

BPAS - Swindon

Quality Report

Ground Floor
Dammass House
Dammass Lane
Swindon
Wiltshire
SN1 3EF
Tel: 03457304030
Website: www.bpas.org

Date of inspection visit: 26, 27 May 2016
Date of publication: 06/12/2016

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Summary of findings

Letter from the Chief Inspector of Hospitals

The British Pregnancy Advisory Service (BPAS) Swindon opened in 2004 providing a termination of pregnancy service. This included a satellite service in Bath which provides diagnostic and screening tests and counselling. BPAS Swindon provided the management and nursing staff for the Bath satellite service. Both services are provided under a contract with Swindon and Wiltshire area Clinical Commissioning Group (CCG). BPAS Swindon maintains a lease of a suite of ground floor rooms which were used solely by the service.

BPAS Swindon provides a range of information, support, diagnostic and screening services, emotional support and aftercare. All of these relate to fertility and associated sexual health needs. This included; pregnancy testing, emotional support, miscarriage management, sexually transmitted disease testing and contraceptive advice and treatment. The main activity was termination of pregnancy. Early medical abortion (EMA) treatments were provided up to nine weeks gestation and medical abortions were provided up to 10 weeks gestation. Surgical terminations under local anaesthetic only were provided up to 12 weeks gestation. The Bath satellite service provided only assessments and consultations (no treatments).

We carried out this comprehensive inspection as part of the first wave of inspection of services which provided a termination of pregnancy. The inspection was conducted using the Care Quality Commission's new methodology for services of this type. 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.

An announced inspection of BPAS Swindon took place on 26 and 27 May 2016. The Bath satellite service was not visited as part of this inspection. We inspected five core areas to review if the services provided were safe, effective, caring, responsive and well led.

Our key findings were as follows:

Are services safe at this service

By safe, we mean people are protected from abuse and avoidable harm.

- Staff were encouraged to report incidents and received feedback regarding action plans and learning. There was evidence learning was shared as a result of incidents locally and from other BPAS throughout the whole organisation.
- The environment and equipment appeared visibly clean and the risks of patients contracting an infection were low.
- Sufficient equipment was in place to deliver the service and equipment was monitored to ensure it was safe for use.
- Procedures were followed for the safe management of medicines.
- Systems were in place which showed the information was safely processed and documented in records.
- Staff demonstrated an understanding of the signs of abuse and understood their responsibilities and what processes to follow. All staff providing direct care to vulnerable patients and those aged under 18 years had received appropriate safeguarding training.
- Processes were in place to ensure patients received safe and appropriate care, risks were assessed and appropriate actions taken.
- Staff completed the World Health Organisation Five Steps to Safer Surgery checklist for all surgical procedures.
- There was sufficient staff to provide safe patient care

Are services effective at this service.

By effective, we mean care, treatment and support achieves good outcomes and is based on the best-available evidence

- Patients had their needs assessed and care and treatment provided which was evidence based following national standards, policy and law.

Summary of findings

- BPAS Swindon participated in audit and research programmes. This enabled the service to evaluate if treatment and care was being provided in line with national standards and to identify improvement actions.
- The effectiveness of treatments was kept under regular review and appropriate actions were taken when required.
- Records showed patients had their pain assessed. We observed patients were provided with appropriate medicines and information about their use and potential side effects.
- Audits showed patients had treatments promptly and processes were in place to minimise delays.
- Whilst we observed nurses discussed the risks of each treatment option with patients, this was not documented in records as being completed.
- The nursing staff and manager demonstrated an understanding of their responsibilities regarding the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff followed policy and procedure regarding the consent of patients and this was evidenced in care records.
- Staff had been supported in their roles and to maintain and develop their clinical skills and competencies.

Are services caring at this service

By caring, we mean staff include patients in all aspects of their care and treat patients with compassion, dignity and respect.

- Between January 2015 and September 2015, between 99% and 100% of the 67 respondents of a patient survey said they would recommend BPAS Swindon. This was a higher (better than) ratio compared to similar NHS services.
- Patient feedback was consistently positive regarding being treated kindly, and with compassion, dignity and respect.
- We observed patients' individual emotional needs were supported by staff who provided impartial, non-judgemental support and advice.

Are services responsive at this hospital/service

By responsive, we mean services are organised so they meet people's needs

- BPAS had a telephone service, accessible 24 hours a day, seven days per week which provided a triage and booking system. BPAS Swindon had consistently provided timely access to services. The majority of patients within a 30 mile radius of the service had their treatment within seven days from calling for an appointment.
- The majority of patients, who had termination treatment, received this when they were less than 10 weeks in gestation. This was higher (better than) the national average (Office of National Statistics, June 2015).
- The BPAS Swindon service and the national website contained a wide range of information and resources which were adaptable to meet different needs. These included: British sign language videos, web chat and telephone services and written information which was available in 19 languages.
- Processes were in place to gather patient feedback. The complaints policy and procedure was understood and followed and complaints across the organisation were shared for quality improvements and learning.
- The facilities provided for monitoring patients' pre and post-surgical procedures. The designated area was small and privacy and dignity between patients could have been compromised.
- Patients' were not informed that if therapeutic counselling was required, BPAS would refer patients on to external services who had appropriately trained (Diploma level) pregnancy counsellors.
- There was no audit to evidence that those patients who exceeded 10 working days from referral to treatment was related to patient choice.

Are services well led at this hospital/service

By well-led, we mean the leadership, management and governance of the organisation assure the following: the delivery of high-quality person-centred treatment and care, supporting staff learning and innovation, and promoting an open and fair culture.

Summary of findings

- BPAS Swindon had been granted a licence from the Secretary of State to provide termination services. This was in date and displayed at the clinic.
- Processes and systems were in place to link and monitor governance information from the BPAS board to BPAS Swindon and vice versa.
- Quality and risk management information were reviewed for service and patient safety improvements. Any necessary action plans were put in place and learning was provided to staff.
- Senior staff were experienced and staff spoke positively about leadership and BPAS as an organisation. Staff said there was an open culture and they felt supported in their roles.

However, there were areas of practice where the provider needs to make improvements.

The provider should:

- BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as counsellors but not to a Diploma level. Therefore, if therapeutic counselling was required, BPAS would refer patients on to external services who had appropriately trained pregnancy counsellors.
- BPAS should audit those patients who exceed 10 working days from referral to treatment. This would provide evidence if the reasons for this were related to patient choice.
- BPAS should evaluate how they evidence discussions with patients have been completed regarding treatments and any associated risks.
- BPAS Swindon should review the facilities provided for monitoring patients' pre and post-surgical procedures. The designated area was small and privacy and dignity between patients could have been compromised.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Termination of pregnancy

Rating Summary of each main service

There were examples of good care and practice at BPAS Swindon, including:

- The environment was visibly clean, and infection control rates were low. Incidents were investigated and the learning from these throughout the organisation was shared with staff. Medicines were appropriately and safely managed. There were sufficient numbers of suitably experienced and trained staff available. Safeguarding procedures were understood and followed by staff to protect vulnerable adults and children from abuse.
- Patients had their needs assessed and care planned and delivered in line with evidence based guidance and recommendations. BPAS had a planned audit programme to monitor and review aspects of practice and patient care. Staff were given feedback on audit outcomes to promote good practice. Staff received regular supervision and appraisals. Multidisciplinary working was observed as well established at BPAS Swindon which promoted consistent patient care. Consent was obtained and checked during each stage of the treatment.
- The service was planned and delivered to be responsive to patients' needs. Patients could access the service within a short timescale. This included a fast track appointment system to prioritise patients with a higher gestational age and more complex needs or circumstances. The service took into account the different needs of people to support them through the treatment. Patients' complaints were listened and responded to.
- Patients' reported they were treated kindly, and with compassion, dignity and respect. The majority of patients living within a 30 mile radius of BPAS Swindon were provided appointments within seven days of requesting an appointment. The majority of termination procedures were provided to patients at 10 weeks (or less) gestation. The BPAS website provided a wide range of accessible and easy to navigate, educational resources and training information.

Summary of findings

- The service provided was well led. Staff followed the vision for the service by treating all patients with dignity and respect in a non-judgemental way. There was an established governance structure at national, regional and local level to manage risk and quality including an audit programme, and an established process for sharing learning. Staff spoke positively about local managers and the organisation generally.

However:

- BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as counsellors but not to a Diploma level. Therefore, if therapeutic counselling was required, BPAS would refer patients on to external services who had appropriately trained pregnancy counsellors.
 - BPAS should audit those patients who exceed 10 working days from referral to treatment. This would provide evidence if the reasons for this were related to patient choice.
 - BPAS Swindon should review the facilities provided for monitoring patients' pre and post-surgical procedures. The designated area was small and privacy and dignity between patients could have been compromised.
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Summary of findings

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BPAS Swindon

Services we looked at

Termination of pregnancy

Summary of this inspection

Background to BPAS - Swindon

The British Pregnancy Advisory Service (BPAS) is a not-for-profit organisation with 44 registered locations and 21 satellite services across the UK. BPAS Swindon was commissioned to provide termination treatments by Swindon Clinical Commissioning Group, primarily for women living locally in the Swindon and west Wiltshire areas. However, BPAS offered appointments at any clinic or region dependent upon service user choice.

BPAS Swindon provides services at two sites. The main service at Swindon provides assessments and treatments. A satellite service, providing consultation and assessment only, was provided at Bath. Those patients who chose to proceed with a termination treatment attended the Swindon clinic (or an alternative BPAS registered location).

BPAS Swindon opened during 2004. The registered manager for this service has been in post since the service opened. BPAS Swindon provided early medical abortion (EMA) treatments up to nine weeks gestation and medical abortions up to 10 weeks gestation. Surgical terminations under local anaesthetic only were provided up to 12 weeks gestation. Terminations above 12 weeks

gestation were provided at other, specific BPAS services. BPAS Swindon facilitated 1,260 terminations of pregnancy between 1 January 2015 and 31 December 2015. Of these, 736 (58%) were early medical terminations and 524 (42%) were surgical terminations under local anaesthetic. Between January 2016 and April 2016 there had been 297 (67%) early medical terminations and 144 (33%) surgical terminations under local anaesthetic. BPAS Swindon was open from 9am to between 3pm and 8pm, Monday to Friday. There were four screening rooms and three consultation rooms. The satellite clinic at Bath had consulting rooms used for assessments only and was open on Monday from 5pm to 9pm, and Tuesday from 9am and 12.30pm.

This was a comprehensive inspection using new methodology from the Care Quality Commission. This inspection was included as part of the first wave of inspections of termination of pregnancy services. 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.

Our inspection team

Our inspection team was led by:

Inspection Lead: Katharine Lewis, Care Quality Commission Inspector.

The team included another CQC inspector and a specialist advisor who was an experienced, qualified midwife with expertise in termination of pregnancy services.

How we carried out this inspection

To get to the heart of patients' experiences 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?
- It is well-led?

We completed an announced inspection of BPAS Swindon on 26 and 27 May 2016. We reviewed all areas of the BPAS Swindon service but did not attend the satellite (consultation only clinic) in Bath

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the service. This included Swindon Clinical Commissioning Group.

Summary of this inspection

Patients attending BPAS Swindon were invited to provide CQC with feedback regarding their experiences of care and treatment. We received and reviewed 37 individual comment cards from patients. We spoke with six patients and three relatives or friends of patients. We observed how care and treatment was provided to five patients. We

spoke with all staff on duty at BPAS Swindon during the two days we visited. This included: nurses, client support workers, administrative staff, a doctor, the registered manager and the regional operations manager. We looked at the environment and equipment, policies and procedures and 10 sets of patient records.

Information about BPAS - Swindon

BPAS Swindon provided termination services at two sites. The main service at Swindon provided assessments and treatments. A satellite service at Bath provided consultation and assessment only. Those patients at Bath who chose to proceed with a termination treatment attended the Swindon clinic (or an alternative BPAS registered location). BPAS Swindon had been granted a licence to undertake termination of pregnancy from the Department of Health. We observed the licence was in date and displayed near the patient waiting area at the Swindon clinic.

BPAS Swindon provided support, information, treatment and aftercare for people seeking help with regulating their fertility and associated sexual health needs. The services provided included:

- Pregnancy testing
- Unplanned pregnancy consultation and support.
- Medical abortion
- Surgical abortion with local anaesthetic/conscious sedation
- Termination aftercare
- Miscarriage management
- Sexually transmitted infection testing and treatment
- Contraceptive advice
- Contraception supply.

The registered manager for BPAS Swindon had been in post since the service opened during 2004. There were four registered nurses who worked between the BPAS Swindon and Bath clinics covering all patient appointments. No doctors are employed and the service was entirely nurse led. Practising privileges had been granted to two consultants. These meant they were

employed elsewhere but undertake shifts at BPAS Swindon. There was 3.4 whole time equivalent administrative staff who supported other staff and the provision of services provided at Swindon and Bath clinics.

BPAS Swindon was provided within a suite of rooms on the ground floor of a building which was leased solely for use by BPAS. There was a large reception area and three clinical rooms, all equipped to care for patients pre and post procedures. In addition, there was a recovery room, and other meeting, store and sluice rooms.

BPAS Swindon provided early medical terminations of pregnancy up to 10 weeks gestation and surgical terminations up to 12 weeks gestation. Terminations above 12 weeks gestation were provided through other specialist services. The Swindon and Bath clinics provided approximately 35 to 40 consultation appointments per week. From January 2015 to 31 December 2015, BPAS Swindon provided 1,260 terminations of pregnancy. Of these, 736 (58%) were medical terminations and 524 (42%) were surgical terminations under local anaesthetic. Between January 2016 and April 2016 there had been 297 (67%) early medical terminations and 144 (33%) surgical terminations under local anaesthetic.

We spoke with six patients and three relatives or friends of patients. We observed how care and treatment was provided to five patients. We reviewed 37 individual comment cards from patients. We spoke with all staff on duty during the two days we inspected the service. This included: the regional manager, the registered manager, one doctor, three nurses, two client support workers and two reception staff. We looked at the environment and equipment, policies and procedures and 10 sets of patient records.

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?

- Staff were encouraged to report incidents and received feedback regarding action plans and learning.
- The environment and equipment appeared visibly clean and the risks of patients contracting an infection were low. Safe procedures were followed for the management of medicines.
- Staff we spoke with demonstrated an understanding of the signs of abuse and understood their responsibilities and what processes to follow to protect patients from abuse. Staff had appropriate safeguarding and other mandatory training to support safe treatment and care.
- Processes were in place to ensure patients received safe and appropriate care, risks were assessed and appropriate actions taken. There was sufficient staff to provide safe patient care.

Are services effective?

- BPAS Swindon participated in audit and research programmes. This enabled the service to evaluate if treatment and care was provided in line with national standards and to identify improvement actions.
- Records showed patients had their pain assessed and were provided with appropriate medicines and information about use of these and potential side effects.
- Patients had treatments promptly and processes were in place to minimise delays. The effectiveness of treatments was kept under regular review and appropriate action plans were put in place when required.
- Staff we spoke with demonstrated an understanding of their responsibilities regarding the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff followed policy and procedure regarding the consent of patients and this was evidenced in care records.
- Staff had been supported in their roles and to maintain and develop their clinical skills and competencies.

Are services caring?

- Patients consistently reported they were treated with compassion, kindness, dignity and respect.
- Patients were positive regarding how information had been provided, and how they were included and involved in all aspects of their treatment and care.

Summary of this inspection

- Patients' individual emotional needs were supported by staff who provided impartial, non-judgemental support and advice.

Are services responsive?

- BPAS had a telephone service, accessible 24 hours a day, seven days per week which provided a triage and booking system. BPAS Swindon had consistently provided timely access to services.
- The BPAS Swindon service and the national website contained a wide range of information and resources which were adaptable to meet different needs. These included the use of British sign language videos, web chat and telephone services and written information available in 19 languages.
- Processes were in place to gather patient feedback. The complaints policy and procedure was understood and followed and complaints across the organisation were shared for quality improvements and learning.

However:

- The designated area for monitoring patients' pre and post-surgical procedures was small which could have compromised the privacy and dignity of patients.
- BPAS should audit those patients who exceed 10 working days from referral to treatment. This would provide evidence if the reasons for this were related to patient choice.

Are services well-led?

- Processes were in place linking governance information from the BPAS board to BPAS Swindon and vice versa. Quality and risk management information was reviewed for service and patient safety improvements. Any necessary action plans were put in place and learning was provided to staff.
- 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 the requirements of the Abortion Act 1967 and Abortion Regulations 1991 and the subsequent arrangements for submission of HSA4 forms.
- Managers and staff at BPAS Swindon were experienced in their roles. Staff said there was an open culture and they felt supported in their roles. Public and staff engagement was encouraged to develop the services provided.

Detailed findings from this inspection

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Summary of findings

There were examples of good care and practice at BPAS Swindon, including:

- The environment was visibly clean, and infection control rates were low. Incidents were investigated and the learning from these throughout the organisation was shared with staff. Medicines were appropriately and safely managed. There were sufficient numbers of suitably experienced and trained staff available. Safeguarding procedures were understood and followed by staff to protect vulnerable adults and children from abuse.
- Patients had their needs assessed and care planned and delivered in line with evidence based guidance and recommendations. BPAS had a planned audit programme to monitor and review aspects of practice and patient care. Staff were given feedback on audit outcomes to promote good practice. Staff received regular supervision and appraisals. Multidisciplinary working was observed as well established at BPAS Swindon which promoted consistent patient care. Consent was obtained and checked during each stage of the treatment.
- The service was planned and delivered to be responsive to patients' needs. Patients could access the service within a short timescale. This included a fast track appointment system to prioritise patients with a higher gestational age and more complex needs or circumstances. The service took into account the different needs of people to support them through the treatment. Patients' complaints were listened and responded to.
- Patients' reported they were treated kindly, and with compassion, dignity and respect. The majority of patients living within a 30 mile radius of BPAS

Swindon were provided appointments within seven days of requesting an appointment. The majority of termination procedures were provided to patients at 10 weeks (or less) gestation. The BPAS website provided a wide range of accessible and easy to navigate, educational resources and training information.

- The service provided was well led. Staff followed the vision for the service by treating all patients with dignity and respect in a non-judgemental way. There was an established governance structure at national, regional and local level to manage risk and quality including an audit programme, and an established process for sharing learning. Staff spoke positively about local managers and the organisation generally.

However:

- BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as counsellors but not to a Diploma level. Therefore, if therapeutic counselling was required, BPAS would refer patients on to external services who had appropriately trained pregnancy counsellors.
- BPAS should audit those patients who exceed 10 working days from referral to treatment. This would provide evidence if the reasons for this were related to patient choice.
- BPAS Swindon should review the facilities provided for monitoring patients' pre and post-surgical procedures. The designated area was small and privacy and dignity between patients could have been compromised.

Termination of pregnancy

Are termination of pregnancy services safe?

- Staff were encouraged to report incidents and received feedback regarding action plans and learning.
- The environment and equipment appeared visibly clean and the risks of patients contracting an infection were low. Safe procedures were followed for the management of medicines.
- Staff we spoke with demonstrated an understanding of the signs of abuse and understood their responsibilities and what processes to follow to protect patients from abuse. Staff had appropriate safeguarding and other mandatory training to support safe treatment and care.
- Processes were in place to ensure patients received safe and appropriate care, risks were assessed and appropriate actions taken. There was sufficient staff to provide safe patient care.

Incidents

- BPAS had systems and processes in place to monitor all clinical incidents, near misses, complications, never events and 'not at BPAS' events (for example; laboratory errors). These were reported through the incident and complication reporting system. The service had client safety incidents policy and procedure in place, which described the monitoring and reporting process. All the staff we spoke with were familiar with these policies and processes.
- Incidents were reviewed for level of seriousness and impact by the organisations regional clinical lead and risk manager and the clinical safety lead. Serious incidents requiring investigation had a root cause analysis investigation completed, the findings and recommendations were shared throughout the organisation at all levels. Should a serious incident take place these were investigated by local managers and governance staff. The staff undertaking a root cause analysis had undertaken training in Root Cause Analysis for SIRI investigations.
- Rates of incidents (including complications) from all BPAS locations were discussed and reviewed within the organisations clinical governance committee and regional quality improvement forum (RQUAIF), which were held on a quarterly basis. Incidents were reviewed for trends or reoccurring themes, and outcomes shared with local services where required. We reviewed the regional meeting minutes dated November 2015 and February 2016. Summaries of serious incidents and investigations were recorded. Action plans, learning and safety improvements were discussed. For example: one serious incident discussed, related to complications which had not been immediately identified by clinical staff. The actions and learning shared with BPAS Swindon staff included simulation training to practice responses to similar emergency scenarios and minimise risks to patient's.
- Between February 2015 and February 2016 there had been no serious incidents reported by BPAS Swindon. Between January 2015 and September 2015 there had been five minor clinical incidents. These included equipment failure and needle stick injury. Appropriate and timely actions were recorded as being taken.
- No Never events had taken place at this service. Never events are serious incidents that are wholly preventable as guidance or safety recommendations are available at a national level and should have been implemented by the provider.
- All staff we spoke with confirmed they were actively encouraged to report incidents and received feedback for incidents. One member of staff, told us they had been involved with the last serious incident at BPAS Swindon. This person said they were supported throughout and there was an emphasis on not being blamed and learning from the issues.
- Resources were available to support staff with incident reporting. A guide list of reportable incident types was available for staff to refer to. This list was not exhaustive and prompted staff to report if undecided and to refer to the providers policy for further examples and explanation
- Between January and September 2015 there had been a total of 6 incidents at BPAS Swindon and no incidents recorded at the BPAS Bath location. None of these incidents were assessed as serious. The registered manager (RM) was familiar with the details of all the incidents which had occurred at BPAS Swindon and subsequent actions taken in response. The low level of incidents had been a consistent feature of the service in recent years. The RM was confident through observation of team working and communication that the low level of incidents was not due to underreporting.
- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires the service to be open and transparent with people who use

Termination of pregnancy

services and other 'relevant persons' in relation to care and treatment (known as duty of candour). It also sets out some specific requirements that providers must follow when things go wrong with care and treatment. BPAS Swindon staff demonstrated an understanding of the principles of duty of candour. This included being honest if treatment had gone wrong but there was less understanding about the specifics of the regulation, such as providing support to patients. Staff told us duty of candour training had been arranged and was being rolled out across the organisation.

Cleanliness, infection control and hygiene

- Processes were in place to minimise the risks of contracting or spreading infection. The organisation had an infection control committee who produced an annual action plan of audits and training. Progress with the plan was monitored by the organisation's clinical governance committee. The annual action plan was based on national guidance (The Health and Social Care Act 2008 and 2015, Code of Practice for health and adult social care on the prevention and control of infections and, Essential steps to safe, clean care: reducing healthcare-associated infections DH, 2006).
- We reviewed the annual infection control report dated for 2015 which had been issued, January 2016. This reviewed compliance levels with infection prevention and control training and audits completed between April and December 2015. BPAS Swindon and Bath locations had completed monthly audits to monitor practice and compliance with infection control policies and procedures. This included: hand hygiene, safe handling and disposal of sharps, cleaning of equipment, waste disposal and medicine storage. BPAS Swindon had not submitted audit and training reports in a timely way for April 2015 and were therefore not included. Between May and December (and April for BPAS Bath location), BPAS Swindon and Bath locations were recorded as having achieved more than 90% compliance with standards
- Staff demonstrated understanding of their responsibilities for infection prevention and control and knew where to access relevant policies. There were 22 policies or guidelines linked to national guidance relating to infection prevention and control. These included: processing surgical packs and surgical

instruments, guidelines for MRSA, environmental cleaning, specimen management, decontamination, and standard precautions. The policies had been reviewed and were all in date.

- There was a very low risk of patients contracting an infection. Between January 2015 and April 2016, there had been no incidents of *Clostridium difficile* (C. diff) or of methicillin-resistant *Staphylococcus aureus* (MRSA).
- We observed there were stocks of patient protective equipment, such as gloves and plastic aprons. Staff were seen to be bare below the elbow and used antiseptic hand gels in between providing patient care, to minimise the risks of spreading infections. We saw staff wearing protective equipment before providing patient treatments.
- The environment and equipment in all areas was visibly clean. BPAS Swindon contracted an external service to clean the environment. We observed the service had an in date waste assessment and waste management plan in place. This covered how all waste materials were to be stored and disposed of including: clinical, general, pharmaceutical and sharps. We observed staff followed the correct procedures.

Environment and equipment

- BPAS policy was followed by staff to maintain the safety of the scanning equipment. Scanning equipment was serviced following the manufacturer's guidelines and stickers to confirm the date were in place. Scanning equipment was replaced every three to four years as part of a rolling programme across the whole organisation. This complied with 'Standards for the provision of an ultrasound service' (p11, the Royal College of Radiologists, which states equipment should be reviewed between four and six years of age).
- All scanning equipment was appropriately serviced and maintained. The Standards for the provision of an ultrasound service (The Royal College of Radiologists) states equipment should be reviewed between four to six years of age. The machines at BPAS Swindon were replaced every four to five years as part of a rolling replacement programme. Date stamps on equipment showed maintenance checks had been completed and were in date.
- Clinical waste management and sharps management policies were in date, and we observed staff following BPAS guidance. All surgical equipment was single use

Termination of pregnancy

and then disposed of. We saw stocks of surgical equipment was in date and stored appropriately. There were stocks of sharps' disposal bins and personal protective equipment (PPE) such as aprons and gloves.

- We observed surgical equipment and other supplies were organised in clean storage. All surgical equipment was single use and then disposed of. Therefore, no sterilisation activities were required.
- Policies and procedures were in place and understood by staff with regards to clinical waste management. The disposal of fetal tissue was managed in line with the Royal College of Obstetricians and Gynaecologists (RCOG) recommendations.
- We observed resuscitation equipment was documented as checked before the start of each clinic. There were various emergency 'grab boxes' available which were documented as routinely checked. These contained essential equipment and medicines to treat and manage specific conditions. For example; to treat anaphylaxis (severe, allergic reaction).
- The premises at BPAS Swindon were secure. The reception area faced the entrance door, which was staffed at all times the clinic was open. This had been adapted so reception staff could see out, but people on the outside could not see in. A telecom system was used by reception staff to check the identity of any person's wishing to enter the clinic. We saw this was done before the door lock was released.
- Staff prioritised the safety and security of people attending BPAS Swindon. We spoke with one member of staff who told us of an occasion when a person had entered the reception area under false pretences. The staff team had discretely invited other waiting patients into clinic rooms. The situation was then resolved with no untoward impact on patients.

Medicines

- Staff followed the medicines' management policy, which had been reviewed and was in date. The organisation employed a pharmacist who was available to all staff regarding any medicine queries or concerns.
- Systems were in place to safely order, receive, store and dispose of medicines. An audit trail of all medicines ordered, supplied and received was maintained. This enabled staff at BPAS Swindon to check orders were

correct at all times. Records of medicine stocks were reviewed every month. This was done to ensure the right quantities of medicines were available and in date for patient's treatment and care.

- We saw all medicines were well organised and stored in a locked cupboard within a clinic room. A dedicated fridge was used for medicines which required cold storage. We observed the minimum and maximum temperature safe temperature range of the fridge was checked every day. Alternative plans were in place to should the fridge develop a fault.
- BPAS provided policy and guidelines to safely dispense medicines. Staff told us they followed guidelines and demonstrated familiarity with them. Staff placed stickers on records to alert them of any risk of confusion of patients with the same or similar names.
- BPAS had Patient Group Directions (PGDs) for some medicines for which nurses had received appropriate training to administer. All PGDs were reviewed every two years to maintain safe procedures; we observed these were in date. After a nurse had completed an assessment of each patient's needs, a doctor prescribed any required medicines for their treatment. This included antibiotics to reduce the risk of post-procedure infection. When a doctor was not on site, prescription charts were signed remotely by doctors working at other BPAS sites who sent an electronic prescription to the Swindon clinic. All medicines were dispensed and administered by the nurses.
- Clinical guidelines were in place for medical staff to follow for the prescribing of misoprostol. This was used to prepare the patient's cervix for a termination. The guideline was based on advisory body recommendations and current best evidence. The policy enabled each consultant the choice of whether or not to use misoprostol based on each patient's particular individual medical assessment.

Records

- Processes were in place to safely maintain records. We reviewed 10 patient records. Records were organised and included relevant completed risk assessment personal details, allergies, medical history, observations, ultrasound pictures, consent, and treatment and care action plans.
- Each month the standards of record keeping were monitored by the registered manager. Five sets of completed patient records were randomly selected and

Termination of pregnancy

reviewed against a criterion set by BPAS head office.

This included checking records were legible, dated and signed. We looked at audits results dated June 2015 to December 2015 which showed 100% compliance with standards.

- However, in two sets of care records we reviewed, we found the GP discharge summary letters had not been sent. These patient care records had been set aside for filing. We explained our findings to the manager at the time of our inspection who immediately corrected the error. We looked thorough an additional 31 sets of records for the same time period and found no other errors.
- There were systems in place to make sure the legal requirements relating to a termination of pregnancy were documented in records. We reviewed 10 patient records and saw each had been fully and appropriately documented as completed. Each stage of the care pathway for termination of pregnancy was linked to a specific BPAS IT system. This included two registered medical practitioners who were required to sign the HSA1 form. The form had to be fully completed following a patient consultation and before the termination could proceed. All clinic staff had access to, and used the system which flagged a red colour if processes were incomplete. We looked at 10 patient records and found that all forms included the required two signatures and the reason for the termination. Paper copies of completed paperwork were added to patients' care files. Head office and the registered manager reviewed the records each day to ensure all had been completed correctly. We observed this being completed during our inspection. In the event of IT failure, services reverted to paper records and secure fax.
- Records were organised and stored safely. We saw records were organised in files and stored securely at BPAS Swindon. Clinic records were maintained on site for three months and then archived at another location

Safeguarding

- Systems were followed to promote the safety of young people attending BPAS Swindon. Staff had been appropriately trained to safeguard children. National guidance (Intercollegiate Document, 2014) recommends staff should be trained to one of five levels of competency, depending upon role and interaction with young people. Records showed all staff working at BPAS

Swindon had in date training to level three.

Safeguarding vulnerable people group training level 3 had been completed by all BPAS Swindon staff. All staff attended safeguarding vulnerable adults and children every two years.

- The organisation's safeguarding lead had been trained to the advanced level five. This person therefore had the skills to provide expert advice and was responsible for ensuring BPAS services appropriately met the statutory requirements to safeguard children from abuse.
- The registered manager was designated as responsible for taking action regarding any safeguarding concerns, co-ordinating action within the unit and liaising with other agencies. The BPAS organisation safeguarding lead was routinely contacted with regard to young people, aged 14 years or less. In the absence of the safeguarding lead the medical director and/or the regional director of operations was contacted. Any decision not to refer a young person aged between 13 and 14 years to the local authority safeguarding team, could only be made once a risk assessment had been completed and with the agreement of senior BPAS staff. All patients aged less than 13 years had to be referred to the local authority safeguarding team.
- Staff we spoke with demonstrated an understanding of the signs of abuse and understood their responsibilities and what processes to follow. All staff had access to the local authority safeguarding website which provided additional safeguarding information and contact details.
- As part of the safeguarding risk assessment staff ask a series of questions which attempt to highlight any issues which may indicate child sexual exploitation. These include questions about family, relationships, friendships, lifestyle and consent to sex. As a result of these questions staff asked themselves if they considered there to be any safeguarding concerns and responded in line with BPAS policy
- Staff had been informed of changes in law and policy related to safeguarding. We reviewed the team meeting minutes dated November 2015. These detailed changes in the law with regards to female genital mutilation (FGM) and new mandatory responsibilities to report this to the police if identified in young people aged below 18 years. BPAS safeguarding policies, mandatory training and risk assessments were documented as updated with these additional requirements, and additional resources to support staff had been identified.

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Mandatory training

- We saw records which showed all BPAS Swindon staff (100%) were in date with the required mandatory training for their role. This included: health and safety, infection control, adult life support, safeguarding children and vulnerable adults and first aid.
- Basic life support training had been completed by all administrative staff. Intermediate life support training had been completed by all nursing staff.

Assessing and responding to patient risk

- Processes were in place to ensure patients received safe and appropriate care. Care was nurse led at BPAS Swindon. The nurses told us they followed BPAS clinical guidance in order to assess the suitability of each patient for either a medical or surgical termination procedure. This included consideration and evaluation of existing medical conditions and treatments. We observed this was followed for the five patient consultations we observed. The consultants reviewed each patient's assessment before prescribing treatment. The nurses at BPAS Swindon told us they would refer to the regional clinical lead or medical director for further advice if any issues were identified.
- If the nurses clinical assessment identified it was unsafe to treat a patient at BPAS Swindon, a referral form was completed and sent to the organisations referral team. This team worked to identify a suitable alternative service and would continue to monitor the patient's pathway through to the end of treatment.
- All patients were risk assessed by a nurse and the 10 records we reviewed and during the consultations we observed showed risks were evaluated throughout all care and treatment. Staff used an early warning score (EWS) to record routine physiological observations, such as blood pressure, temperature and heart rate. EWS is a standardised physiological assessment tool, designed to alert the clinical team to any deterioration in a patient's condition and prompt a timely clinical response.
- All patients had venous thromboembolism (VTE) risk assessments completed. Between January 2015 and December 2015, 100% (524) of patients who had a surgical termination and 100% (736) of patients who had an early medical termination had a VTE risk assessment completed.
- Prior to terminations, patients' were tested and provided treatments to prevent rhesus disease in future pregnancies. A test was completed at the clinic to identify those patients who had rhesus negative blood type. A treatment was provided when this was identified and documented in records.
- We observed six patient consultations and saw information was clearly provided regarding potential risks and complications as a consequence of treatment. These discussions were not documented in the six patient consultations we observed. However, written information regarding potential risks and complications were provided to each patient and reviewed again with patients' as part of the consent process.
- We saw on the 10 patient records we reviewed that all known allergies were recorded on the patient's notes and prescription sheet.
- We saw there was adult resuscitation equipment available. Records showed this equipment was checked and maintained at the start of each clinic.
- Safe practice guidance was followed most of the time before surgical terminations commenced. BPAS had adapted and followed the World Health Organisation (WHO) Five Steps to Safer Surgery checklist. This guidance prompted actions for safe clinical practice. The registered manager had been required to audit compliance with the safety checklist since April 2015. This involved observation of 10% of surgical procedures per month. During May 2016, the compliance with WHO had reduced to 75%. We discussed this with the registered manager, who told us they had spoken with all clinical staff to stress the importance of the checklist in promoting patient safety. Records showed between August 2015 and March 2016 the compliance level was 100%.
- The registered manager told us if a young person was attending BPAS Swindon, staff would need to be assured there was suitable adult support available post procedure before commencing any treatment.
- Processes were in place to ensure patients could be safely discharged. All patients were assessed by a nurse after treatment and before being discharged from the service. We observed staff gave advice including how to access the BPAS post treatment helpline. This was available 24 hours a day, seven days per week.

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- BPAS Swindon had an emergency transfer agreement in place with a local NHS hospital. This included the bleep numbers of the relevant NHS medical staff. Between January 2015 and April 2016, no patients had been transferred as an emergency.

Nursing staffing

- There were four registered nurses who together worked 2.4 whole time equivalent hours between the BPAS Swindon and Bath clinics. The manager felt this was sufficient numbers to safely respond to service needs. The nurses had different clinical qualifications and experiences; maternity, gynaecology and sexual health. This contributed to a comprehensive skill mix and responsive patient treatment and care.
- There were no staff vacancies and gaps in service provision were covered by part time staff who increased their hours or staff from other clinics provided supplementary support. This meant no agency staff had to be used.
- We reviewed the personnel files of the nursing staff and saw all relevant employment checks and references had been completed. We saw confirmation of registration with the Nursing and Midwifery Council.

Medical staffing

- There were six medical staff employed by BPAS. These included the organisation's medical director and five other doctors who were on a rota to be available to review and sign the legal forms (HSA1, HSA4) required for termination treatments.

Other staff

- There was 3.4 whole time equivalent administrative staff who supported with the services provided at Swindon and Bath clinics. This included client coordinator roles to support with other staff and patients thorough the treatment pathways.
- There was one unit manager at BPAS Swindon (0.8 whole time equivalent) who was also responsible for the management of the Bath BPAS clinic. The Bath clinic had a part time manager who was responsible for the day to day running of the service

Major incident awareness and training

- BPAS Swindon had a fire and general facility risk assessment in place. Staff demonstrated awareness of fire evacuation procedures and tested the alarms every week.
- We saw the general service risk assessment and continuity plan. This included action plans in the event of any issue, activity, hazard or harm which had the potential to impact on the safety of patients or the service provided. For example: as a result of defective equipment or flammable materials or electrical fault.

Are termination of pregnancy services effective?

- BPAS Swindon participated in audit and research programmes. This enabled the service to evaluate if treatment and care was provided in line with national standards and to identify improvement actions.
- Records showed patients had their pain assessed and were provided with appropriate medicines and information about use of these and potential side effects.
- Patients had treatments promptly and processes were in place to minimise delays. The effectiveness of treatments was kept under regular review and appropriate action plans were put in place when required.
- Staff we spoke with demonstrated an understanding of their responsibilities regarding the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff followed policy and procedure regarding the consent of patients and this was evidenced in care records.
- Staff had been supported in their roles and to maintain and develop their clinical skills and competencies.

Evidence-based care and treatment

- Policies and guidelines were accessible to all staff and were developed to comply with the Abortion Act (1967) and Abortion Regulations (1991) and other national guidance. For example, the service followed National Institute for Health and Care Excellence (NICE) guidelines for Contraceptive services for under 25s (2014). The Royal College of Obstetricians and Gynaecology (RCOG) guidelines were also adhered to

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for: The Care of Women Requesting Induced Abortion (2011), for Termination of Pregnancy for Fetal Abnormality (RCOG, 2010) and for The Management of Tubal (ectopic) Pregnancies (RCOG, 2004).

- When an updated or new guideline or policy was introduced by BPAS, all staff were made to sign to confirm they had read and understood it. We saw evidence of this during our inspection
- The RCOG guidance for 'The Care of Women Requesting Induced Abortion' makes a range of good practice recommendations. These included: assessment and provision of contraception, screening for sexually transmitted infections and access to support, advice after procedures. We saw staff had been compliant following these recommendations during the six patient consultations we observed, and were documented in the 10 care records we reviewed. Contraceptive options were discussed with patients at the initial assessment and a plan was agreed for contraception after the abortion. When contraception was agreed, the patient received in writing details and instructions relating to their choice and had the option of their GP being informed. Should they not wish to contact their GP then a local family planning clinic was suggested. Patients could be provided with contraceptive medication at the clinic.
- The clinical commissioning group commissioned patients to be tested for chlamydia infection (chlamydia is a sexually transmitted bacterial infection) before treatment. Information was provided to patients about sexually transmitted infections.
- BPAS Swindon participated in an audit programme. This enabled the service to evaluate if treatment and care was being provided in line with national standards and to identify improvement actions. There were a range of clinical audits at various stages of progress, planning and completion. For example; the BPAS Swindon manager randomly selected and reviewed the treatment pathway for two patients attending the service for medical termination every month. The audit reviewed how staff had followed guidelines and policy for the care and treatment of patients. The monthly audit results were collated into an annual review and action plan. We looked at the results for the annual review dated May 2016. This stated no issues had been identified during the previous 12 months. We contacted the local clinical commissioning group (CCG) regarding BPAS Swindon. The CCG confirmed they received quarterly activity and performance reports and had no concerns regarding BPAS Swindon.
- BPAS were involved with projects to provide evidence based practice. The organisation had a research and ethics committee through which all projects were facilitated, and outcomes and learning disseminated across all BPAS services (locations). This was linked to the clinical governance committee. At the time of our inspection, the BPAS website provided information regarding four ongoing research projects, and 13 completed research projects, with links to published articles.
- BPAS Swindon offered early medical abortions. The treatment consisted of two medications, given between 24 and 72 hours apart, dependant on gestation and client choice. The simultaneous administration of medicines for early medical abortion (EMA) was introduced during 2015. The increased risk of retained products of conception and continuing pregnancy for medicines taken at the same time compared with 24-72 hours apart were included in the My BPAS Guide which was given to all patients before making a choice.
- Patients were offered simultaneous early medical abortion up to nine weeks gestation. This is where both medications (a pessary and oral tablet) were given within 15 minutes and the patient can leave the clinic to pass products of conception in a place of their choice. If they preferred, or were up to 10 weeks gestation, the medications could be split so the patient had a one or two day gap between the first tablet and the insertion of the pessary. Again, patients left the clinic to pass products of conception in a place of their choice. BPAS gathered the data about the success or complications related to both simultaneous and EMA with up to a 72 hour gap. BPAS do not benchmark against national statistics and instead use internally gathered data and rates published from clinical trials. The operations director confirmed they received a breakdown of EMA complication rates by interval and gestation which were analysed every four months and reported on to local clinical commissioning group.

Pain relief

- Processes were in place to assess physical pain. We observed patients were asked about their pain during

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consultations and treatments. A section of the observation charts used for patients included a visual pain assessment tool which patients used to describe how they were feeling.

- Appropriate pain relief was prescribed for each treatment. We observed medicines prescribed for pain relief were appropriately documented in the 10 care records we reviewed.
- Patients were supported to manage pain when discharged after treatment. We observed during consultations, staff explained what level of pain was typically associated with each procedure. Patients were provided with pain relieving medicines on discharge with instructions on dose, timings and potential side effects. This included non-steroidal anti-inflammatory drugs which were prescribed as recommended by RCOG guidelines.
- Additional information was provided regarding persistent pain, including whom to contact and when

Patient outcomes

- Two types of early medical abortion (EMA) were available to patients at BPAS Swindon. Simultaneous administration of medicines for EMA was available for patients up to nine weeks gestation. Medicines (a pessary and oral tablet) were given within 15 minutes at the clinic. Afterwards, the patient was able to leave to pass the products of conception in a place of their choice. If a patient preferred, or was up to 10 weeks gestation, the administration of the medicines could be delayed with one or two days between each. After the second clinic appointment, patients were able to leave to pass products of conception in a place of their choice.
- The regional quality, assessment and improvement forum and national clinical governance committee monitored and reviewed treatment complication rates at BPAS Swindon to ensure they were at or below accepted national levels. BPAS Swindon facilitated 1,260 terminations of pregnancy between 1 January 2015 and 31 December 2015. Of these, 736 (58%) were medical terminations and 524 (42%) were surgical terminations under local anaesthetic. Between January 2016 and April 2016 there had been 297 (67%) medical terminations and 144 (33%) surgical terminations performed under local anaesthetic only. Data on failed and incomplete surgical and medical abortions was continually collected and reviewed centrally.

- The failure rates and potential complications of both methods of EMA were included in the patient information booklet 'My BPAS guide'. This was given to all patients before making treatment choices. All patients who had an EMA were provided with a pregnancy test and instructions on when to use the test and what to do if it was positive. We saw positive pregnancy tests post EMA were reported as an incident (complication).
- Department of Health policy is that women who are legally entitled to a termination should have access to the procedure as soon as possible. Evidence shows that the risk of complications increases the later the gestation (Evaluation of Early Medical Abortion, DH, 2008). We looked at audit information dated April 2015 and March 2016. These showed 87.8% of patients had their termination treatment when they were less than 10 weeks in gestation. This was higher (much better than) the national average of 80% (Abortion Statistics, England and Wales: 2014, published June 2015).
- There were specific pathways in place for patients with identified fetal anomalies. An operational policy was in place for the termination of pregnancy for fetal abnormality (2014). This policy outlined a care pathway for patients seeking such a termination. The policy recognised the difference between the termination on medical grounds to the termination on non-medical grounds and that significant differences to patient need were identified. Information for patients was available and included details of the procedure, risks and complications and that a dedicated booking line was available for patients needing this service.
- The BPAS regional quality, assessment and improvement forums and national clinical governance committee, monitored and reviewed treatment complication rates ensuring they were at or below accepted, published rates.

Competent staff

- The success and complication rate of medical and surgical procedures was monitored and reported on every month. These had been divided between major and minor surgical and major and minor medical complications. The major complications included issues such as bleeding requiring transfusion and infection requiring intravenous antibiotics. The minor complications included issues such as continued pregnancy and infection, treatable with oral antibiotics.

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We looked at records for clinical complications during the period 1 January 2015 to 31 December 2015. Most of the time the risk to patients of serious complications was significantly below 1% (0.16%). During one, four month period this had increased to 1%. The rate of minor complications during the same period ranged between 1% and 9%. Patient outcomes were monitored by the BPAS medical director and reported to the regional quality and clinical outcomes committees.

- The clinical performance of the consultants was monitored on a monthly basis through evaluation of reported clinical incidents by the regional clinical lead for the south west area. This included the number of procedures performed, rates of complications and complaints. If issues were identified these were addressed directly with the doctor concerned. If required, BPAS had the option to temporarily suspend practicing privileges.
- The registered manager told us on occasions they observed patient consultations by BPAS Swindon staff. This provided assurance was patient care and treatment was provided in line with BPAS guidance and policy.
- Each doctor's practicing privileges, including annual appraisal and revalidation were evaluated on an annual basis by the organisation's medical director. This included reviewing each doctor had appropriate skills and experience and had achieved appropriate clinical outcomes for patients. We reviewed the personnel files of the two doctors working at BPAS Swindon and saw all information including evidence of appraisal and revalidation was complete and in date.
- Nursing and administrative staff were supported in their roles at BPAS Swindon. All staff had an annual appraisal of their performance and learning needs each year. Records showed 100% of nurses had an in date annual appraisal and 89% of the administrative staff. All the staff we spoke with told us if they had any concerns regarding any issues they would not hesitate to discuss with colleagues or senior staff locally or within other regions or head office.
- Clinical advice was available to registered nurses and doctors. The organisation's director of nursing and director of medicine were available to support staff as required.
- Processes were in place to update the clinical skills of staff. Every year the organisation facilitated a clinical forum for doctors and nurses with external speakers presenting on relevant topics. We looked at the agenda

for the last clinical forum which took place during April 2016. This was attended by BPAS Swindon nurses and doctors. Sessions included: legislative and contraception updates and a session on the identification and management of early pregnancy.

- The nurses at BPAS Swindon had received additional training, assessment and review in order to competently scan patients. Nurses told us this training was thorough and comprehensive and they felt it enabled them to develop their skills. Every two years nursing staff resubmitted a selection of completed scans and readings for review by the lead sonographer for BPAS. These were checked and reported back to each nurse regarding their accuracy. If required, additional training was provided.
- All patients were offered support and advice prior to treatment and post procedure if required. This was provided by nurses and trained administrators, known as 'client care coordinators'. Prior to providing this patient support, staff were required to complete the BPAS client support skills and counselling and self-awareness course and the client care co-ordinator competencies framework.

Multidisciplinary working

- We observed staff worked cohesively together as a team. Staff were clear regarding their own and others responsibilities. All the staff we spoke with were positive about team working practices. This supported effective planning and delivery of patient treatment and care.
- Staff liaised with other professionals appropriately and this was documented in patient records. For example; with GPs, and local sexual health services.
- The local clinical commissioning group confirmed that BPAS Swindon attended quarterly performance and attendance meetings and also contributed to service developments for sexual and reproductive health initiatives for the Swindon locality.

Seven-day services

- A service was provided from Monday to Friday. BPAS Swindon was open from 9am to between 3pm and 8pm, Monday to Friday. The satellite clinic at Bath which offered consultation appointments only (no treatments) was open on Monday from 5pm to 9pm, and Tuesday from 9am and 12.30pm.

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- Appointments could be arranged 24 hours a day, seven days per week (including bank holidays) through a national call centre. If an appointment was not available at BPAS Swindon when required, options to attend other BPAS services were provided.
- Out of hours support was available, 24 hours a day, seven days per week. If a patient had any questions or concerns. Advice was available from BPAS Swindon during opening hours and through a dedicated aftercare telephone service at all other times

Access to information

- Systems were in place to enable information to be shared appropriately and promptly. The organisations IT system linked all of the BPAS services and head office. This enabled quick communication between professionals and services which was particularly beneficial if a patient was attending more than one clinic.
- Each patient was sent a medical questionnaire to complete prior to attending the clinic; patients were also able to complete this during their time in the clinic. The medical questionnaire provided staff with information on any medical conditions to ensure they could be treated safely. Patients who were not suitable for treatment could be referred to local NHS services or an alternative appropriate BPAS clinic.
- Two doctors reviewed the patient's history, ultrasound scan and grounds on which she was seeking an abortion on-line, before they signed the HSA1 form. The information was provided to the two doctors electronically before they made their decision. A copy of the HSA1 form was printed and filed in the patient's medical record. All the medical records we reviewed contained a printed and signed copy of the HSA1 form. Staff told us there were always two doctors working at BPAS sites available to review and sign the HSA1 forms remotely and electronically. We saw the national rota which evidenced that this happened. The Department of Health RSOPs state that it is good practice for two certifying doctors to see a patient who has requested a termination of pregnancy, although it is not a legal requirement.
- Staff worked with other services to deliver effective care and treatment. At the start of each patient's treatment, it was agreed if a letter could be sent to the patient's GP. This included the treatment procedure undertaken and any contraception provided. The patient was able to request this did not happen. In each case the patient is given a letter which included the same information should it be needed in the future

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we spoke with at BPAS Swindon demonstrated an understanding of their responsibilities regarding the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. This included being assured patients had capacity to make an informed decision. If patients were deemed unable to make informed choices and give informed consent, they were referred to a specialist service.
- Staff followed the correct processes to gain consent. The risks and benefits of treatments were explained in detail to ensure each patient understood what they were consenting too. We observed five patients during consultations and saw they were asked if they understood information and were encouraged to ask questions. This was done before patients were asked for consent and at each stage of care and treatment.
- When consent was given on a different day from the day of treatment, we saw staff rechecked with the patient that they wished to proceed.
- When patients called the national call centre for an appointment, a password was agreed. All following communication required the password, before personal and confidential information was discussed. These processes supported the protection of confidential information.
- Procedures to gain consent were documented. In the 10 care records we reviewed, consent forms had all been fully completed. If a patient was unable to write their consent, a witness signature was included. When the interpreter service was used, the interpreter was required to confirm the information had been conveyed to the patient in a manner the patient could understand. The consent form also required the signature of staff who signed to confirm the patient had no further questions and wished to proceed with treatment.
- Each patient was asked for consent before any information was shared with others. This included the patient's GP, even if they had made the referral to the service. In the 10 care records we reviewed, decisions were documented and respected by staff.

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- The correct legal processes were followed regarding the consent of young patients (below 16 years old). Nurses demonstrated they understood the providers consent policy which followed national policy and standards. This included Gillick competency (assessment of under 16s to give informed consent) and Fraser guidelines.

Are termination of pregnancy services caring?

- Patients consistently reported they were treated with compassion, kindness, dignity and respect.
- Patients were positive regarding how information had been provided, and how they were included and involved in all aspects of their treatment and care.
- Patients' individual emotional needs were supported by staff who provided impartial, non-judgemental support and advice.

Compassionate care

- There was evidence patients consistently received compassionate care and treatment. We received 37 completed feedback forms from patients who had attended BPAS Swindon. There was no negative feedback about staff attitude and comments included: "staff were all very friendly and very helpful. None of them acted as if they judged my decision and they all respected my situation" and "staff were very considerate and showed lots of empathy" and "staff were incredibly caring, kind, understanding, thoughtful and extremely knowledgeable and helpful during a difficult time."
- BPAS Swindon provided a feedback form to all patients who attended the service. We looked at the patient feedback dated September 2015 to December 2015. During this time, 67 patients had provided feedback regarding the treatment and care they had received. Between 99% and 100% of patients felt they had been listened too and treated in privacy and with dignity.
- We observed patients and those people attending appointments with them, were treated with dignity and respect at all times when attending or telephoning BPAS Swindon. When staff were ready for patients they were called by their first name only to limit information in a public area. Staff demonstrated a non-judgemental, kind and supportive approach to patients. We observed compassionate care provided to patients during consultation and treatment appointments. Staff gave

patients the time they needed to explain their individual circumstances. This often resulted in patients becoming upset or distressed, staff responded in a professional but sympathetic and kind manner.

Understanding and involvement of patients and those close to them

- Written and verbal information was provided to support informed patient choices regarding options, treatment and care. All patients were provided with an information booklet during their first consultation appointment. The 'My BPAS Guide' included information on pregnancy options, medical assessments and tests, contraception and treatments provided by BPAS. We observed staff used the 'My BPAS Guide', to discuss options and potential risks and complications. Staff referred to the written text and asked patients repeatedly if they understood the information and encouraged discussion and questions. We observed five patients appointments and saw staff offered additional appointments so patients had time to consider their options and choices. Patients were also advised that appointments could be postponed or cancelled at any time.
- Patients were positive regarding how information had been provided and how they were included with their treatment and care. We received 37 completed feedback forms from patients who had attended BPAS Swindon. Comments included: "I was especially pleased that I had plenty of time and encouragement to think and decide how I wanted to be treated" and "I was involved in all my treatment and given full information about what would happen" and "staff listened to everything I had to say and gave all the necessary information clearly, so I was able to understand" and "I was offered information about the services available and asked questions and got helpful answers."
- The patient feedback dated September 2015 to December 2015 provided feedback regarding the treatment and care patients (67) had received. During this time 100% of patients reported they felt listened too, were given a clear explanation of their treatment and were involved in decisions regarding treatment.
- Results from the same patient feedback survey showed the majority of patients (93% to 100%) understood how their personal information would be used by BPAS and how information was treated confidentially. This included sharing some information with the

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Department of Health (a regulatory requirement). During consultations we observed patients were asked if they wished and consented to treatment information being shared with their GP.

Emotional support

- We observed five patient consultations and saw staff provided emotional support as required by each patient. Staff could refer patients on to specific counselling for anxiety and depression should this be an identified need. Specific bereavement counselling could also be accessed if needed.
- Specific counselling by specialist organisations could be made available for patients who have undergone a termination due to fetal anomaly. For these patients, treatment was prioritised and fast tracked.

Are termination of pregnancy services responsive?

- BPAS had a telephone service, accessible 24 hours a day, seven days per week which provided a triage and booking system. BPAS Swindon had consistently provided timely access to services.
- The BPAS Swindon service and the national website contained a wide range of information and resources which were adaptable to meet different needs. These included the use of British sign language videos, web chat and telephone services and written information available in 19 languages.
- Processes were in place to gather patient feedback. The complaints policy and procedure was understood and followed and complaints across the organisation were shared for quality improvements and learning.

However:

- The designated area for monitoring patients' pre and post-surgical procedures was small which could have compromised the privacy and dignity of patients.
- BPAS should audit those patients who exceed 10 working days from referral to treatment. This would provide evidence if the reasons for this were related to patient choice.
- BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as

counsellors but not to a Diploma level. Therefore, if therapeutic counselling was required, BPAS would refer patients on to external services who had appropriately trained pregnancy counsellors.

Service planning and delivery to meet the needs of local people

- The regional manager was involved with the long term planning of the service and of local services. This was confirmed by the local clinical commissioning group. The satellite clinic based in Bath offered west Wiltshire patients the opportunity to minimise travel and appointments in Swindon.

Access and flow

- BPAS Swindon had consistently provided timely access. BPAS Swindon was open from 9am to between 3pm and 8pm, Monday to Friday. The satellite clinic at Bath was open on Monday from 5pm to 9pm, and Tuesday from 9am and 12.30pm.
- Patients had treatments promptly and processes were in place to minimise delays. The RCOG guidance (2011) recommended patients should be seen within five working days of contact. Between April 2015 and March 2016, treatment had been available for between 83% and 95% of all patients within seven days, and a 30 mile radius of the patient's home. Staff stated on occasion a patient choose to delay an appointment or wait for an appointment locally rather than travel to a service with more clinic availability.
- Quarterly Monitoring Reports were sent to each commissioning group which detailed the percentage of actual appointments booked within seven calendar days and the percentage of appointments available to book within seven calendar days for: Booking to assessment and assessment to treatment. For the most recent quarter; January to April 2016, the average total of days from contact to treatment was 9.6 days. However, there was no audit process in place to evidence any reasons for delay or what happened to those patients who did not choose to complete the booking with the service.
- The registered manager told us any delays were due to patient choice.

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- Patient referral to treatment times had been audited on a quarterly basis to ensure waiting time targets were met. For the most recent quarter; January to April 2016, the average total of days from initial contact to treatment was 9.6 days.
- BPAS had a telephone service, accessible 24 hours a day, seven days per week which provided a triage and booking system. This ensured patients had access to the most suitable appointment to meet their individual needs as early as possible.
- A fast track appointment system was available for patients with higher gestational age or those with complex needs. Appointments could be provided at any BPAS service if this was required by the patient.
- BPAS Swindon had introduced a further treatment option for an early medical abortion, with the administration of the two sets of abortifacient medication being able to be delivered in one day. BPAS Swindon and the local clinical commission group said this provided increased choice and access for women.
- There were specific pathways in place for patients with identified fetal anomalies. This was a collaborative pathway with the fetal unit at the local trust.
- The 'My BPAS Guide' included information on pregnancy options, medical assessments and tests, contraception and treatments provided by BPAS. The guide was available in different languages and in Braille for the visually impaired.
- Consent forms were available in different languages. Staff told us they were able to use a telephone interpreter service to ensure decisions and treatment options were understood.
- A range of information was available at BPAS Swindon. For example: a young persons' file was available in the waiting area. This contained information on a range of services and contact details, such as: housing and benefits, sexual health, and drug and alcohol services. Leaflets and posters were available to explain to patients why personal information was recorded, how information was kept confidential and under what specific circumstances information was shared with others. The leaflets also explained how some information was shared with the local NHS to enable payment for treatment and with the Department of Health for statistical purposes and auditing.
- The service provided different patient pathways for in order to provide the most appropriate treatment and care. For example, there were specific pathways and for the termination of pregnancy for fetal abnormality, and for patients attending due to miscarriage. Staff adapted their interactions and processes in order to sensitively respond to the different emotional needs of each patient. For example, staff offered mementoes such as ultrasound pictures and footprints.
- Discussions regarding the options available for the disposal of fetal remains were documented as either accepted and completed or declined during each patient's initial consultation. Written information was available in the 'My BPAS Guide' (p14) which was provided to every patient.
- The room used by patient's pre- and post-surgical terminations was very small and cramped. The room was used by two patients at a time who sat close by each other, separated by a curtain. A member of staff also sat in the room completing observations. If one of the patients had personal questions, became unwell or distressed, this would be fully understood by the other patient in the room. We questioned staff about the impact of being able to adequately respond to a

Meeting people's individual needs

- The nursing staff at BPAS Swindon also worked at the satellite clinic at Bath. Staff said this provided some continuity of care for patients who attended Bath for consultation and Swindon for treatment.
- The BPAS website contained a range of information and resources which were adaptable to meet different needs. The website was able to be easily altered to one of 19 different languages. There were a number of British Sign Language videos, and a web chat and web audio service available. All of these provided a range of information regarding pregnancy, contraception and termination.
- For those patients who could not read English, BPAS provided a post-surgery verbal advice and support helpline. We observed practical resources were available and used by staff to demonstrate various methods of contraception and the procedures followed. Staff we spoke with were unsure if information was available in 'easy read' format for patients with a learning disability.

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deteriorating patient in such a closely confined space (and issues regarding dignity and privacy). Staff told us if patients became unwell they were moved to another room and monitored by staff.

- In order to both obtain and maintain a licence from the Secretary of State to provide termination services, BPAS had to comply with a number of Required Standard Operating Procedures (RSOPs) based on legal requirements and best practice. RSOP14 concerns the provision of counselling services. This states that all women requesting a termination should be offered the opportunity to discuss their options and choices in a non-directive and non-judgemental way. In addition therapeutic support from a trained pregnancy counsellor should be available.
- RSOP14 defines a trained pregnancy counsellor as someone trained to Diploma level. Senior staff confirmed that the BPAS training did not reach Diploma level. Clinical and administrative staff received internal BPAS training in order to provide impartial, non-judgemental support and advice to patients. This training took between one and four days to complete. Nursing staff attended one day of this course. Staff who attended for the four days also completed a range of competency based assessments and were then referred to as 'Client Care Coordinators'.
- Staff were appropriately trained and knowledgeable to provide the short term 'crisis' pregnancy options counselling that is required within a Termination of Pregnancy service. If other 'non pregnancy related' issues become evident during discussions, BPAS staff would then refer the person for further therapeutic counselling with a relevant, appropriately trained counsellor. The RSOP standards were met as all the staff we spoke with confirmed if a patient required professional counselling, a referral was made to an external, professional counselling service.
- Staff confirmed they understood and followed the provider's policy regarding the disposal of pregnancy remains. The policy followed national guidance from the Human Tissue Authority (2015) and the Royal College of Nursing (2015). Discussions and decisions were documented as completed in patients care records.

Learning from complaints and concerns

- Processes were in place to gather patient feedback, which were reviewed for learning. BPAS Swindon

provided a feedback form to all patients who attended the service. These were sent every week to head office where feedback was collated. Any complaints, comments or suggestions from patients were shared with the manager of BPAS Swindon, who took any necessary actions to minimise subsequent similar issues. Information and learning from complaints across the organisation was shared at team meetings.

- The BPAS Swindon manager demonstrated an understanding of the complaints policy and procedure. The last complaints (two) had been received during February and July 2015. Documents recorded how these complaints had been investigated and appropriate actions taken as a consequence.
- Processes were in place to share learning from complaints across the whole organisation. We reviewed BPAS Swindon team meeting minutes dated March 2016 and saw a complaint received at another BPAS service out of the region was reviewed and discussed.
- We observed there was information in public areas of BPAS Swindon notifying patients and their supporters how to make complaints. We spoke with six patients and three relatives or friends of patients and none had any complaints about the care or treatment they had received.

Are termination of pregnancy services well-led?

- Processes were in place linking governance information from the BPAS board to BPAS Swindon and vice versa. Quality and risk management information was reviewed for service and patient safety improvements. Any necessary action plans were put in place and learning was provided to staff.
- 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 the requirements of the Abortion Act 1967 and Abortion Regulations 1991 and the subsequent arrangements for submission of HSA4 forms.
- Managers and staff at BPAS Swindon were experienced in their roles. Staff said there was an open culture and they felt supported in their roles. Public and staff engagement was encouraged to develop the services provided.

Vision and strategy for this core service

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- BPAS Swindon had clearly defined corporate objectives and aims which staff demonstrated an understanding of. These included:
 - To provide reproductive health care services which were responsive to the needs of those who wished to use them.
 - To provide termination services which were accessible, effective, safe and confidential.
 - To treat all patients with respect and provide confidential, non-judgmental and safe services.

Governance, risk management and quality measurement for this core service

- There were clear processes linking governance information from the BPAS board to BPAS Swindon and vice versa. The governance of BPAS was headed by a board of Trustees who were ultimately responsible for the organisation. Governance was divided between clinical (e.g. related to patient outcomes) and corporate items (e.g. finance). Clinical governance issues were reviewed by a board subcommittee: the regional quality assessment and improvement forum (RQuAIF). This was a forum divided into three to cover the country; The purpose of RQuAIF was to review regional governance information, identify areas of risk or needs and put in place any necessary actions. In addition, RQuAIF reviewed decisions and actions from clinical governance committee and the clinical advisory group. Meeting minutes from RQuAIF were shared at regional managers meetings who facilitated local service meetings. The regional and BPAS Swindon managers confirmed any urgent risk, governance or quality information was shared promptly, in-between meeting times as required. This ensured risk management and learning was shared widely. Each year BPAS produced a quality report which summarised patient feedback and outcomes across the organisation. This was shared with commissioners and BPAS staff.
- We looked at a range of local and locality area meeting minutes including: RQuAIF minutes, clinical governance committee meeting minutes, and BPAS Swindon team meeting minutes. These minutes documented governance, risk and quality information had been reviewed, and any necessary action plans put in place and learning shared. For example; during the November 2015 regional clinical governance committee, the meeting minutes recorded the type and outcome of recent patient complaints had been discussed. Action and learning from these complaints were documented as discussed during the BPAS Swindon team meeting (February, 2016).
- BPAS Swindon maintained an electronic register of patients undergoing a termination of pregnancy, which was a requirement of regulation 20 of the Care Quality Commission (Registration) Regulations 2009. This was completed for each patient at the time of treatment and was retained for a minimum of three years, in accordance with legislation.
- 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. We looked at 10 patient records and found that all HSA1 forms included two signatures and the reason for termination.
- BPAS Swindon completed a HSA1 audit to ensure and evidence compliance with legal requirements. We looked at the audit records dated January to December 2015. During January the compliance was reported as 98% and the remaining months to December 2015 reported 100% compliance with requirements.
- The BPAS Swindon manager told us they checked the HSA4 Forms had been completed and sent every day. As an additional precaution, the timely completion of HSA4 Forms was also monitored by staff based at BPAS head office. In the event of IT failure, BPAS employed IT consultants in order to fix issues as a priority. If there were IT failures, medical practitioners were able to revert to manually completing and submitting the required paperwork. During our inspection we observed the HSA4 forms were reviewed and appropriately processed.
- An Abortion Notification (HSA4 Form) was forwarded as required to the Department of Health (DH), as was legally required and in a timely way. This was done by a doctor who used a specific and secure BPAS IT system which linked directly to the DH. We were shown the IT system and saw the HSA4 forms had been during recent clinics had all been submitted.
- The manager for BPAS Swindon was responsible for the satellite service in Bath. Experienced staff worked at the satellite service. Any clinical incidents, complaints or risk management information for both services was sent to the manager based at BPAS Swindon. This person oversaw any necessary investigations and implementations of action plans. There was regular

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communication between the two services, with nursing staff working across both clinic sites. The manager assured us any clinical, risk or quality issues were reported promptly and directly. There had been no complaints or incidents recorded for the Bath clinic between January 2015 and March 2016.

- A monthly quality reporting dashboard had been introduced to all BPAS services during April 2015. The purpose of this was to provide a near real time measure of quality and safety information for staff. There were 10 standards which included: medicines management, safe staffing levels, rates of clinical supervision, infection prevention, record keeping, safeguarding, treatment audits, complaints, laboratory errors and staff sickness and absence. Each standard was red, amber or green (RAG) rated against set criteria. We reviewed the dashboard for BPAS Swindon between April 2015 and March 2016. The service had been rated amber (standards not quite achieved) during May and July 2015. Appropriate actions were taken and the service had achieved all standards from August 2015 to March 2016
- A national clinical audit plan was in place. Audit outcomes and service reviews were reported to the regional quality, assessment and improvement forums (RQuAIF). Audits for 2016 included medical and surgical treatments, implementation of new guidelines and completion of HSA1 and HSA4 forms.
- Processes were in place to identify, monitor and reduce patient and service risks. We observed there was a regional risk register. This recorded potential as well as actual risks including: contractual difficulties with key suppliers, failure to review policies and procedures and poor performance by doctors. We saw fire and environmental risk assessments had been completed and were in date. Actions were identified and recorded as taken to mitigate against any risks. The risk register was monitored and maintained through the regional clinical governance and regional managers meetings. The BPAS Swindon manager told us if they had any concerns regarding risk management they would discuss immediately with the regional manager and/or with the appropriate staff at the organisation's head office.

Leadership / culture of service

- Staff spoke passionately about the care they provided for people. Staff were focused about the work they did,

stating they wished to both improve services for patients and provide a high quality care and treatment. All the staff we spoke with said they were proud to work for BPAS.

- Staff demonstrated compassion and understanding of the often complex and emotional difficulty patients experienced when seeking a termination of pregnancy.
- All the staff we spoke with were positive about BPAS as an employer, and BPAS Swindon service as a good and supportive place to work. Staff said there was an open culture, excellent team working and that they felt supported in their roles.
- Systems were in place to support the registered manager with their role in safely and effectively managing the BPAS Swindon service. Regional managers' meetings were provided and attended by the registered manager. The purpose of these was to provide any necessary legal, clinical and policy updates, and to support the development of managerial skills and relationships with peers.
- Both the BPAS Swindon manager and the regional manager were experienced in their roles. Both demonstrated a clear understanding of the specifics of the Swindon service and the BPAS vision and strategy. Staff said managers were available, knowledgeable and approachable, and said they would not hesitate if they felt they needed to raise any concerns.
- The service held a licence from the Department of Health to undertake termination of pregnancy procedures at BPAS Swindon. The licence was publically displayed on the notice board within the main patient waiting areas.

Public and staff engagement

- BPAS Swindon provided a feedback form to all patients who attended the service. Feedback was collated every week and sent to head office for review. Complaints and issues were fed back through governance and team meetings. We looked at patient feedback dated September 2015 to December 2015. Of the 67 respondents, between 99% and 100% said they would recommend the service to others. We spoke to staff regarding positive patient feedback. This was not routinely relayed back to the staff at BPAS Swindon.
- All staff had been invited to complete an annual staff survey. BPAS Swindon feedback was part of the central and south west region, which counted for almost a quarter (24%) of the total staff feedback. The survey

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asked 35 questions related to how staff were treated and supported within their specific roles and by the organisation generally. The results for the 2015 survey were mostly positive. For example: 88% of staff agreed concerns were listened to, 79% of staff agreed there was a willingness by the organisation to change and try new initiatives, and 75% agreed there was strong leadership from managers and senior staff.

Innovation, improvement and sustainability

- BPAS Swindon worked with the clinical commissioning group to support the development of local services. The BPAS Swindon manager attended the strategic sexual health executive group and contributed to the development of improvements in sexual and reproductive health initiatives in Swindon. We reviewed

meeting minutes dated January and April 2016. The meetings were attended by representatives from: the council, Public Health England, education, sexual health, and hospital services. Information documented as shared included: clinical outcomes, policy and strategy.

- The BPAS website provided a wide range of accessible and easy to navigate resources and training information. This included information on previously completed and current research projects, with links to published articles. In addition, there were a variety of resources aimed at young people. For example: sex and relationship educational programmes for use in schools and colleges, YouTube quizzes and printable information leaflets.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- BPAS Swindon should advise patients' that staff only provide impartial, non-directive advice and are trained as counsellors but not to a Diploma level. If therapeutic counselling was required, BPAS would refer patients on to external services who had appropriately trained pregnancy counsellors.
- BPAS Swindon should audit those patients who exceed 10 working days from referral to treatment. This would provide evidence if the reasons for this were related to patient choice.
- BPAS Swindon should evaluate how they evidence discussions with patients have been completed regarding treatments and any associated risks.
- BPAS Swindon should review the facilities provided for monitoring patients' pre and post-surgical procedures. The designated area was small and privacy and dignity between patients could have been compromised.