered Manager. The clinical department at Head Office flagged when an individual's practising privileges were due. Clinicians had a month to submit the necessary documentation (including proof of indemnity, appraisal and registration with the General Medical Council) otherwise their practise was suspended until the information was provided. We reviewed the Clinical Governance Committee minutes which made reference to doctors practising privileges, in February 2016; four doctors were employed through practising privileges across all of BPAS.
- There was no local risk register or other documentation that identified local risks to staff or patients and the control measures in place. However, the unit manager had documentation that showed risk assessments were carried out if risks had been identified. The provider had recently employed a risk management and client safety lead who was responsible for reviewing systems and was working with Registered Managers nationally to implement systems such as a local risk register and improved incident reporting systems (including the implementation of an electronic reporting system). The Registered Manager had systems in place to assess risk locally, for example risks identified were discussed at staff meetings and addressed immediately.

Leadership / culture of service

- The clinic displayed their certificate of approval by the Department of Health to certify they were licenced to carry of terminations of pregnancy.
- The leadership across the clinic was embedded and this was evident from the Registered Manager who had a good understanding of the service, its risks and actions needed to improve the service they delivered to patients.

Termination of pregnancy

- The unit manager and lead nurse felt supported by staff at Head Office, which provided them with strategic direction and regular updates. These updates ranged from operational updates to clinical guideline updates.
- The team of staff worked closely and felt supported by their unit manager who was also the Registered Manager, we were told that staff felt comfortable to approach each other about concerns or incidents.
- Staff felt supported to promote the values of BPAS through training opportunities. For example staff attended an array of training courses depending on the needs of their role. Staff had attended counselling courses, conscious sedation training and human resource workshops.

Public and staff engagement

- The clinic actively sought feedback from patients attending the unit so that their opinions could be used to improve the service. The feedback forms asked patients to provide feedback on a range of experiences of care and if they would recommend the service. However, because of the sensitivity of the procedure patients did not always give feedback and response rates were low.

Innovation, improvement and sustainability

- There were examples of how the unit manager wanted to improve the service and clinical practice offered to patients. For example the clinic had planned to provide treatment under conscious sedation. Staff were undergoing training and given a competency framework to work against.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- Ensure medication fridge temperatures are checked daily.
- Ensure all medication is stored securely, including when prepared for transportation.
- Consider working with commissioners to ensure Chlamydia testing services are provided in line with the requirements of RSOP 13.
- Staff must inform patients of their legal requirement to complete the HSA4 and send the information to the Department of Health.