

BPAS - Birmingham South







Quality Report

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Requires improvement	
Are services well-led?	Good	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

BPAS Birmingham South is part of the national charitable organisation British Pregnancy Advisory Service (BPAS).

BPAS Birmingham South provided support, information, treatment and aftercare for patients seeking help with regulating their fertility and associated sexual health needs. Its main activity is termination of pregnancy. BPAS Birmingham South offered a service to women within the West Midlands via a national telephone appointment service. It provides medical and surgical terminations of pregnancy. The service provides early medical abortion up to 10 weeks gestation but predominantly provide surgical treatment under local anaesthetic and conscious sedation up to 14+6 weeks. The service also provides sexually transmitted infections screening and vasectomies.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 18 September 2019.

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

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We rated this service as **Good** overall.

We found the following areas of good practice:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients

We also found the following areas of improvement:

- Records were not always stored securely.
- Waiting times from referral to treatment were not in line with national guidance. The service did not provide treatment to all patients once they had decided to proceed within 10 days.

Summary of findings

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notices that affected BPAS Birmingham South. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

**Termination
of pregnancy**

Rating

Good



Summary of each main service

We have rated this service good because it was safe, effective, caring and well led. However, it required improvement for its responsiveness.

Summary of findings

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Good 

BPAS- Birmingham South

Services we looked at

Termination of pregnancy

Summary of this inspection

Background to BPAS - Birmingham South

BPAS Birmingham South is part of the national charitable organisation British Pregnancy Advisory Service (BPAS). BPAS Birmingham South was a privately run termination of pregnancy service prior to BPAS ownership in 1992.

At the time of our inspection it provided consultation and medical abortion treatments up to 10 weeks gestation and surgical treatment under local anaesthetic and conscious sedation up to 14+6 weeks gestation. It also carried out vasectomy procedures.

BPAS Birmingham South provided support, information, treatment and aftercare for people seeking help with regulating their fertility and associated sexual health needs.

Its main activity was termination of pregnancy.

The manager of the service was registered with the CQC and managed a service in central Birmingham and in Dudley.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in termination of pregnancies. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

Information about BPAS - Birmingham South

The service is registered to provide the following regulated activities:

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

The service provided the following activities:

- Pregnancy Testing
- Unplanned Pregnancy Counselling/Consultation
- Medical Abortion
- Surgical Abortion Local Anaesthetic/conscious Sedation
- Abortion Aftercare
- Miscarriage Management

- Sexually Transmitted Infection Testing and Treatment
- Contraceptive Advice
- Contraception Supply
- Vasectomy

From April 2018 to March 2019, the service performed 574 early medical abortions and 1,617 surgical abortions under local anaesthetic. The service does not carry out any abortions under general anaesthetic or after 14+6 weeks gestation.






There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected five times, and the most recent inspection took place in May 2016, which found that the hospital/service was meeting all standards of quality and safety it was inspected against.

Track record on safety (April 2018 to March 2019):

Summary of this inspection

- One never event and one serious incident requiring investigation
- One patient was transferred out to another hospital
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA)
- No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (c.difficile)
- No incidences of hospital acquired Escherichia coli (E-Coli)

Termination of pregnancy

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

Are termination of pregnancy services safe?

Good 

We rated safe as **good**.

Mandatory training

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

- Nursing and administrative staff received and kept up-to-date with their mandatory training. Overall staff working in the service had completed 90% of mandatory training suitable for their roles. The outstanding courses had been booked in for staff to complete in the future.
- Medical staff received and kept up-to-date with their mandatory training. Doctors had completed 100% of the relevant mandatory training for their roles. All surgeons working at this service had completed intermediate life support training. The manager of the service monitored this yearly as part of their appraisal.
- 100% of doctors, nurses and midwives working at this service had completed airway management training.
- The mandatory training was comprehensive and met the needs of patients and staff. 100% of staff working in the unit had completed sepsis training at the time of our inspection.

- Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us it was easy to book onto training when they needed to.

Safeguarding

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

- Nursing staff received training specific for their role on how to recognise and report abuse. 100% of staff working in the service were trained to level 3 safeguarding adults and children.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. All patients regardless of their age were seen alone to discuss their options. All patients were asked if they felt safe at home. Staff had a good awareness of safeguarding concerns and could provide us examples of where they had concerns in the past. During consultations and treatments staff asked patients about safeguarding concerns in a sensitive way. During the inspection we looked at records which showed how staff had made appropriate decisions about safeguarding referrals.
- Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of the process on how to make a safeguarding referral and provided us examples of where they had made safeguarding referrals in the past. The provider had screening tools in place to aid staff to make decisions on whether a safeguarding referral needed to be made.

Termination of pregnancy

- The clinic managers took part in regular supervision sessions where safeguarding issues were discussed, and best practice and case experience were shared. Staff working for the provider had access to a designated safeguarding lead nurse who they could go to for advice and support and they were trained to level 5 safeguarding adults and children.
 - The service had processes in place to ensure children under 18 were seen in an appropriate and safe way. For all children under 18 a safeguarding risk assessment was completed to check if there were any safeguarding concerns that were reported. This was also completed for patients that had turned 18 but had been under this age at time of conception. During the inspection the records we looked at showed that these had been completed. The manager had arranged for child sexual exploitation services from the local authority to go to the service to do training sessions.
 - The domestic abuse policy included information for staff on recognising and reporting female genital mutilation (FGM), this was ratified and in date. A risk assessment for FGM was completed and if indicated, concerns were reported to the police and social services. Staff we spoke with were aware of what FGM was and what to do if a patient disclosed that they had it.
 - The service had systems in place to make sure the identity of the patient accessing the service remained confidential at all times including a system where staff did not announce patient's full names at open reception areas.
- the premises every night. If there were any spillages or anything that needed cleaning in the day, then this would be the responsibility of the staff working in the service to ensure this was completed.
- The service had an infection control link member of staff who completed the monthly audits. The link member of staff received specialised training and attended update days to ensure they stayed up to date with their knowledge and practices.
 - Staff followed Throughout the service there was PPE available for staff to use. However, during the inspection we saw four white lab coats on a hook outside of the treatment room. Staff told us that they would use these coats if they had to go into treatment room for a short amount of time. These lab coats were visibly stained. We raised this as an area of concern with the unit manager the morning of our inspection and they were removed by the afternoon of our inspection and we were told they would not be used again.
 - Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The service had 'I am clean' stickers available for staff to use on the ultrasound machines, during the inspection we observed that these were not in use on one of the ultrasound machines.
 - Between April and July 2019, 100% of patients surveyed said that they were seen in a clean and safe environment. The most recent cleaning audit conducted by staff in June 2019 found there was a 94% compliance with the necessary steps. There had been actions put in place by clinic staff to ensure future compliance.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

- Ward areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated The service had an external cleaning company who came in to clean

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, defibrillators were not easily accessible in all areas, but actions were taken to address this during inspection.

- Staff carried out daily safety checks of specialist equipment. A resuscitation trolley and defibrillators were accessible to all staff in line with Resuscitation Council (UK) guidance. The equipment was situated by the treatment rooms, and staff checked the equipment

Termination of pregnancy

was safe to use on the days the service was open. However, in the upstairs treatment rooms the defibrillator was locked in a cupboard in a treatment room. This could mean a delay in accessing the defibrillator and therefore a delay in treating someone. We raised this with staff working in the service and they immediately rectified this and moved it onto a shelving unit in the consultation room.

- The service had call bells within the toilets linked to the nurse call system in all toilets apart from two. One was a male toilet used for chaperones only and not used within the vasectomy postoperative pathway and the second was a toilet located within a treatment room, this toilet was not used unless a nurse was present in the treatment room.
- The service had suitable facilities to meet the needs of patients and their families. The service had two waiting areas for patients and their families to wait. Visitors gained access to the service using an intercom and buzzer, security cameras were also in operation at the entrance and throughout public waiting areas of the unit.
- The service had enough suitable equipment to help them to safely care for patients. However, we found a cautery machine used for vasectomies that was due to be calibrated in April 2019 and had not been calibrated at the time of our inspection.
- Staff disposed of clinical waste safely. Staff followed the providers policy on the classification, segregation, storage, labelling and handling of the waste.
- Pregnancy remains were stored in appropriate sealed containers and a record log of the disposal was kept for three years post collection. Remains were collected every week for appropriate disposal. process for individual storage of pregnancy remains when patients requested this, to enable private burial or cremation or in the case of criminal investigations.
- The organisation could retain remains for up to 12 weeks and if this was required then the patient would be referred to a service which had a freezer for storage.

Assessing and responding to patient risk

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

- Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff completed Modified Early Warning Scores (MEWS) for patients who were undergoing surgical abortions and vasectomies. This was to monitor the patients for any deterioration. All 10 records we looked at contained MEWS recorded correctly.
- Staff completed risk assessments for each patient on admission / arrival and updated them when necessary and used recognised tools. Risk assessments included gaining an understanding of the circumstances leading to the patient requesting a termination and offering options, discussion and/or counselling and a medical and physical assessment, in line with recommendations from the royal college of obstetricians and gynaecologist guidelines (RCOG, 2011), including estimation of gestational age.
- The area where patients waited after they had undergone surgery was always staffed by a registered nurse who was responsible for the monitoring of patients.
- There had been one patient who had been transferred to a local NHS trust in the previous 12 months. This patient lost blood following a surgical procedure. Staff followed correct procedures and the patient was transferred to a local NHS hospital by ambulance.
- Prior to treatment patients' physiological signs of good health were checked including blood pressure and temperature.
- The government legalised/approved the home-use of misoprostol in England from 1 January 2019. Staff completed appropriate risk assessments with patients who chose to self-administer the second stage of the medication (misoprostol) at home to ensure it was safe to do so. This option was only offered to patients up to nine weeks and six days gestation. The first stage of the medication was taken at the clinic. Patients were given information to take away with a number to call if they had any concerns or questions.

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- Staff made patients aware of the 24 hours aftercare line in case they had any questions or concerns following their treatment. The number was also in the 'MY BPAS' guide. This was an information booklet given to all patients during their consultation.
- Staff tested patients for their risk of Rhesus disease. If patients were tested as Rhesus-negative staff offered an anti-D immunoglobulin injection to control the risk. Rhesus disease occurs during pregnancy when there is an incompatibility between the blood types of the mother and baby.
- Staff offered all patients a sexual transmitted infections test.
- Staff knew about and dealt with any specific risk issues. From April 2018 to March 2019 the service performed 1,617 venous thromboembolism assessments on patients who underwent surgical abortions.
- BPAS as a provider had adapted the World Health Organisation (WHO) and five steps to safer surgery checklist. This adapted checklist was used when patients underwent surgical termination of pregnancy and vasectomies. The use of this checklist was audited at local and provider level to check compliance. In all 11 records we looked at staff had completed and recorded the checklist in the patient records.
- Due to the building being on multiple floors with no lift the service had equipment to safely bring anyone whose condition deteriorated from upstairs downstairs. Staff were also trained in how to use the equipment safely.
- In accordance with BPAS policy there was not an anaesthetist present for patients having conscious sedation. However, the surgeon was supported by a nurse whose role it was to monitor the patient and assist the procedure.
- The service had enough nursing staff of relevant skill mix to keep patients safe. The service employed seven nurses and midwives (equal to 3.97 whole time equivalent).
- The service had enough administrative staff to keep patients safe. The service employed seven administrative staff (equal to 6.59 whole time equivalent).
- Managers accurately calculated and reviewed the number and skill mix of nurses and healthcare assistants needed for each shift in accordance with national guidance.
- The manager could adjust staffing levels daily according to the needs of patients. The manager worked across multiple sites and so if the service was short staffed, staff from other services could come to support so that services were not cancelled.
- The service had low vacancy rates. The service had one administrative vacancy at the time of our inspection.
- The service had low turnover rates, the service had not had any staff leave in 2018.
- The service had low sickness rates, the service had 69 days sickness for 2018.
- The service had low rates of agency nurses used. From April 2018 to March 2019 the service used agency nursing staff to cover 34 shifts.
- Managers limited their use of agency staff and requested staff familiar with the service. Managers told us that they would only use agency staff in recovery and that they used regular agency staff when required. Managers made sure all bank and agency staff had a full induction and understood the service.

Nurse staffing

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

Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Medical staffing

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

- The service had enough medical staff to keep patients safe. This service did not directly employ any medical staff. Instead seven surgeons worked under practising privileges. This meant that they had permission from BPAS to work privately for this location. We checked one

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practising privileges folder and saw that relevant checks had been completed and were updated as required; such as annual appraisals and five-year revalidation documentation.

- BPAS employed remote doctors as part of the BPAS client administration system. Part of this role was to provide medical advice; but in addition, was to review patient assessments, agree treatment and electronically sign the HSA1 form (legal forms which must be signed by two doctors who agree that a patient is suitable to undergo a termination of pregnancy as per the Abortion Act 1967). This is in accordance with the Department of Health's procedures for the approval of independent sector places for the termination of pregnancy, required standard operating procedures 1- compliance with the Abortion Act 1967.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care. However, records were not always stored securely.

- Patient notes were comprehensive, and all staff could access them easily. Records were primarily paper based; however, if a patient had received a telephone consultation; the treating service could download and print the patient record which enabled full information on the patient to be accessed to enable continuity or care.
- We reviewed 13 sets of patient records. All relevant information was contained within the patient records to ensure the patients were kept safe. This included initial observations, scan results, medical history, medicines administered or taken elsewhere by the patient, blood group, any safeguarding information and allergies.
- When patients transferred to a new team, there were no delays in staff accessing their records. Staff consulted patients on whether they wanted their GP to be aware of their abortion. Where patients had agreed to inform their GP, we saw copies of the letter sent to their GPs explaining the treatment given. If the patient declined; they were given a letter to take with them should they change their mind or need to present it at an alternative medical facility such as an accident and emergency or walk in centre. This was in accordance with the

Department of Health's procedures for the approval of independent sector places for the termination of pregnancy, required standard operating procedure (RSOP) 3: post procedure.

- Records were not always stored securely. During the inspection we found patient files were left in an unlocked filing cabinet and unlocked cupboard, both of which were in patient accessible areas. We made the registered manager aware during our feedback session on the day of the inspection and they were going to ensure that they were locked away. We were informed after the inspection that records had been moved to a lockable filing cabinet and that case notes for the daily surgical list were now kept in a lockable office with restricted access for nursing and administration staff.

Medicines

The service used systems and processes to safely prescribe, administer and record medicines. However, we found some medications that were out of date and not stored appropriately we raised this during our inspection and staff took steps to address this.

- The service used abortifacient medicines to induce medical abortion. These were prescribed by one of the doctors completing the HSA1 form (a legal form which must be signed by two doctors for an abortion to take place). Nurses then administered these medicines to patients as directed.
- Nurses and midwives were trained in a range of specific patient group directions (PGDs) which enabled them to give very specific medicines to patients without needing an individual prescription. PGDs provide a legal framework which allows some registered health professionals to supply and/or administer specified medicines, such as painkillers, to a predefined group of patients without them having to see a doctor. For example, antibiotics, termination of pregnancy medicines, and contraception. We checked PGDs and saw these were up to date. Staff had signed to say they had undertaken training, and this was signed off by both the unit manager and the competency trainer. When we spoke with staff they showed a clear understanding in their responsibilities when administering or giving medicines.

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- All medicines were delivered to the service fully labelled by the pharmacist. The lead nurse checked these when placing them into the stock room upon delivery and staff members were required to check them when dispensing to women. The clinic manager and staff said they did not find any issues about stock of medicines.
- Staff recorded whether medications were to take home or prescribed in the service on the patient's prescriptions. They also recorded this on the discharge letters which they also sent to GP's with patients consent.
- Medicines were prescribed and given as per national guidelines. Women were advised of risks and benefits of the different interval timings for administration of abortifacient medication as part of the consent process.
- During the inspection we found adrenaline that was out of date. We also found two loose blister packs when we were checking the medication cupboard. This could mean that staff were not aware of what the medication was or the strength. We raised these concerns with staff during the inspection and they removed the medication from use.
- During the previous inspection of the service in May 2016 we told the service that they should check controlled drugs each day the service was open. During this inspection we found that controlled drugs were checked appropriately, stored securely and used only within the treatment room environment by suitably trained medical staff.
- We saw that refrigerators used to store specific medicines were temperature checked. Staff knew what to do in the event of the fridge temperatures being out of range. Records we looked at showed that these checks had been completed. However, ambient room temperatures were not recorded.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong,

staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

- Staff knew what incidents to report and how to report them. Staff completed an electronic incident reporting form to report incidents. Staff reported incidents that they should report.
- Staff reported serious incidents clearly and in line with their policy. The service had one serious incident from April 2018 to March 2019. This was in relation to patients receiving incorrect contraceptive treatments.
- The service had one never event in the year prior to our inspection. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. This was an incorrect assertion of a contraceptive implant.
- Staff understood the duty of candour. These were managed in line with the duty of candour requirements. Staff were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff working in the unit promoted honesty with patients. In relation to the two serious incidents that had occurred steps were taken to make the patients involved aware and to facilitate them to have the correct treatment.
- Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. If managers required additional support with investigations this was facilitated by head office staff.
- Staff received feedback from investigation of incidents, both internal and external to the service. Staff were aware of incidents and had information given to them on all incidents that were relevant for the services they provided. The organisation sent 'red top' alerts to unit managers to share with staff which contained any relevant learning from incidents.
- Staff met to discuss the feedback and look at improvements to patient care.

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- There was evidence that changes had been made because of feedback. For example, staff were offered additional support and supervision following one of the incidents that occurred.
- Managers debriefed and supported staff after any serious incident. The manager of the unit was aware of the importance of debriefing staff and talked through any incidents that had occurred.

Safety Thermometer (or equivalent)

The service used safety monitoring results well.

- Staff collected safety information and shared it with staff, patients and visitors.
- Staff were committed to providing a care environment free of harm for their patients.
- BPAS had created a unit dashboard for use across its services. This was a clinical dashboard to show near real time measures of quality and safety. The measures that were submitted were, medicines management, safe staffing levels, clinical supervision, infection prevention, record keeping audits, patient group directions, treatment audits, providing a competent workforce, HSA4 submission, appraisals. From January to March 2019 the unit achieved all of the targets apart from appraisals in January to March 2019 and safe staffing levels in January 2019.
- Staff were required to complete a venous thromboembolism assessment on all patients on admission. In 13 out of the 13 records we looked at they had been completed.
- From April 2018 to March 2019 there was one never event and one serious incident requiring investigation; one patient was transferred out to another hospital; no incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (c.difficile) or E-Coli.

Are termination of pregnancy services effective?

Good 

We rated effective as **good**.

Evidence-based care and treatment

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

- Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider had processes in place to ensure policies were up to date and in line with best practice guidance. Staff told us that when there were key changes to policies or procedures staff were invited to dial into conference calls to get updates. These conference calls were also recorded for staff to listen back to if they could not attend. The provider also sent out alerts to managers when policies or procedures had been updated. Staff had to read and sign the policies and procedures to say they understood any changes or updates and managers submitted this back to the head office.
- We saw that the service adhered to best practice guidelines as stated by the Royal College of Obstetricians and Gynaecologists (RCOG) and the required standard operating procedures (RSOP) from the Department of Health. For example, the service had available information in booklet form on all types of contraception, including less reliable methods, to enable patients to choose the most suitable option. All patients were given condoms to take home; including vasectomy patients.
- This service offered non-scalpel vasectomies. These have been recommended as an effective method due to reducing the risk of bleeding and intraoperative pain as compared to vasectomies using a scalpel (faculty of sexual and reproductive healthcare clinical effectiveness unit).
- Staff clearly outlined to patients what to do in the event of complications arising; including excessive bleeding. All patients had access to a 24 hour phone line which was staffed with nurses and midwives which they could contact if they had any questions.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

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- Staff made sure patients had enough to eat and drink. Hot drinks and biscuits were provided for patients whilst in the service.
- The service did not provide any meals for patients because they only attended the service for short periods of time.
- Due to the type of treatments offered at the service patients were not restricted with their food and drink intake.
- There was information available on the BPAS website about eating and drinking before conscious sedation.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

- Patients undergoing conscious sedation were also given a local anaesthetic to the cervix to help manage pain.
- Vasectomy patients received a local anaesthetic pre-procedure.
- Following treatment, all patients were provided with appropriate analgesia to manage pain; and were given advice regarding other pain relief, such as using over the counter paracetamol to ease symptoms.
- The BPAS guide contained clear and concise information on how to control pain after treatment, including women self-administering the second part of their treatment at home.
- We saw staff had recorded patients pain scores in patient records. During surgery patients' pain was monitored to ensure the patients were comfortable. Before patients were discharged following surgery, their pain score was assessed and recorded to ensure they were fit to be discharged.

Patient outcomes

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

- The service participated all relevant national clinical audits. The service performed well in national clinical outcome audits and managers use the results to

improve services further. During the previous inspection of the service in May 2016 we told the service that they should consider participating in relevant local or national audit programmes or peer review to benchmark outcomes against other similar provider services.

- BPAS as an organisation had a planned programme of audit and monitoring.
- BPAS Birmingham South was not an outlier compared to other similar services across BPAS for complications, clinical incidents or complaints. Area managers and the treatment unit managers meetings reviewed unit data, discussed and compared the units for shared learning such as complications, clinical incidents and near misses and complaints.
- The manager and lead nurse of the service also conducted day to day observations to ensure safe care delivery was undertaken and feedback was provided to staff to promote, develop skills, or address areas of poor practice.
- Audits were conducted by designated staff to assess the quality of care, compliance with policy, procedure and monitor standards. Audits conducted included; clinical procedural audit, infection control audit, essential steps and monthly environmental audits, record keeping audit.
- Managers used information from the audits to improve care and treatment. Audit outcomes and service reviews were reported to governance committees, such as infection control and quality and risk committees (QRC). Managers attended meetings with their area managers where audit outcomes were discussed. Registered managers completed action plans for areas of non-compliance which were reviewed by BPAS clinical department and QRC.
- One example of learning from an audit was where a consultation was interrupted by a phone ringing. Staff were then reminded of the importance of not being interrupted during the consultations.
- In the year prior to our inspection there had been four treatment failures. Where the termination was not successful and further treatment had been required.

Competent staff

Termination of pregnancy

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

- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.
- Managers gave all new staff a full induction tailored to their role before they started work. When staff first join the service, they completed a local and formal induction. Clinical staff were supported to attend specific courses for their role. Clinical staff were supernumerary for 12 weeks which could be extended if required. All staff working in the service had to complete a competency booklet, no staff were permitted to work independently until that was completed.
- All clinical staff completed scan training, they scanned with another member of staff while they were learning. The lead sonographer from BPAS also came and spent time with the individual to aid their training. As part of this the training they completed several assessments. These assessments covered the first and second trimester scanning. All staff members had to collect a set number of scans for each assessment. Once the member of staff has been signed off as competent they then had to complete an annual scan audit. This was recorded in the staff files we looked at.
- Managers supported staff to develop through yearly, constructive appraisals of their work. 100% of staff working for the service had undergone an appraisal in the last 12 months.
- Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. For clinical staff to be signed off as competent and to aid their training they had to complete one clinical supervision session a year.
- Managers made sure staff attended team meetings or had access to full notes when they could not attend.
- Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.
- Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

- Staff were trained in conscious sedation to ensure they were competent to deliver this service. Staff attended a theory day followed by two practical days. Staff working in this unit had been trained to train their peers. All clinical staff were retrained in airway management training.
- The manager of the service was required to attend two safeguarding supervision sessions per year, and the patient care coordinators were required to attend one per year to offer support and ongoing development within their roles.
- Client care co-ordinators underwent specific BPAS training in counselling skills to provide in depth emotional support to patients during initial consultations.
- Managers made sure staff received any specialist training for their role. Staff were supported to undertake continued professional development activities, to update their skills and knowledge, for example, all clinical staff were expected to attend the BPAS clinical forum, where expert speakers presented on topics relevant to the service.
- Managers identified poor staff performance promptly and supported staff to improve. Where poor staff performance had been identified the manager told us how they had supported staff to improve through mentoring and other support.

Multidisciplinary working

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

- Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.
- Staff worked across health care disciplines and with other agencies when required to care for patients. Staff could make referrals back to GPs and had access to support organisations who could offer additional support for patients if this was agreed with patients during their consultations or treatments. Staff referred patients for mental health assessments when they showed signs of mental ill health or depression. A request for a mental health assessment could be made directly to mental health services if patients were already known to services.

Termination of pregnancy

- During our inspection we observed an effective level of teamwork. Staff worked together to communicate and ensure patients were seen in a timely manner.
- Staff told us if they needed advice or support; there were various professionals within BPAS they could contact. This included staff at other clinics and lead healthcare professionals at provider level.
- Where patients gave consent; staff sent a letter to GPs to share information to ensure post-procedural support.

Seven-day services

The service operated a four day week. Patients could access a phoneline that was staffed 24 hours, seven days a week to support women.

- The service was open Monday to Friday from 8:15am to 5.30pm.
- The BPAS client contact centre and aftercare phone lines were staffed 24 hours per day, every day of the week. Patients had access to nurses and midwives through this service; and were able to access pre and post abortion counselling at times to suit them. This was in accordance with the Department of Health's procedures for the approval of independent sector places for the termination of pregnancy, required standard operating procedures 3: post procedure.

Health promotion

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

- Staff provided information about contraception and methods that would prevent the transmission of sexually transmitted infections (STI). They also provided patients with a BPAS booklet about contraception.
- Staff followed national best practice guidance of trying to make every contact count and talk to patients about what was going on in their lives. If staff felt that patients could access support from another organisation, then they promoted this within the session.
- All patients were provided with condoms upon discharge and advised to use them.

- Staff encouraged patients to take up contraception whilst at the clinic. If patients were undergoing a surgical abortion they could have long lasting contraception methods inserted at the same time. This was discussed during the initial consultation.
- Staff offered eligible patients the option to be tested for chlamydia and some other STIs.

Consent and Mental Capacity Act

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.
- Staff gained consent from patients for their care and treatment in line with legislation and guidance. BPAS services used standard consent forms to be signed by patients following an informed decision about treatment and aftercare. Although BPAS consent policy specified consent must be signed and written, there was scope given if patients were unable to sign for example, due to a disability. In these instances, verbal consent would be acceptable and recorded in patient notes.
- Staff clearly recorded consent in the patients' records. In all the 13 records we looked at patients consent to treatment was clearly recorded. This was in accordance with the Department of Health's procedures for the approval of independent sector places for the termination of pregnancy, required standard operating procedure 8: consent.
- Staff made sure patients consented to treatment based on all the information available. Staff fully explained all options available for the patients and patients were seen alone to ensure there was no element of coercion.
- Clinical staff completed training on the Mental Capacity Act (MCA), 100% of staff working in the unit had received MCA and consent training.

Termination of pregnancy

- Staff training included Gillick Competence and Fraser Guidelines to enable staff to support children who wished to make decisions about their treatment. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.

Are termination of pregnancy services caring?

Good 

Compassionate care

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

- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff made effort to ensure that patients' privacy and dignity was respected; for example, only allowing females into the recovery area.
- Patients said staff treated them well and with kindness. BPAS' ethos is to treat all patients with dignity and respect, and to provide a caring, confidential and non-judgemental service. From April to July 2019, 100% of women surveyed said that they were always treated with dignity. They also said they were given enough privacy when they needed it.
- All patients attending the surgery for treatment were seen alone during their consultation. This was so that staff could speak to the patients about their options and home life to ensure they were safe and happy with the decision.
- The provider had processes in place to ensure patients were protected from discrimination from staff. Staff were recruited in line with the BPAS 'Recruitment and Selection' Policy and Procedure, which ensured that candidates were pro-choice. The service did not employ or subcontract staff members with a conscientious objection to abortion, or those who did not embrace their organisational beliefs.

- BPAS policies and procedures reflected the client's right to influence and make decisions about their care, in accordance with the BPAS quality standards of confidentiality, dignity, privacy and individual choice.

Emotional support

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

- Staff gave patients and those close to them help, emotional support and advice when they needed it. All staff working at this location were trained to listen and to offer support when required. Staff we spoke with told us the importance of giving patients the time to decide on their treatment choices and offered patients the option to come back to have time to think through the option.
- BPAS offered pre- and post-abortion counselling to all patients which was easily accessible. This is in accordance with the Department of Health procedures for the approval of independent sector places for the termination of pregnancy, required standard operating procedure 14: counselling. Patients could self-refer using a dedicated phone line. Post abortion counselling was a free service for all BPAS patients, and could be accessed any time after their procedure, whether this is the same day or many years later. BPAS staff who provided post abortion counselling completed the BPAS client support skills and counselling and self awareness courses and be fully competent with the client care co-ordinator competencies framework. Following this, they then attended the BPAS post abortion counselling training.
- During the inspection there was a baby present in the unit. Staff dealt with this quickly and sensitively for both the parents and others waiting. By having the baby taken outside of the property with the baby's father. The visitors to a BPAS unit policy stated that while they do not encourage patients to bring their children to consultations they would not deny someone their consultation based on this reason.
- Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. BPAS staff completed generic and role-specific training, which included a workshop in

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welcoming diversity to ensure they recognised different cultural needs and beliefs. This training was designed to equip them with the knowledge and skills to support patients in making reproductive choices, whilst acknowledging and respecting their individual needs.

Understanding and involvement of patients and those close to them

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

- Staff made sure patients and those close to them understood their care and treatment. The booklet 'My BPAS Guide' was given to every BPAS client and provided written information about their post treatment care. We observed staff explaining all the options available to the patients they were seeing, and we also saw discussions recorded in patient records where staff had discussed options.
- BPAS had an aftercare line which was accessible for 24 hours, seven days a week. Callers who required clinical advice would speak to a registered nurse or midwife.
- One patient told us that staff made sure they were comfortable and aware of everything throughout their procedure.
- Staff supported patients to make advanced decisions about their care. The 'My BPAS Guide', described how the pregnancy remains would be disposed of and invited the client to make specific wishes. BPAS as an organisation had a policy to facilitate any request made by a client concerning management of the pregnancy remains.
- Patients and their families could give feedback on the service and their treatment and staff supported them to do this. All patients were given an opportunity to feedback on the care they received via 'my opinion counts' forms. We saw patients were handed these after treatment and encouraged to complete them.
- A high proportion of patients gave positive feedback about the service in the Friends and Family Test survey. From April to July 2019, 100% of patients who completed the satisfaction form said they would recommend BPAS to someone they knew who needed

similar treatment. 97% of patients also said that their loved ones were involved as much as the client wanted them to be and 3% said they did not want them involved.

Are termination of pregnancy services responsive?

Requires improvement 

We rated requires improvement as **requires improvement**.

Service delivery to meet the needs of local people

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

- Managers planned and organised services, so they met the changing needs of the local population. The service was contracted with the local commissioning group and BPAS as a provider also looked at the need across the country. The service was able to be flexible to increase capacity if demand increased. BPAS had a capacity manager whose role was to assess the demands on the services across the country and advise regarding national capacity.
- Patients could access the service via their GP or local health professionals or could self-refer by ringing the BPAS contact centre which was accessible 24 hours, seven days per week.
- Patients could visit the BPAS service of their choice across the country; even if this was not their local clinic.
- Staff told us they could be flexible with their appointments to meet the needs of the client. For example, if a patient needed to have treatment that day and they were not booked in then they would attempt to facilitate this.
- The service minimised the number of times patients needed to attend the clinic, by ensuring patients had access to the required staff and tests on one occasion.

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During patients first consultation there were discussions around future contraceptive options. This could then be followed up when patients had undergone their procedures.

Meeting people's individual needs

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

- Patients could choose the most appropriate type of termination for them; either early medical abortion, medical abortion or surgical termination of pregnancy depending on the results of their initial health assessment and gestation period. Patients undergoing surgical terminations of pregnancy could choose whether to have a general anaesthetic or conscious sedation for this procedure. If general anaesthetic was requested patients would be seen at an alternative clinic.
- This location was accessible for patients with mobility needs. Whilst some of the consultation rooms were upstairs there were consultation rooms that could be used to see patients with limited mobility if required. The treatment room and recovery area were also downstairs, so they were accessible for all.
- The service liaised with other agencies as required to support patients. This included social services, local police, domestic violence agencies and GPs.
- The service had consent forms available in languages spoken by the patients and local community. BPAS had contracts in place for interpreters to support the process when required. During the inspection we observed a consultation that was conducted using a telephone interpreter and observed this was done in a person-centred way.

Access and flow

People could access the service when they needed it. However, they did not always receive the right care promptly, waiting times from referral to treatment were not in line with national standards.

- Managers monitored waiting times and made sure patients could access services when needed and

received treatment within agreed timeframes and national targets. BPAS' booking system offered patients a choice of dates, times and locations; ensuring that patients are able to access appointments with the shortest wait times at the nearest locations, to book the most suitable appointment for their needs.

- BPAS' capacity manager and associate director for remote services had an overview of appointment availability across BPAS. They worked with the clinic manager to amend appointment templates when necessary. Waiting times were discussed at area and manager meetings and the quality review committee meetings, which were part of the BPAS clinical governance meeting structure.
- There were delays for some patients from their decision to proceed up to the termination of the pregnancy. The Royal College of Obstetricians and Gynaecologists and the Department of Health state that patients should not have to wait more than two weeks between first making contact and having treatment. From April 2018 to March 2019, 1,007 patients out of 2,191 seen (46%) waited longer than 10 days from decision to proceed up to termination of pregnancy. From April to July 2019 18% of patients surveyed said that they would have preferred an earlier appointment. This was not in line with the Department of Health's procedures for the approval of independent sector places for the termination of pregnancy, required standard operating procedure 11: access to timely abortion services which states that good practice would be to offer the abortion procedure within five working days of decision to proceed. The provider did not routinely collect information on why the patients had delays to their care so could not be assured if the delays were due to the patients wanting extra time to decide or delays in the service provided.
- Managers and staff worked to make sure patients did not stay longer than they needed to. BPAS did lots of telephone consultations with patients which meant that they potentially only had to visit the service once for their treatment. This way of working allowed for patients to be booked directly into a treatment slot following their telephone consultation.
- Managers worked to keep the number of cancelled appointments/treatments/operations to a minimum. The service had not had to cancel any full treatment lists from April 2018 to March 2019.

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- The service moved patients only when there was a clear medical reason or if this was in the patient's best interest. From April 2018 to March 2019 there was one patient who was transferred to another medical provider. Staff supported patients when they were transferred between services. The consultant involved in the care of the patient who was transferred did a consultant to consultant handover to the staff working in the acute hospital where they were taken. They also went in the ambulance with the patient to ensure there was a smooth handover and to ensure the safety of the patient.
- From August 2018 to July 2019 the service had a did not attend rate of 11%. All young people and identified vulnerable adults were followed up if they did not attend for one of their appointments. This would include a referral to external services if risk assessments deemed this appropriate.

Learning from complaints and concerns

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

- Patients, relatives and carers knew how to complain or raise concerns. The service had eight complaints from April 2018 to March 2019. Themes included, complications from procedures and staff attitudes. Following each complaint learning was shared with staff to reduce the likelihood of a recurrence.
- The service clearly displayed information about how to raise a concern in patient areas. We saw that complaint leaflets were readily available within clinics and information regarding how to make a complaint was contained within the 'my opinion counts' feedback form given to each patient. In addition, complaints information was contained within the guide books provided to patients, and on the BPAS website.
- Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints

and identified themes. We looked at the complaint responses sent to patients following the investigation of the complaint. They were investigated fully, and the complainant was given a full explanation.

- Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. For example, staff made us aware of changes in practice with the confirmation sent to patients to ensure it was made clear what they were booked in for.

Are termination of pregnancy services well-led?

Good 

We rated well led as **good**.

Leadership

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

- BPAS Birmingham South was managed locally by a registered manager who also covered other local clinics. Supporting the clinic manager was a nurse lead who oversaw nurses and health care assistants, and an admin co-ordinator who oversaw administrative staff and patient care co-ordinators.
- The registered manager (clinic manager) was supported by an area manager who was overseen by the director of operations and associate director of operations. The management team were visible and integrated within the units. Staff told us that senior managers came to the unit and were visible.
- The registered manager and the lead nurse had both been supported to complete a leadership course from BPAS which we were told improved their skills to manage staff.
- The service displayed the certificate of approval to undertake termination of pregnancies as issued by the Department of Health.

Termination of pregnancy

- The service maintained a register of all surgical procedures undertaken including vasectomies. All termination of pregnancies were recorded and data maintained at provider level.

Vision and strategy

The service had a vision for what it wanted to achieve and had actions in place to achieve it, developed with all relevant stakeholders.

- BPAS aimed to provide inclusive, reproductive health care services that were responsive to the needs of everyone who used them. They aimed to promote the development of services that were accessible, effective, safe and confidential. They aimed to safeguard individual freedom and moral autonomy in making reproductive choices. They aimed to use their experience of abortion provision to contribute to the collective knowledge of those who provide reproductive healthcare.
- Locally all staff spoke of putting the patient at the heart of the service. We saw this in action whereby patients were enabled and supported to arrive at informed decisions with no judgement. Patients were free to change their mind. We saw that all staff during the inspection strove to provide a service based on best practise principles.
- We saw this strategy was quickly integrated locally at this service to ensure patients received high quality and up to date care and treatment. This was also done in collaboration with relevant clinical commissioning groups (CCG).

Culture

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

- Staff told us they felt respected, supported and valued. Staff working in the service described how leadership at all levels were supportive and open to challenge.
- The service was focussed around the needs of patients receiving care. Staff were focussed on the patient and could be flexible in their roles to meet their needs. For example, fitting patients in when they required urgent treatment.

- Action was taken to address behaviour and performance that was below what was expected. Peer mentoring of staff was encouraged, and this helped staff to feel supported and improve their performance.
- There were mechanisms in place to ensure staff received a high-quality appraisal. All staff working for the service at the time of our inspection had an up to date appraisal and we saw this documented in staff files.
- The organisation was focussed on the health and well being of staff. There had been a recent focus on the mental health of staff and there were plans to train staff in mental health first aid. This would allow staff to support each other in times of poor mental health.

Governance

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

- The governance structure fed up and down management chains to ensure information was shared and monitored. Treatment unit managers held staff meetings. They then provided information to area managers, the clinical governance group meetings, quality and risk committees, and an operational activity committee. From here, information could be escalated to the executive teams, and senior clinical oversight meetings.
- BPAS audited the completion of HSA1 forms (legal forms which two doctors must sign for a termination of pregnancy to occur) as per the Abortion Act (1967). All HSA1 forms were kept within patient records. The process of obtaining the two signatures was to send each patients' assessment electronically to a client assessment system. Via this, BPAS medical staff at provider level reviewed the assessments, including the scan, and made their decision about whether they agreed an abortion was legal as per the criteria within The Abortion Act 1967.
- Where patients were undergoing consultations and treatments on the same day, we saw that the electronically signed forms were returned reasonably

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quickly, such as within an hour. Where staff and patients were waiting longer than this, we saw staff contacted the medical staff to expediate the process. No patients were treated without two signatures.

- HSA4 forms are required to be sent to the Department of Health no more than 14 days post termination. This is a legal requirement and must be completed by the doctor that officially undertook the termination of pregnancy; either by prescribing abortifacients or by conducting a surgical termination of pregnancy. Compliance with this requirement was audited monthly. At the time of our inspection there were no outstanding forms over 14 days that were waiting to be sent.
- We reviewed 13 sets of records. We saw that HSA1 forms (legal forms which must be signed by two doctors who agree that a patient is suitable to undergo a termination of pregnancy as per the Abortion Act, 1967) were present for every patient; with two signatures from doctors.
- BPAS Procedure for Nurse Admissions states that before any aspect of treatment is initiated, the HSA1 will be checked to confirm there are signatures from two registered medical practitioners. BPAS units completed monthly HSA1 audits to ensure and evidence compliance with accurate completion. BPAS Birmingham South audit carried out in October 2019 recorded as 100% compliance with accurate completion.
- BPAS had a medical director who monitored national and international developments in care and service delivery and reported to the BPAS clinical governance committee on developments that were recommended for implementation within BPAS and those that weren't, together with respective rationales. BPAS had a clinical advisory group which brought together internal and external clinical experts in abortion care to review and advice on clinical guidelines.
- Staff told us they were aware of their roles and the responsibilities of their roles and who they were accountable to. The manager of the service encouraged other staff to conduct audits and to input into the service.

Managing risks, issues and performance

The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. However, during the inspection we identified risks that the service had not recognised independently.

- Information was shared and monitored with staff. The service had regular staff meetings to update staff on any changes in practice and had alerts sent to staff for immediate review to ensure procedures were updated in a timely way. The manager of the service provided information to area managers, the clinical governance group meetings, quality and risk committees, and an operational activity committee. From here, information could be escalated to the executive teams, and senior clinical oversight meetings.
- The manager of the service completed a monthly dashboard which monitored quality and safety. Measures included medicines management, safer staffing, clinical supervision, infection prevention, appraisal rates, record keeping audits, patient group direction compliance, treatment audits and HSA4 completion audits.
- Staff working in the service were mostly aware of risks to the service and knew actions that had been undertaken to mitigate risks. The service had an up to date risk register which was regularly updated and reviewed. This contained risks that we found and that staff had highlighted to us during the inspection. For example, the risk of medications being in similar boxes which could lead to confusion too action to work on themselves. However, there were some risks that we found during the inspection that staff had not recognised that we had to highlight for staff to action. For example, out of date medications.
- The manager held regular contract review monitoring meetings with the local CCGs. Here information on budgeted numbers and capacity in the service were discussed.

Managing information

The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

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- There were clear and robust service performance measures, which were reported and monitored. The treatment unit manager completed a monthly dashboard which monitored quality and safety on an ongoing basis. Measures included medicines management, safer staffing, clinical supervision, infection prevention, appraisal rates, record keeping audits, patient group direction (PGD) compliance, treatment audits and HSA4 completion audits.
- The service used an online secure portal to manage HSA1 and HSA4 forms to ensure data security.
- The service used paper patient records. However, we found records that were not stored securely which meant a potential risk to patient confidentiality and information governance.
- Staff had access to information, such as policies, procedures and updates both electronically and in paper form.
- There were processes in place to ensure data and notifications were consistently submitted to external organisations as required. The manager of the service was aware of incidents that needed to be submitted.
- The service provided early medical abortions and patients could take the second medication home with them. HSA4 forms were completed to show that the patients had taken this medication to take at home.
- If a patient had provided positive feedback naming a specific member of staff the manager would print a copy to add to the staff members file to contribute to their revalidation.
- Clinical staff working for BPAS were invited to attend a clinical forum every two years. This was to update staff on what had been going on in the service and BPAS as an organisation.
- Staff working for BPAS also had several methods of engaging with staff on an ongoing basis. They had conference calls for any new changes or policies and the medical director held a drop-in teleconference for staff once a month for them to ask any questions they may have. The organisation also had a staff forum where representatives from different units meet to discuss policy changes that affect staff.
- BPAS conducted a yearly staff survey, the latest results were published in December 2018. 86% of staff who completed the survey felt pride in working for BPAS.
- The organisation also engaged with the local communities they served. When there were changes to business developments staff did engagement sessions in the communities. They also visited local university events to raise awareness of the service to staff and students.

Engagement

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

- Staff were focussed on gathering the views of patients. If any patients raised any concerns, then they were invited to discuss it further with the manager of the service and make a complaint if they so wished. All patients were asked to complete a 'Client Comments/Feedback' form which included a section on waiting times between contact and treatment and if they were seen within 30 minutes of their appointment time. People using the service were also given feedback forms to give their opinions on the service.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

- The service had introduced telephone consultations as an option for some patients. The consultations were conducted by registered nurses or midwives over the phone which improved choice and accessibility for patients using the service.
- Leaders working in the service encouraged innovative practices. Staff told us they were encouraged to develop new ideas and these would be tested and implemented if they benefitted patients using the service.
- At the time of our inspection this service was not participating in any research.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that it improves access to treatment in line with national guidance. (Regulation 12 (2) (b))
- The provider must ensure that records are stored securely. (Regulation 17 (2) (C))

Action the provider **SHOULD** take to improve

- The provider should continue to ensure emergency equipment is stored in a place that is easily accessible in an emergency. (Regulation 12 (2) (f))
- The provider should review processes for recognising risks throughout the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Regulation

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

Regulation 12 CQC (Registration) Regulations 2009
Statement of purpose
(Regulation 12 (2) (b))

Regulated activity

Regulation

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

Regulation 17 HSCA (RA) Regulations 2014 Good
governance
(Regulation 17 (2) (C))