

British Pregnancy Advisory Service

BPAS - Oxford Central

Inspection report

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2022
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We have not rated this unit before. We rated it as good because:

- Staff had training in key skills, understood how to protect clients from abuse, and managed safety well. Staff assessed risks to clients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave clients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of clients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit clients' needs.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to clients, families and carers.
- Leaders ran the services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of clients receiving care. Staff were clear about their roles and accountabilities.

However:

- The unit had fabric chairs in the unit waiting room. Although these were regularly cleaned, they were stained and appeared to be dirty.
- The unit was in an area that was difficult to access, with limited off-site parking and access to the department was via other units.

Summary of findings

Our judgements about each of the main services

Service

Termination of pregnancy

Rating

Good



Summary of each main service

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- Staff provided good care and treatment and gave clients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of clients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit clients' needs.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to clients, families and carers.
- Leaders ran the services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of clients receiving care. Staff were clear about their roles and accountabilities.

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Summary of findings

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Summary of this inspection

Background to BPAS - Oxford Central

BPAS – Oxford Central is operated by British Pregnancy Advisory Service. The British Pregnancy Advisory Service was established as a registered charity in 1968 to provide a safe, legal abortion service following the Abortion Act 1967.

BPAS – Oxford Central provides a termination of pregnancy service and a vasectomy service. The services are provided under contract, with Buckinghamshire, Oxfordshire and Berkshire integrated care boards (ICB). BPAS - Oxford Central operates from a building owned by Oxford Health Foundation Trust and these premises are shared with the sexual health service run by Oxford University Healthcare NHS Foundation Trust.

The centre has a registered manager in place and is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Surgical procedures
- Termination of pregnancies
- Treatment of disease, disorder or injury

The centre offers early medical abortion for women up to 10 weeks and surgical abortion to 13+6 weeks gestation.

We last inspected this service in October 2015. There were no requirement notices or enforcement actions that resulted from this inspection. The report highlighted one recommended area for improvement;

- Clearly specify the number and dosage of codeine phosphate tablets given to women to take home on the discharge summaries.

At the 2015 inspection, we did not rate the service, as at the time CQC did not have the methodology to do so. This is the first inspection where the service will be rated.

How we carried out this inspection

We carried out this unannounced on-site inspection on 30 August 2022. We reviewed policies and procedures, audits, staff training records, risk registers and reports. We spoke with the lead midwife, nurses and clients and observed one appointment. We met with the registered manager on 26 September 2022 to carry out the well-led part of the inspection.

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

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that all areas of the premises are fit for purpose. Regulation 15.






Our findings

Overview of ratings

Our ratings for this location are:

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

Termination of pregnancy

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

Are Termination of pregnancy safe?

Good 

We have not previously rated this service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. At the time of inspection 100% of staff had completed their mandatory training. Topics included; Health and Safety, Infection Prevention and Control and Duty of Candour.

The mandatory training was comprehensive and met the needs of clients and staff. Mandatory training was a mix of online and face to face training

Managers monitored mandatory training and alerted staff when they needed to update their training. The treatment unit manager recorded staff training completion and attendance and used a traffic light system to monitor when training was due to expire. Managers discussed training at staff meetings and allocated staff protected time to complete modules.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. At the time of inspection 100% of staff had completed safeguarding training for adults and children in accordance with legislation requirements. All staff we spoke with knew who the unit safeguarding lead was and how to get advice and support if they had a safeguarding concern.

Staff could give examples of how to protect clients. During the booking process clients gave a safe word to BPAS known only to them. The safe word was part of the BPAS security check. Staff confirmed this with the client before consultation

Termination of pregnancy

commenced, if a client gave an incorrect safe word, staff understood the client was communicating that they felt unsafe. All clients had the option to have an escort attend the appointment with them, however staff ensured they were able to speak with clients alone to establish that they were not being pressurised to have a termination. Staff received competency training in completing mental health risk assessments for clients deemed at risk of self-harm or suicide.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were able to describe signs and symptoms of abuse and knew how to recognise possible signs of child sexual exploitation and female genital mutilation.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff demonstrated the online safeguarding process and how they tracked progress and outcomes.

Staff followed safe procedures for children visiting the service. Staff understood their roles and responsibilities in supporting children who attended the unit for a termination. All clients under 16 years had face to face consultations at the clinic. Clients under 18 years of age had video call consultations with checks that they were not being coerced and able to speak freely.

Cleanliness, infection control and hygiene

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

The service generally performed well for cleanliness. All areas seen were visibly clean. Staff completed monthly infection prevention and control audits, the most recent result from the audit was 100%. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. All areas within the unit had daily sign off records, we checked all records and saw staff had signed the area as clean each day the unit was open.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff donning and doffing personal protective equipment in accordance with policy and best practice. There was a wide selection of sizes and sufficient supplies of PPE to ensure a safe service. We saw posters displaying safe hand washing practices and observed staff clean their hands in accordance with best practice.

Staff cleaned equipment after client contact and labelled equipment to show when it was last cleaned. We observed staff cleaned equipment before and after use and documented when equipment was cleaned.

Environment and equipment

The design, maintenance and use of facilities and premises kept people safe but was not ideal in design. Staff were trained equipment and managed clinical waste well.

The service leased the top floor of the building from a local NHS trust, along with a shared communal space. Entrance to the BPAS clinic was via a back door which had stairs and a lift up to the first floor. The building had a poorly lit car park adjacent to the BPAS entrance and staff and clients advised us they felt unsafe entering and exiting the building, especially in winter months. Staff had escalated their concerns and at the time of inspection, the unit environment had been added to the corporate risk register. Although there was a car park on site, this was not available for the use of clients. The building was on a residential road with on street permit only parking, the only available parking were two public car parks a five-minute walk away from the unit. On the day of inspection, one of the two client toilets was broken, staff advised us this was a regular occurrence. In the waiting area chairs were covered with fabric, we were told by the treatment unit manager was washable, however they were visibly marked.

Termination of pregnancy

The clinical environments met the legislative requirements of NHS Estates and Department of Health 'Health Building Note 00-09'. The service kept one clinical room separate for the sole use surgical abortions.

The service had recognised the location and the design of the facilities were not best suited to meet their and their clients' needs. The environment was safe, however was not ideal and the service was considering their options.

Staff carried out daily safety checks of specialist equipment. We checked all equipment on-site including scanners, consumables and emergency equipment and found they were checked each day the unit was open, serviced and within their expiry date.

Staff disposed of clinical waste and sharps safely, these were stored in a designated locked area prior to collection. The service had a service level agreement for the disposal of all clinical waste.

Assessing and responding to client risk

Staff completed and updated risk assessments for each client and removed or minimised risks. Staff identified and quickly acted upon clients at risk of deterioration

The service used nationally recognised tools. Staff completed client risk assessments for each client during consultation as well as the modified early warning score (MEWS) to identify deteriorating clients. Staff assessed clients for risks such as venous thromboembolism (VTE) a condition in which a blood clot forms in a vein and sepsis in accordance with legislation and guidance.

Staff used the 'Five Steps to Safer Surgery' checklist during vasectomy and surgical abortion procedures, which is designed to prevent avoidable mistakes. The most recent audit of surgical case notes showed 97% compliance with action plans for improvement.

During consultation all clients are screened for anaemia and their Haemoglobin was checked if indicated or the client is above 14 weeks gestation. All surgical clients had their rhesus factor checked to ascertain whether they will need Anti-D. Client records demonstrated clients who had a rhesus negative blood group received an anti-D injection.

Shift changes and handovers included all necessary key information to keep clients safe. The service developed a local handover system that included a morning review of the days appointments and allocations, a midday progress assessment and an end of day completion review. This system was adopted across all BPAS locations.

The service allocated time on each shift for urgent scans and appointments. This ensured clients with suspected ectopic pregnancy, abnormal pain, haemorrhage and clients who were potentially nearing 10 weeks of pregnancy, could be seen within 48 hours.

Staff were competent to complete psychological assessments and risk assessments for clients at risk of self-harm.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep clients safe from avoidable harm and to provide the right care and treatment. The service had high sickness rates.

Termination of pregnancy

The service had enough nursing and support staff to keep clients safe. Staff at BPAS – Oxford Central including the treatment unit manager, lead midwife, midwife practitioners, healthcare assistants and administrative staff worked together as a team across all three locations within their hub, these included Oxford Central, Amersham and Swindon.

Managers accurately calculated and reviewed the number of staff needed for each shift. We saw rotas displayed each staff members shift cycle, which was co-ordinated to match the opening times of the three units. Staff numbers were based on client acuity, staff competency and the number of clients seen at each unit. For example, for days when only consultations were taking place, the unit ensured there was administrative staff, a client support workers and a nurse on duty.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep clients safe from avoidable harm and to provide the right care and treatment.

The medical staff matched the planned numbers. Staff were able to access the online BPAS remote doctors via the electronic patient record system. HSA1 forms are required to be signed by two different doctors. The system included contact information in the event staff had questions or queries.

The service had enough medical staff to keep clients safe. On days where the unit was open but there were no surgical abortions, medical staff supported the service remotely. BPAS have remote doctors who are contracted to review client notes and medical records and sign off the HSA1 forms that are legally required in accordance with the Abortion Act 1967. The service performs surgical abortions one day a week on Thursdays. On these days a BPAS treatment doctor, either employed or working under practising privileges, would attend on-site.

Records

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

The service used an electronic record system to complete and store client medical records. We reviewed three sets of medical records, they were clear, followed the client's pathway and included detailed and completed risk assessments.

Records were stored and maintained securely. All staff were provided with individual login details, computers were password protected and staff either locked computers or logged off when they left an area.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The lead midwife was responsible for stocking and monitoring the storage of medicines. We were shown the traffic light system to ensure stock was rotated and expiry dates were not exceeded. The management of medicines within the unit is the responsibility of the treatment unit manager and lead midwife. For drugs, other than controlled drugs, a unit clinician completed an on-line requisition which BPAS actioned and arranged for the medicines to be delivered to the unit as part of a monthly stock ordering system. The remote doctor prescribed the Early medical abortion medications via the electronic system. This was only enabled following the completion of the HSA1 form.

Staff completed medicines records accurately and kept them up-to-date. A review of client records showed medicines administration was clearly documented including whether clients had a known allergy.

Termination of pregnancy

Staff stored and managed all medicines. Medicines were securely stored in locked cupboards and fridges. Staff recorded minimum and maximum temperatures of fridges where medicines were stored and knew how to escalate concerns if temperatures fell out of range. Staff showed us the system for the safe disposal of medicines, which included disposal bin with a tracking code.

Staff now clearly documented the number and dosage of codeine phosphate tablets given to clients on their discharge summaries.

There was a monthly audit to monitor the safe storage of medicines the unit scored 100%.

Incidents

The service managed client safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff reported incidents on an online reporting system, they understood their responsibilities in reporting incidents and near misses and were confident in using the system.

Staff received feedback from investigation of incidents, both internal and external to the service. The treatment unit manager provided feedback from incidents at staff meetings. Staff could also access learning from all BPAS serious incidents, called 'Red Tops', from the online intranet system.

Managers investigated incidents thoroughly. The treatment unit manager reviewed incidents on a weekly basis with the lead midwife to identify themes. Feedback on themes was reported on and escalated at quarterly operational quality manager (OQM) and treatment unit manager (TUM) meetings. Minutes from these meetings were escalated to the BPAS Quality and Risk Committee.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong. Staff understood the Duty of Candour under the Health and Social Care Act (Regulated Activities Regulations) 2014. 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 women (or other relevant persons) of "certain notifiable safety incidents" and provide them with reasonable support.

Are Termination of pregnancy effective?

We have not previously rated this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Termination of pregnancy

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff followed provider developed pathways that were clear, easily accessible on the online intranet and followed National Institute for Health and Care Excellence, Royal College of Obstetricians and Gynaecologists and British Society of Abortion Care Providers standards

The treatment unit manager reported audit results monthly to the operational quality manager via a dashboard. The service had a suite of audits that was overseen by the provider quality matrons. Staff received competency training to complete audits and undertook different audits each month. This ensured 'fresh eyes' and staff advised it gave them confidence and more understanding in the running of the unit. Audits that did not meet standards were presented to the treatment unit manager who completed an action plan and arranged for the audit to be repeated.

Pain relief

Staff assessed and monitored clients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Clients received pain relief medicines as part of the early medical abortion process. Staff advised clients about taking over the counter pain medicines, for example ibuprofen and paracetamol. The treatment doctor gave local anaesthetic to clients having a surgical abortion.

Staff prescribed, administered and recorded pain relief accurately. We viewed three medical records and saw pain relief information was clearly written and during surgical procedures staff regularly checked client pain levels and administered pain relief appropriately.

Staff could assess client pain levels using a facial expression scale for those clients who had difficulties communicating or whose first language was not English.

Clients received advice on pain relief during their consultations and could refer to their information booklet and the 24 hour helpline for further advice and support if they felt their pain was excessive. Staff were able to access information and advice about pain management via the online intranet system.

Client outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for clients.

The unit reported client statistics to integrated care boards for; ages of clients, and treatments organised by age and type. The service relied on clients contacting BPAS via the Aftercare Line to advise them whether or not a client had presented at an emergency department post treatment. The number of clients requiring emergency care post treatment had increased with the introduction of pills by post. Booking teams relied on clients to accurately date their last menstrual period. If this information was incorrect and the client's gestation was over 10 weeks, this impacted the efficacy of the early medical abortion medication and there was the potential that treatment would not be effective.

Staff gave us examples of where change had been made in response to audit outcomes. For example, an audit of the surgical termination pathway showed clients were presenting at the unit for treatment without having their blood pressure taken. Pre-surgical medicines were prescribed during the telephone consultation process and a third-party sub-contractor completed the units surgical scans. Therefore, the client did not attend any BPAS site until the day of treatment. The service now ensured all clients had a blood pressure check either on-site or from their GP before surgery.

Termination of pregnancy

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of clients. At the time of Inspection, two staff members were completing first trimester scan training. Scan training modules included first trimester, second trimester and post treatment complications, for example, retained products.

Managers gave all new staff a full induction tailored to their role before they started work. The treatment unit manager supported new staff through the induction process. The induction programme was developed at provider level by BPAS and detailed specific competencies for each role. Staff were required to be signed off as competent for all tasks before completing their induction. Staff we spoke with said they felt the induction process was detailed and prepared them for their job.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of inspection, 100% of staff had received an appraisal within the last 12 months. Staff we spoke with advised us they found the appraisals useful and a "good opportunity to see how my role can develop". Clinical staff attend clinical supervision three times a year. Clinical supervisors worked across different units so that staff had an opportunity to "speak openly". On the online intranet system, we saw provider level competency development opportunities advertised which included a description of the role. For example; professional nurse advocate, "support and develop the self-resilience of staff".

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The treatment unit manager organised a quarterly staff meeting, the time and date of the meetings were arranged in order that as many staff as possible could attend. Minutes from these meetings were available for staff to review.

Multidisciplinary working

Staff worked together as a team to benefit clients. They supported each other to provide good care.

Staff worked together as a team to benefit clients. Medical records showed there was effective multidisciplinary working and women were receiving treatment to meet their needs.

The service worked with third party organisations, for example, GP's, local authorities, clinical commissioning groups as well as the other on-site services and the trusts who provided those, to ensure women received safe and effective care.

Seven-day services

Key services were available to support timely client care.

The service was open Tuesdays from 8am to 2pm, Thursdays from 08.30am to 4.30pm and Saturdays from 09.15 to 1.15pm. Surgical terminations were only available on Thursdays. When this service was not open, clients could seek support from other nearby sites. The units closest to Oxford Central were; Milton Keynes, Swindon, Amersham and Reading.

Health promotion

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

Termination of pregnancy

The service had relevant information promoting healthy lifestyles and support in client areas. In the client waiting room, staff displayed numerous posters and leaflets detailing initiatives to support clients to make healthy lifestyle choices. These included; 'My iPill' contraceptive reminder apps, diagrams showing how to correctly use contraceptive as well as common mistakes that reduce efficacy, information on different types of long-term contraceptive such as an implant or coil, as well as information on where to get further support for mental health concerns.

The service supported clients to make informed choices regarding future contraceptive options. Contraception was discussed with all clients during consultation and scanning appointments. Staff offered all clients a supply of condoms with their early medical abortion. Clients wishing to use long term contraception were able to return to the unit on Thursdays when the surgical room was in use, or were referred to the sexual health unit based on site. At the time of inspection, staff were competent to provide injections, contraceptive pills and patches and two further members of staff were training to provide coils and implants.

Consent and Mental Capacity Act

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

Staff understood how and when to assess whether a client had the capacity to make decisions about their care. Staff used a capacity guide, developed by BPAS to support their assessment of mental capacity, where there were concerns.

Staff made sure clients consented to treatment based on all the information available. We observed staff discussing treatment options with clients. Staff ensured clients understood the risks and benefits of each treatment and gave the client the opportunity to ask questions. Staff gained consent from clients for their care and treatment in line with legislation and guidance. Staff understood their legal responsibilities in gaining consent and ensured consent was documented in line with legislation and best practice guidance.

Staff we spoke with understood Gillick Competence and Fraser Guidelines and could describe their responsibilities in supporting children who wished to make decisions about their treatment.

Staff received and kept up to date with training in the Mental Capacity Act. At the time of inspection, 100% of staff had completed their Mental Capacity Act training.

Are Termination of pregnancy caring?

We have not previously rated this service. We rated it as good.

Compassionate care

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

Termination of pregnancy

Staff were discreet and responsive when caring for clients. Staff took time to interact with clients and those close to them in a respectful and considerate way. Consultations were held in a private room and staff knocked before entering. Curtains were pulled across during ultrasound scans to ensure privacy and dignity were maintained. Client feedback confirmed that staff took time with the consultations and they “Never felt like there was a time constraint on discussions.”

Staff introduced themselves to clients and asked them how they would like to be addressed. We found them consistently kind, respectful and caring. Staff were respectful of clients right to privacy at all times including when meeting them in the waiting area.

Clients said staff treated them well and with kindness. We observed women being treated with compassion dignity and respect. Client feedback reflected this with comments including; “I cannot praise staff enough for their kindness and empathy. This made a huge impact on my procedure” and “Nurses were especially kind and understanding. Answered all the questions that I had”.

Staff were friendly and approachable and consistently checked how the clients were. Staff discussed with clients their situation at home, including their relationship status and reasons for considering treatment, in a kind, supportive and non-judgmental manner.

Staff understood and respected the personal, cultural, social and religious needs of clients and how they may relate to care needs. Clients could bring a partner or friend with them to an appointment.. Staff supported a transgender client attend their appointment by arranging the appointment for the start of the day and cancelling other appointments. This was in order that the client did not have to attend the waiting room with other clients.

Emotional support

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

Staff gave clients and those close to them help, emotional support and advice when they needed it. Staff understood the emotional impact having treatment could potentially have on a client and tried to minimise any distress clients may have experienced. All women were offered post-termination counselling sessions. Staff explained the importance of counselling and ensured clients knew how to make an appointment.

Staff assessed the individual clients needs during the consultation. Women who were identified as requiring more emotional support were referred for pre-termination counselling support.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff received training on the use of language in all communications with women. Staff used non-emotive terms such as pregnancy or number of weeks rather than foetus or baby.

Women were asked if they wanted to see the ultrasound scan of the pregnancy. Staff advised the women of what they were likely to see depending upon the number of weeks gestation. Staff were sensitive and supported women in viewing scans. If a client did not wish to see the scan, photographs were attached face down onto their medical records in order that the client could not accidentally see the photos during future consultations and appointments.

Termination of pregnancy

Understanding and involvement of clients and those close to them

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

Staff made sure clients and those close to them understood their care and treatment. Staff confirmed the client's social situation and their support network. Staff explained the process for a termination of pregnancy, including the pros and cons of both medical and surgical abortions. Staff discussed what would happen and what they were likely to see and experience whilst passing the pregnancy. Staff described the risks associated with the process and potential risks following treatment. Clients were advised what to monitor for, for example signs of infection and what to do if they had any concerns.

Staff talked with clients, families and carers in a way they could understand. Staff encouraged clients to ask questions and to confirm they had understood information given to them. If clients needed support to communicate, either through an interpreter or advocate, this was arranged prior to the unit appointment. Information was available to partners regarding the potential impact of having a termination of pregnancy on their relationship and advice on who to contact if needed.

Staff supported clients to make informed decisions about their care. All information was provided in writing as well as in person. If it was a remote consultation information was sent to them. Staff went through the BPAS guide booklet with clients and highlighted relevant sections. The booklet contained detailed information about the termination process; how to manage pain and who to talk to if they were worried or needed support following the procedure. If a client was unsure of their next steps, staff ensured medicines were not sent and referred the client to receive further support.

Clients gave positive feedback about the service. Clients completed a survey after treatment. Staff told us that 96 to 97% of clients would recommend the service to others based on survey results. Positive feedback was displayed in the unit and a 'above and beyond' folder was used to share positive client feedback with staff. This included comments such as "I don't know where I'd be without BPAS. Please know how much your work means to every woman you have helped. It certainly inspired me to want to help women in the same way as you".

Are Termination of pregnancy responsive?

We have not previously rated this service. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. The service was contracted via a service level agreement with the Integrated Care Boards to provide a service for the local community.

Managers were looking at relocating the service to another building that better met the needs of clients regarding location and facilities. However, the service was constrained by the agreement, which stipulated they could not relocate outside of Oxford city.

Termination of pregnancy

The service was planning to open for an additional day to support clients and give them more options regarding when they could attend. At the time of inspection, the treatment unit manager was developing a business proposal which would be presented to the BPAS business development team.

Meeting people's individual needs

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

Staff understood and applied the policy on meeting the information and communication needs of clients with a disability or sensory loss. Information regarding client's individual needs was assessed during the booking process. Staff advised us they followed policy when advising and treating clients with a learning disability and had received training on how to support clients with extra needs. For example, the appointment period was extended to give extra time to explain procedures and ensure client understanding. All written information on the BPAS website was accompanied by a video clip with someone reading this information aloud, which supported clients with reading difficulties and those who were partially sighted.

The service had information leaflets available in languages spoken by the clients and local community. All information leaflets were available in 24 different languages. Managers made sure staff, and clients, loved ones and carers could get help from interpreters or signers when needed. Staff described to us how they were planning to support a client who was deaf and mute. This included support from a deaf/mute specialist, an extended appointment time and a British Sign Language interpreter being in attendance.

Clients had access to a 24-hour telephone support and a web-chat service for however long they needed it. The 'My BPAS Guide' was either posted or given to all clients and included: an introduction to BPAS, what would happen at consultation, the different treatment options, what would happen at treatment, pain relief, recovery, medical information, feedback and complaints. There was also information on the BPAS website on accessing further emotional support, charity links, information on funeral arrangement, options for pregnancy remains as well as information for friends and family on how they could support the client.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

The majority of clients referred themselves to the service, however, the unit also received referrals from GP's and school health nurses. Referrals were made via a central booking system either online or through the BPAS national call centre. Clients were referred for a consultation appointment, since the COVID-19 pandemic, this could occur either over the telephone or on-site if the client was unsure of the dates since their last menstrual period. If the client received a telephone consultation, the early medical abortion pills were sent via the mail with clear instructions of when to take the first and second pills. The pack also included a pregnancy test to be taken three weeks after the second medication to ensure the treatment worked and there were no pregnancy remains. If a client was seen on-site, they were scanned to determine gestation and discuss next steps. The client had the option of returning to the unit for the early medical abortion treatment, or could receive it via the mail, or return for a surgical procedure dependant on gestation.

The electronic booking system followed the client throughout their termination pathway. Staff could access information to reduce the number of lost follow ups. If a client did not attend (DNA) an appointment, the local unit flagged this and followed up all under 18's and any client where safeguarding concerns had been raised. When a client attended the

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appointment, the system showed the status of the HSA1 forms and would not allow staff to proceed if these had not been completed. Form HSA1 must be completed, signed and dated by two registered medical practitioners before an abortion is performed under the Abortion Act 1967. Once the appropriate form was completed and signed off, the system allowed staff to prescribe the early medical abortion medication as well as any pain relief. The system also displayed the status of the HSA4 form in order that staff could monitor reports to the Department of Health. HSA4 must be sent to Chief Medical Officer within 14 days of termination in accordance with the Abortion Act 1967.

Managers monitored waiting times and made sure clients could access services when needed and received treatment within agreed timeframes and national targets. Department of Health Required Standard Operating Procedures state that women should be offered an appointment within five working days of referral. They should then be offered the abortion procedure within five working days of the decision to proceed. Managers monitored the units performance against these standards. When the standard had not been met reviews had shown this was when the client had decided to wait or wanted to be seen at a particular unit and was therefore happy to wait.

When clients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. In the 12 months prior to inspection, CQC received 12 notifications the unit was closed due to staff shortages. This was higher than the national average. The treatment unit manager advised these instances were related to the COVID-19 pandemic. We saw evidence that all clients due to receive treatment on these days were risk assessed and appropriate alternatives arrangements made at other locations.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Clients, relatives and carers knew how to complain or raise concerns. Clients we spoke with advised us they knew how to raise any concerns they had regarding the service. The service clearly displayed information about how to raise a concern in client areas. Complaint and feedback leaflets were clearly displayed throughout the unit and the BPAS website provided further details on how to complain.

Staff understood the policy on complaints and knew how to handle them. Staff demonstrated where they could find policies and information regarding complaints on the intranet. The system showed themes across sites and geographical areas as well as learning and changes to policy and practice as a result of a complaint. Staff understood their responsibilities to report complaints.

Managers investigated complaints and identified themes and provided feedback from complaints with staff and learning was used to improve the service. The service did not receive any formal complaints in the 12 months prior to inspection, however the treatment unit manager described themes from informal complaints. The main theme from these were the location and on-site facilities. These concerns were fed up to the senior management team and were being used to support the prioritising of their search for relocating the unit.

Are Termination of pregnancy well-led?

We have not previously rated this service. We rated it as good.

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Leadership

Leaders were visible and approachable in the service for clients and staff.

The service had a clear leadership structure from the unit to board, which was displayed in the staff offices. The treatment unit manager had day to day responsibility for the three units within the cluster, they reported to the operational quality manager (OQM) who oversaw all units in the London and Southeast area. They reported to the provider leadership team, including; the director of nursing and quality, infection control specialist nurse, pharmacy consultant medical director and the director of finance.

Staff advised us the treatment unit manager and senior management team were visible, approachable and there was an “open door” practice.

The service clearly displayed their certificate of approval as issued by the Department of Health to undertake termination of pregnancies.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The service had a clear vision and strategy that staff understood and had “bought into”. The values, vision and strategy were displayed throughout the unit and were developed by the team.

At provider level, the COVID-19 pandemic impacted the strategy, as services had to be tailored to implement the new ‘pills by post’ legislation and the BPAS scan as indicated algorithm, so clients did not have to attend a unit and could receive early medical abortion medication via mail. This was designed to decrease footfall within the unit, however had increased the number of reported incidents as some clients were unsure of the date of their last menstrual period. The provider and unit demonstrated learning from these incidents and adapted policies and the scan algorithm to reflect this learning.

Culture

Staff felt respected, supported and valued. They were focused on the needs of clients receiving care. The service had an open culture where clients, their families and staff could raise concerns without fear.

All staff we spoke with praised the treatment unit manager and said they were approachable and supportive.

Staff demonstrated they worked together to provide a safe service and wanted the best for the clients who entered the unit. Staff understood the client group they supported were vulnerable, that choosing to have a termination was a difficult choice, provided care in a non-judgemental manner and described how their work was important, “it means a lot to me to work here”. Staff supported each other and knew where to receive further emotional support when dealing with difficult cases.

The culture of the unit was open, clients and their families could raise concerns without fear. The treatment unit manager handled all complaints and did not have a formal complaint in the 12 months prior to inspection.

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Governance

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

The service displayed a clear governance structure from corporate provider level down to the unit. The structure including job titles, meeting names, attendees, frequencies, purposes and whether they were corporate or clinical meetings were displayed in staff areas. Examples of meetings included; drugs and therapeutics, clinical advisory group, research and ethics, and finance, audit and risk. There was also a diagram that showed how issues and risks were escalated.

The treatment unit manager and the operational quality manager worked together and attended the local ICB governance meetings. Minutes show incidents, policy updates, training, risk registers and feedback were permanent agenda items and that any tasks were added to an action log for monitoring until completion.

The service submitted documentation and notifications in line with legal requirements. Staff understood their responsibilities in submitting HSA1 and HSA4 forms as well as timeframes for submission. The treatment unit manager monitored compliance.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The treatment unit manager reviewed a weekly dashboard compiled of information from the online system regarding targets and performance data. This information was shared with the operational quality manager at the local clinical governance committee meeting.

At provider level, there was a corporate risk register which included various areas of risk identified and actions being taken to reduce the level of risk was maintained. Where a corporate risk resulted in a change to policy or practice, a 'red top' notification was saved onto the intranet for staff to read and sign their understanding. Treatment unit managers were able to monitor whether staff had signed 'red tops'.

The service now had a site-specific traffic light rated risk register with matrix to review the impact of risks and ensure all units were reporting risks in a unified method. The BPAS -Oxford Central risk register included the suitability of the clinic and its location. We saw this had been escalated up to the board risk register, however according to the matrix the risk was amber as it was ongoing.

The treatment unit manager reviewed risks weekly and escalated themes and concerns to the operational quality manager at their quarterly meeting. All staff completed risk training to enable staff to understand risk and add to their local risk register. Risks were discussed at team meetings.

At provider level, we saw there was a business continuity plan to be actioned in the event of an emergency or closure of the service. The plan included contacting the communications team, as well as notifying relevant outside agencies such as clinical commissioning groups, NHS England and Care Quality Commission.

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Information Management

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

At provider level, the information governance board ensured the management of information was lawful, secure, fairly and used for its intended purpose. The board included; the providers senior information risk officer, data protection officer and Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. In the 12 months prior to inspection, BPAS Oxford did not have any data protection breaches.

Staff could access performance data and audit results on the electronic intranet system. Computers were password protected and locked when staff moved away from their desks.

Managers understood their responsibilities in reporting notifications to external organisations, submissions to CQC demonstrated notifications were submitted in line with regulatory requirements.

The treatment unit manager monitored HSA4 forms to ensure they were completed in accordance with the Abortion Regulations 1991 and submitted within the 14 day timeframe to the Chief Medical Officer.

Engagement

Leaders and staff actively and openly engaged with clients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for clients.

Staff provided all clients with a feedback survey post treatment. Managers monitored responses and advised their response rate was 10%. Out of those 96-97% of people recommended the service. Information from responses fed into a quarterly client feedback action report which was shared with local unital commissioning groups. The current action plan was reviewing methods of increasing the response rate.

Staff attended quarterly cross site staff meetings where they were updated on learning from incidents and complaints. BPAS conducted annual staff surveys, the most recent survey from 2021 demonstrated positive results with the majority of staff saying they would recommend the service to family and friends, they were supported by their managers and that they believed their job was important.

The treatment unit manager advised us they were attending a local university freshers week to promote positive lifestyle choices. The service used social media to engage with the public and provide advice and information on services. At provider level, information regarding BPAS services was included on the NHS Live Well website.

The treatment unit manager engaged with external agencies including; the Buckinghamshire, Oxfordshire and Berkshire Integrated Care Systems, Terrance Higgins Sexual Health Trust, the treatment unit manager was a member of an anti-slavery committee and worked closely with the sexual health unit located on site.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services. There was participation in research.

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The service developed a handover structure that was adopted at provider level. The handover included a morning brief of the days clients and allocated accountability for roles and tasks, the midday catch up assessed progress and any merging concerns and the end of day summary ensured all tasks were completed and referrals managed. The team were proud that this method had been implemented at other locations.

Learning from incidents, safeguarding and daily practice was shared locally within the team.

At provider level, the service had a research and ethic committee that oversaw all research undertaken by BPAS. The committee signed off research proposals and audited results. The purpose of the committee was to ensure the provider conformed with ethical standards.